



Self-Employment Assistance Program Unit  
Harriman State Office Campus  
Building 12, Room 226  
Albany, NY 12240-0001

## **The Self-Employment Assistance Program (SEAP) Business Strategy**

**Instructions:** The purpose of this form is to help you create a framework for developing your business plan. If you need more space, attach additional sheets. Please review your responses with your business counselor. You must meet with your business counselor at least **two (2)** times before submitting this form. Your business counselor must complete Part VII and sign this document. If you are not working on the business indicated on your SEAP application, you must notify the SEAP Unit at (518) 485-1597.

Submit this form online at: [www.labor.ny.gov/signin](http://www.labor.ny.gov/signin).

1. Log into your online services account.
2. Click on the envelope icon in the upper right to begin a new message.
3. Select "SEAP – Submit Benchmark Forms" as the first subject line for your message.
4. Enter the name of the form as the second subject line.
5. Do not attach more than one form to your message.

You may also return this form by fax to (518) 402-6586 or by mail to the address above. If you fax it, do **not** mail the original. If this form is not received by the due date, you will not be eligible for SEAP benefits from the date the form was due until the date the form was received.

Name: \_\_\_\_\_ Last 4 digits of Social Security Number: \_\_\_\_\_

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Business name (if available): \_\_\_\_\_

Business telephone number (if available): (\_\_\_\_\_) \_\_\_\_\_

### **Part I - Business Establishment**

1. What products or services will you provide? \_\_\_\_\_

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2. Where will your business be located? \_\_\_\_\_

3. Will the business own or rent the property?  Own  Rent

4. Will your business space have to be modified?  Yes  No  
If yes, complete the chart below.

Modifications Necessary Before Opening	Estimated Cost
Total Costs	

5. Will you need equipment for your business?  Yes  No  
If yes, complete the chart below.

Equipment	Supplier Name	Cost
Total Cost for Equipment		

6. Will the business be a:  Sole Proprietorship  Partnership  
 Corporation  Franchise  
 LLC  Other: \_\_\_\_\_

## Part II – Marketing Strategy

1. Who are your potential customers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How are you going to advertise your goods or services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Who is your competition? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What advantage do you have over your competitors? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Part III – Suppliers and Consultants

1. List potential suppliers of the goods and services you need to operate your business.

Goods	Services	Supplier Name	Initial Costs
Total Costs			

2. List professionals/consultants needed to help you set up your business.

Professional Service (Please be specific)	Name	Address
Lawyer		
Accountant		
Insurance Agent		
Other (specify)		

#### Part IV – Licenses, Permits and Agreements

List the licenses, permits and/or agreements you will need.

License, Permit or Agreement	Fee Required?			Waiting Period	Comments
	No	Yes	Cost		

#### Part V – Financial Information

##### A. Personal Financial Statement

Financial institutions will often require information about your personal finances. The following charts are intended to help you organize that information. Specific formats and types of information requested may vary by financial institution and business counselor, and may vary from the categories presented in these charts. The Department of Labor will not share or disclose this information to any outside party.

Include only assets and liabilities held by you personally. Do not include any business information. All assets should be included whether they are paid for or not. The asset amount is the amount you would receive if you sold the asset for cash. Liabilities are debts you are responsible for (money you owe).

<b>Assets</b>	
<b>Specific Asset</b>	<b>Amount</b>
Cash on hand	\$
Cash-checking accounts	
Cash-savings accounts	
Certificates of deposit	
Securities (stocks, bonds, mutual funds)	
Life Insurance (cash surrender value)	
Personal Property (autos, jewelry, etc.)	
Retirement Funds (e.g. IRAs, 401ks)	
Real estate (market value)	
Other Assets (specify)	
<b>Total Assets</b>	<b>\$</b>

<b>Liabilities</b>	
<b>Specific Liability</b>	<b>Amount</b>
Current debt (credit card, accounts)	
Notes payable (loans)	
Taxes payable	
Real estate mortgages	
Other liabilities (specify)	
<b>Total Liabilities</b>	<b>\$</b>

  

**Net Worth (assets minus liabilities)** \_\_\_\_\_

1. How will you finance your business? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you received a business loan?  Yes  No  
 If yes, what is the amount of the loan? \$ \_\_\_\_\_

## B. Start-up Cost Estimates

Items	Cost
Decorating and Remodeling	\$
Fixtures and Equipment	
Installation of Fixtures and Equipment	
Services and Supplies	
Beginning Inventory Costs	
Legal and Professional Fees	
Licenses and Permits	
Telephone and/or Utility Deposits	
Insurance	
Signs	
Advertising for Opening	
Unanticipated Expenses	
Other:	
<b>Total Start-Up Costs</b>	<b>\$</b>

## C. Monthly Expenses

Items	Cost
Your Living Costs	\$
Employee Wages	
Business Rent/Mortgage/Lease Payment	
Advertising	
Supplies	
Utilities	
Insurance	
Taxes	
Miscellaneous	
<b>Total Monthly Expenses</b>	<b>\$</b>

## Part VI – Your Analysis

1. How prepared are you to open your business? \_\_\_\_\_

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2. What do you still need to do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is your estimated opening date? \_\_\_\_\_

4. What have you found most difficult about starting your business? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and correct and the information I provided was reviewed by a business counselor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Part VII – Business Counselor Analysis**

1. In your opinion, how prepared is the program participant to open his/her business?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What further activities/tasks need to be completed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Additional comments related to participant's business start-up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Two sessions with a business counselor are required for participation in the program. Indicate the two dates the participant met with a business counselor. If you have any questions, please call the SEAP Unit at (518) 485-1597.

First Meeting Date: \_\_\_\_\_ Second Meeting Date: \_\_\_\_\_

Business Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Counselor Title: \_\_\_\_\_

Business Counselor Agency: \_\_\_\_\_

Business Counselor Phone Number: (\_\_\_\_\_) \_\_\_\_\_