

General Instructions

The Concept Development and Feasibility Study Worksheet must be completed as follows:

- Type responses using a computer.
- Answer all questions. If a question or section does not apply, enter “Not Applicable” and explain why.
- Answers must be written in a narrative format in clear, positive, descriptive English with minimal bullet points.
- The narrative summaries must indicate how and when the information was collected. For example, by discussion with the customer’s business team, from the customer, or by observation of the customer performing the skills necessary to achieve the outcome.

Customer Information

Customer’s name:	VR Case ID number:
-------------------------	---------------------------

Step 1: Describe the Industry

Product or Service

Detailed Description of the Products or Services

Description of the Unique Features and Benefits of the Product or Service

Describe any future products or services

Marketing Positioning of Regular Customers Purchasing the Goods or Services of the Business

Describe the business’s **regular** customers in the following table.

Customer Demographics or Identifiers	Primary Customer (uses produce/service for intended use)	Secondary Customer (uses product/service for other than intended use)
Location of the customers (for example, city, county, particular part of town, cyberspace)		
Age range		

Gender		
Income level (for example, low, middle, high)		
Educational level		
Career type ("white collar," "blue collar," etc.)		
Marital status		
Dependents (for example, children, grandchildren, tenants)		
Other:		
Other:		
Other:		
Do potential customers know that they have a need for this product or service?		
Do potential customers need this product or service but not know it?		

Marketing Positioning of Business Customers		
--	--	--

Describe the business's expected **business** customer in the following table.

Type of business to supply		
Specific businesses to supply		
Size of business revenue		
Number of employees		
Location(s)		
Other descriptors		

What do the business' customers need from the product or service?

How many potential business' customers are in the service area?

Are they the same or different people from those going to a competitor?

What level of quality do the business' customers expect in the product or service?

What benefits will the business' customers gain from the business's products or services?

Description of the Competition

How many competitors are there?

What are the competitors' strengths?

What are the competitors' weaknesses?

How is the customer's product or service different from that of the competition?

How much of the target market is served by competitors?

What portion of the market remains open?

What makes the customer's product or service better, different, or unique than that of the competition?

Could a competitor be an opportunity for a business within a business for the customer?

Business Capability

How many hours will the customer work?

How much product or service could the customer produce in a day, week, and/or month?

What factors may impact production? (eg time of year, ceiling on production)

Financial Considerations

Pricing of Products or Services

Production Cost (What is the cost to produce the product or service?)

What are the industry standards for the cost of goods sold (COGS), fixed expenses, break-even point, and net profit (see www.bizstats.com)?

What are monthly expenses (COGS and fixed expenses)?

What is the break-even point, where the business owner be able to cover their own expenses?

What are the business's sales projections?

Discuss the customer's projected net profit, based on attached financials.

What are critical factors to reach the sales projections?

List potential financial resources for supporting the business start-up:

Step 2: Test the Business Idea

Instructions: Please select which type(s) of marketing testing the customer and others performed and describe. More than one type of testing may be used.

Sell a Few

Test-sell a few products or services and describe the experience below.

Record the number of units planned to be sold in test market:

Record the number of units actually sold in the test market:

Describe how the test market was run:

Describe the test market customers who purchased the product or service:

Record the test market customer feedback about the product or service:

Summary of test marketing research:

Surveys

Conduct surveys and record the experience below.

Record the number of potential customers surveyed:

Describe the potential customers surveyed:

List the questions asked in the survey:

List the responses to survey questions:

Summary of survey research:

Advertising and Analysis

Advertise the product or service and analyze the experience below.

Number of potential customers given the advertisement:

Description of potential customers contacted:

Number of responses to the advertisement:

Summary of advertising analysis:

Step 3: Identify Financial Resources Available to the Customer

Identify the financial resources available to the customer in the following table.

Financial and Benefits Resource	Amount	In-Kind (\$ Value of Resource)	Description of Resource
Customer's			
Home and Property Equity			
Housing Resources (HUD, Public Housing)			
Savings			
SSDI Benefits			
SSI Benefits			
Trust Fund			
Wages			
Customer's Family			
Home and Property Equity			
Loan			
Savings			

Trust Fund			
Other			
Bank or Credit Union Loan			
VRS			
Individual Development Account			
Private Investors			
Small Business Administration (SBA) Loan			
WIOA			
PASS			
Family Self-Sufficiency Program			

Step 4: Identify Prospective Business Owner Considerations

Does this business idea match the ideal work conditions and goals of the customer?

How much time can the customer invest in operating the business?

What tasks are necessary to produce the product or service?

Does the customer have, or can he or she acquire a portion or all skills needed to perform the production of goods or services, sales of goods or services, and management activities of the business?

Does the customer have, can he or she afford, or can other resources be identified to provide the business and personal supports necessary for the customer to be a successful business owner?

How much money can the customer access or invest?

How will this business affect the customer's family?

Outside Services and Supports

Instructions: In the table below, record any anticipated supports needed to maintain self-employment once the business has been started and once VRS has closed the case. Record the potential provider to provide each support and potential resources for any associated costs.

Extended Services and Supports Needed	Frequency of Support Needs	Potential Provider and Contact Information	Identified Resource to Provide or Sponsor Supports
Examples:			
Job coaching for new job duties identified	As identified	Employment Network Provider—Susie Provider (000) 000-0000	Social Security sponsored
Bookkeeping	Weekly	Karen's Bookkeeping Service (000) 000-0000	Will be a small business expense
Medication management	Monthly	MHMR home visits, Karen Case manager (000) 000-0000	MH General Fund sponsored
Assistance with day-to-day business responsibilities such as work schedule and routine work duties	Daily	Natural supports of the family: Mom—Jen, jencustomermom@email.com	in-kind service of family members
Transportation to and from work provided by cab driver	According to work schedule	PASS Plan—Provider to write PASS Plan needs to be found	Social Security sponsored
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Additional comments:

Recommendations

CBTAC or VR counselor completes this section:

Does the CBTAC believe the customer would be better served by Supported Self-Employment Services:

Yes, if yes, please provide justification below

No, if no skip next answer

Please provide a justification as to why you believe the customer would be better served by Supported Self-Employment Services:

Proceed with Business Plan & Financials Development Yes No

If no, please provide comments below regarding decision:

If yes, please provide information below:

Proceed with Business Plan & Financials Development: Yes

Type of Business Plan & Financials Development Recommended:

Simple Comprehensive Supported Self-Employment

Please provide information for recommending specific type of Business Plan & Financials Development:

Signatures

Customer Signature

Verification of the customer's satisfaction and service delivery obtained by:

Handwritten Signature Digital Signature (see VR-SFP 3 on Signatures)

By sending a copy of the document returned with a scanned signature

Unable to obtain signature, describe attempts:

Email verification, per VR-SFP 3 (must be attached)

Director Credentials and Signature**Required for Traditional-Bilateral Contractors****By signing below, I, the Director, certify that:**

- I signed the report below; and
- I ensure that the staff meets the qualifications and met the requirements in the Standards for Providers when delivering the service and;

I maintain the staff qualifications, including the UNTWISE credential, required for a Director, as described in Standards for Providers and/or Service Authorization.

Qualifications	Proof of Qualification	Verified by TWS-VRS
Specify UNTWISE Credential:	UNTWISE Credential Number: If no, <input type="checkbox"/> VR3490-Waiver Proof Attached	Yes No N/A
Director's typed name:	Director's signature (see VR-SFP 3 on Signatures): X	Date:

Date Form Submitted by Provider:**Date Form Received by TWS-VRS Office:****VRS Use Only**

<input type="checkbox"/> Reviewed and provided feedback. Note method of feedback (such as email or RHW): _____	State program specialist's initials:	Date:
<input type="checkbox"/> Reviewed and provided feedback. Note method of feedback (such as email or RHW): _____	Regional program specialist's initials:	Date:
Approved Sent back to the counselor with feedback. Note method of feedback (such as email or RHW): _____	VR manager or supervisor's initials:	Date:
Approved Sent back to the provider (if applicable) with feedback. Note method of feedback (such as email or RHW): _____	Counselor's initials:	Date:

Comments: