

# Back to Work Enterprise Allowance

## - BUSINESS PLAN WORKBOOK -



**Tolka Area** Partnership

### BUSINESS CONTACT DETAILS

Business Name: \_\_\_\_\_

Owner: \_\_\_\_\_

P.P.S. No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: mobile \_\_\_\_\_

landline \_\_\_\_\_

e-mail: (if any) \_\_\_\_\_

Legal Structure:    Sole Trader     Partnership     Limited Company

Business Description: *Short description of the business you will be starting*

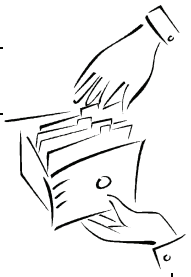
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Start Date \_\_\_\_\_

**MANAGEMENT** *This section looks at how you will manage your business and who else will be involved*



1. Why do you want to start this business?

2. What experience do you have of working in this type of business?  
*e.g. doing it; selling for it, etc.*

3. Who will make the decisions on what to spend and what to buy?

4. Who will perform the secretarial, book-keeping and sales tasks in the business?

TASK	WHO WILL DO IT	HOW OFTEN
BOOKEEPING		Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
SENDING AND PAYING BILLS		Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
TELEPHONE ANSWERING		Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
TYPING/FILING /LETTER WRITING		Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
BANKING		Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
TAX RETURNS		Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
ORDERING SUPPLIES		Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
SELLING		Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>

5. How will you ensure that you get paid for jobs done and get paid on time?



<p>6. What other type of work can you (or your spouse/partner) do outside of the business if your business is slow to take off?</p>			
<p>7. Where do you want to see your business in <u>one</u> year's time?</p>			
<p>8. Where do you want to see your business in <u>five</u> year's time?</p>			
<p>9. What type of business training do you think you may need during the coming year?</p>	TYPE OF TRAINING	WHO WILL DO THE TRAINING	
		You	Spouse/Partner
	SALES AND MARKETING <input type="checkbox"/>		
	BOOK-KEEPING <input type="checkbox"/>		
	TAXATION <input type="checkbox"/>		
	OTHER (Specify) _____ <input type="checkbox"/>		
<p>10. Business Registration</p>	<p>ARE YOU REGISTERED SELF-EMPLOYED WITH REVENUE COMMISSIONERS?    YES <input type="checkbox"/> NO <input type="checkbox"/></p>		
	<p>DO YOU HAVE A TAX CLEARANCE CERTIFICATE <b>TC1</b>?    YES <input type="checkbox"/> NO <input type="checkbox"/></p>		
	<p>IF REGISTERED PLEASE PROVIDE THE FOLLOWING DETAILS FROM THE <b>SB1</b> FORM:-</p> <p>Date Of Registration: _____ Registration Number: _____</p> <p><i>Type of Registration: (Please tick)</i></p> <p>Self Employed Registration <input type="checkbox"/>    VAT Registration <input type="checkbox"/>    Employer Registration <input type="checkbox"/></p>		
<p>11. What accountant will you use?</p>			



**MARKETING** This section looks at design of your product/service; pricing, where you will sell and how you will advertise.

1. What makes you think there is a demand for your business?			
2. If your business involves making and/or <b>selling products</b> please list the main products and prices. (If you already have a price list please attach)	<b>PRODUCT TYPE</b>	<b>PRICE PER UNIT</b>	
	1.	€	
	2.	€	
	3.	€	
	4.	€	
	5.	€	
	6.	€	
3. If your business involves <b>providing services</b> please list the main services and how you will charge. For each state whether you will charge per hour, day or job.	<b>SERVICE TYPE</b>	<b>PRICE</b>	
	1.	€	Per Hour/Day/Job
	2.	€	Per Hour/Day/Job
	3.	€	Per Hour/Day/Job
	4.	€	Per Hour/Day/Job
	5.	€	Per Hour/Day/Job
	6.	€	Per Hour/Day/Job
4. What geographical area will you cover with the business?			
5. What types of customer do you expect to buy from you?	<b>WHAT TYPE OF PEOPLE</b> e.g. housewives, students, farmers, businesses, tradesmen etc		
	1.	2.	
	3.	4.	
7. How will you advertise your business in order to attract your customers?	FLYERS <input type="checkbox"/>	LETTERHEAD <input type="checkbox"/>	
	VAN SIGNAGE <input type="checkbox"/>	PREMISES SIGNAGE <input type="checkbox"/>	EVENT SPONSORSHIP <input type="checkbox"/>
	LOCAL RADIO <input type="checkbox"/>	NEWSPAPER <input type="checkbox"/>	PRINTED WORKWEAR <input type="checkbox"/>
	INVOICE BOOKS <input type="checkbox"/>	TRADE SHOWS <input type="checkbox"/>	WEBSITE <input type="checkbox"/>



8. What other ways might you promote your business?	
9. What would you stress as the best features of your product/ service/ business when selling to a customer?	
10. Who are your competitors, how many are there and where are they operating?	
11. What can you do to improve your product/service/ business to be better than your competitors?	



**FINANCE** This section looks at money needed for the business, how much you will take in and how much you will pay out

**A. Investment and Start-Up Costs**

1. Estimate how much you have already invested in the following items	<b>EQUIPMENT</b>	<b>TRANSPORT</b>	<b>WORKSPACE</b>	<b>MATERIALS</b>	<b>TOTAL</b>
	€	€	€	€	€ A
2. What additional investment will be needed?	<b>EQUIPMENT</b>	<b>TRANSPORT</b>	<b>PREMISES</b>	<b>MATERIALS</b>	<b>TOTAL</b>
	€	€	€	€	€ B

<b>Total Investment in your Business (A+B) =</b>	<b>€ C</b>
--	------------

3. Where will you get the finance you need for your investment?	<b>INVESTED (A)</b>	<b>SAVINGS</b>	<b>GRANTS</b>	<b>LOANS</b>	<b>FUTURE INCOME</b>	<b>TOTAL</b>
	€	€	€	€	€	€ C



## B. Profit and Loss

Money that will come in and go out during the first year, and the profit or loss made

<b>1. CASH IN (Sales)</b>	ON AVERAGE, HOW MANY JOBS CAN YOU GET THROUGH EACH WEEK?	No:	A
	HOW MUCH WILL YOU GET FOR EACH JOB?	€	B
	WEEKLY CASH IN = (MULTIPLY A BY B)	€	C
	<b>TOTAL ANNUAL CASH IN</b> = (MULTIPLY C BY 48 WEEKS)	€	D
<b>Cost of Sales</b>	HOW MUCH WILL YOU SPEND ON SUPPLIES?	€	E
	<b>GROSS PROFIT</b> = (SUBTRACT E FROM D)	€	F

<b>2. OVERHEADS</b>	<b>Amount Per Year</b>	<b>Brief Description</b> <i>A short note of what you are including in your figures</i>
Part-time/Casual Wages	€	
Full time staff	€	
Staff PRSI @ 10% of above	€	
Van/Car Repayments	€	
Fuel	€	
Insurance + Tax	€	
Maintenance + Repairs	€	
ESB, Telephone, Postage	€	
Hire or lease equipment	€	
Rent + rates	€	
Disposable Items	€	<i>(e.g Blades, drill bits etc)</i>
Advertising	€	
Other Insurances	€	
Office Supplies	€	
Accountant /Solicitor Fees	€	
Interest + Bank Charges	€	
Vehicle Wear & Tear	€	
Equipment Wear & Tear	€	
<b>TOTAL OVERHEADS</b>	€	<b>G</b>

<b>3. PROFIT or LOSS</b>	<b>Gross Profit</b>	<b>(F)</b>	<b>€</b>
	<b>Less Total Overheads</b>	<b>(G)</b>	<b>€</b>
	<b>Net Profit/loss</b>	<b>( I )</b>	<b>€</b>

<b>4. DRAWINGS</b>	<b>How Much Wages (Drawings) Do You Need For the Year</b>	<b>X</b>	<b>€</b>

**PRODUCTION** This section looks at premises, equipment and materials needs for the business

1. Describe where you will operate your business from. Will you have separate business premises or will you operate from home/back of a van etc.?				
2. How suitable are the premises and do they need any extension or modification?				
3. Which of the following licences or permits will you require to operate your business?	PLANNING PERMISSION <input type="checkbox"/>	HEALTH & SAFETY CERT <input type="checkbox"/>	SAFE PASS CERT <input type="checkbox"/>	
	C2 CERTIFICATE <input type="checkbox"/>	HASSOP ( <i>Food Business</i> ) <input type="checkbox"/>	INSURANCE <input type="checkbox"/>	
	DRIVING LICENCES <input type="checkbox"/> Classes _____			
4. List the main tools and Equipment, Transport; Premises and Materials you will require for start-up.	<b>EQUIPMENT</b>	1.	2.	3.
		4.	5.	6.
		7.	8.	9.
		10.	11.	12.
	<b>MATERIALS</b>	1.	2.	3.
	<b>TRANSPORT</b>	CAR <input type="checkbox"/>	VAN/TRUCK <input type="checkbox"/>	TRAILER <input type="checkbox"/>
	<b>PREMISES</b>	WORKSHOP <input type="checkbox"/>	OFFICE <input type="checkbox"/>	NONE <input type="checkbox"/>
4. What different materials will you require for your business and who and where are your suppliers?	<b>TYPE OF MATERIALS</b>	<b>SUPPLIER</b>		<b>LOCATION</b>
				<input type="checkbox"/>
	Have you secured trade discounts with any of the above YES <input type="checkbox"/> NO <input type="checkbox"/> % Agreed _____			
5. Where will you get additional labour as needed or specialist skills as required?				

## WHAT IS A BUSINESS PLAN?



A Business Plan is a tool to help you think out and plan your business before you start. Just as you wouldn't build a house without having a Plan to work from, neither would you start a business without having a Plan to direct you through the first year of business. Writing up a Business Plan takes you through a series of questions that you may not have considered but which are very important in determining whether or not you can run your business and make a profit.

A Business Plan is an essential document which will enable you to:

- Work out why you are going into business, how you will operate your business, what premises and equipment you will need, where to source your finance and who your proposed customers will be
- Present your business proposal to funding agencies and lending institutions when seeking their support.
- Assure others who may become involved with your business that you have the ability to manage and operate your affairs

**This Workbook will provide you with the information you need for your Business Plan Plan.**

For further support with your business plan contact:

The Enterprise Team,  
Tolka Area Partnership,  
Rosehill House,  
Finglas,  
Dublin 11  
01 8361666



Developed for Dept. of Social Protection  
By Metamorphosis Business Consultancy ©2004