

Entrepreneurship Needs Assessment

1. Briefly describe below your business product(s) or service(s) offered (Mission Statement):

2. Have you used any of the following types of business service providers?

	<i>Have Used</i>	<i>Very helpful</i>					<i>Not helpful</i>
Accountant	_____ Yes	5	4	3	2	1	
Lawyer	_____ Yes	5	4	3	2	1	
Marketing	_____ Yes	5	4	3	2	1	
Graphic Designer	_____ Yes	5	4	3	2	1	
Banker	_____ Yes	5	4	3	2	1	
Small Business Center-RCC	_____ Yes	5	4	3	2	1	
Chamber of Commerce	_____ Yes	5	4	3	2	1	
Other	_____ Yes	5	4	3	2	1	

3. What types of software, equipment, or services are required in your business venture that you cannot currently afford or are not available locally?

- A.
- B.
- C.
- D.

4. What areas of business have caused you the most trouble? (Examples: Accounting, inventory, marketing, permitting, advertising, etc.) Please list up to 4 areas:

- A.
- B.
- C.
- D.

5. Is your business in one of the following categories?

- Home Based _____
- Store Front _____
- On-Line _____
- Mobile _____

6. Is your written business plan available for review?

_____ Yes _____ No

7. Does your company need affordable office space?

_____ Yes _____ No

If yes, how many square feet would you need? _____ Sq. Ft.

8. Does your company need affordable manufacturing space?

_____ Yes _____ No

If yes, how many square feet would you need? _____ Sq. Ft.

9. What is the status of your business?

_____ Pre-Venture. If so, what is your projected start date? _____

_____ New (first year). If so, what date did you start your business? _____

_____ Existing (more than one year old). If so, what date did you start your business? _____

10. What is the legal status (type) of your business?

_____ Sole Proprietorship

_____ Corporation

_____ Partnership

_____ S-Corporation

11. Please indicate your gender:

_____ Male _____ Female

12. What is your age group?

_____ Between 18-25 years old

_____ Between 26-35 years old

_____ Between 36-50 years old

_____ 51+ years old

13. What is your ethnic background?

_____ Hispanic

_____ Asian/Pacific Islander

_____ African-American

_____ Native American or Alaskan

_____ Caucasian

14. Personal Information

You are not required to complete these items, but it will be helpful to us in our planning process.

Date: _____

Your Name: _____

Name of your business: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone number: (336) _____

Return this completed survey by mail to:

Rockingham Co. Gov't. Center

PO Box 206

Wentworth, NC 27375

Or by Fax to:

(336)342-8105

Thank you for your time with this survey.

