Department of Workforce Development

Division of Vocational Rehabilitation

Tier 1 Business Plan

This is a simplified business plan that is to be used by consumers who are in tier 1 of the self-employment toolkit V3.0.

Give the completed form to your counselor. Any submitted business plan must not be handwritten.

This information is collected under the authority granted by 34 CFR § 361.38 for the purpose of facilitating vocational rehabilitation (VR) services. As mandated by this regulation and Wis. Stat. § 47.02(7), all personal information is kept confidential and released only with the informed consent of the consumer or their representative, or as required by law. Completing this form is voluntary, but not providing this information may result in service delays. Information collected may be used for administration of the VR program, coordination of services, and other purposes.

**Business Overview**

|  |  |  |
| --- | --- | --- |
| Owner/Business Name | | |
| Phone | Email | Website |
| Business Description | | |
| Value Proposition (What goods or services are you providing your customers? What sets you apart from other similar businesses?) | | |
| Who is the target market? | | |

**Resources**

|  |
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| What resources are available to the business? (Examples: existing equipment, family support, training) |
| 1. |
| 2. |
| 3. |
| What is the businesses start-up goods/service's needs? (Examples: basic inventory, marketing, startup equipment) |
| 1. |
| 2. |
| 3. |
| What are the businesses startup funding needs? |
| 1. |
| 2. |
| 3. |
| Total: |

**Marketing Plan**

|  |
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| How will you get the word out? (Examples: social media, brochures/business cards, networking) |
| Who and where are your customers? |
| Brief Marketing Timeline: |
|  |
| Top 3 Competitors Name, Location and Pricing: (examples: online, city, state, cost of their product) |
| 1. |
| 2. |
| 3. |

**Business Financials**

|  |
| --- |
| Business Expenses (monthly costs for operating the business) |
| Costs of the Product/Service for Business Owner |
| Pricing of your Products/Services for Customers |
| Financial Forecast: (expected revenue) |
| 1. How much will the business bring in each month? |
| a. What is the monthly gross revenue? |
| b. What is the monthly net revenue? |
| 2. How many hours do you plan to work each week? |
| 3. What do you plan to make per hour? |
| 4. What are the business's accounting procedures? |