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| **Texas Workforce Solutions logo** | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Supported Self-Employment Feasibility Study** | | | | | | | |
| **General Instructions** | | | | | | | | |
| This 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 acconsuhieve the outcome. | | | | | | | | |
| **Customer Information** | | | | | | | | |
| **Customer’s name:** | | | | | **VRS customer number:** | | | |
| **Service Requested** | | | | | | | | |
| Feasibility Study – Supported Self-Employment Only | | | | | | | | |
| **Step 1: Describe the Industry** | | | | | | | | |
| **Product or Service** | | | | | | | | |
| Detailed Description of the Products or Services | | | | | | | | |
| How many hours does the customer want to work? | | | | | | | | |
| How will the product or service be produced or delivered? | | | | | | | | |
| How much product or service could be produced in a day, week, or month? | | | | | | | | |
| **Marketing Positioning of Business’ Regular Customers Purchasing the Goods or Services of the Business** | | | | | | | | |
| Describe the business’s **primary** customers using the product/service for intended use.   Be as specific as possible (location, age range, gender, income level, educational level,   marital status, dependents, pets, hobbies or interests, religious or political interests, etc.) | | | | | | | | |
| **Marketing Positioning of Business Customers** | | | | | | | | |
| Describe the business’s expected **business** customer below. | | | | | | | | |
| What benefits will the business’ customers gain from the business’s products or services? | | | | | | | | |
| 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? | | | | | | | | |
| **Description of the Competition** | | | | | | | | |
| Who are the main competitors and what are their strengths and weaknesses? | | | | | | | | |
| 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? | | | | | | | | |
| **Financial Considerations** | | | | | | | | |
| What are the business’s sales projections? | | | | | | | | |
| Pricing of Products or Services | | | | | | | | |
| Production Cost (What is the cost to produce the product or service? | | | | | | | | |
| How much net profit might be achieved in the first year? | | | | | | | | |
| What are critical factors to reach the sales projections? | | | | | | | | |
| List anticipated start-up costs and on-going monthly expenses: | | | | | | | | |
| What is the break-even point, where the business owner be able to cover their own expenses?: | | | | | | | | |
| **Step 2: 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? | | | | | | | | |
| Additional information and/or comments: | | | | | | | | |
| **Step 3: 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. | | | | | | | | |
| Describe how the test market was run: | | | | | | | | |
| Record the number of units planned to be sold in test market and the number actually sold: | | | | | | | | |
| Provide any additional information (e.g. customers who purchased the product or service, feedback provided, etc.): | | | | | | | | |
| 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 and the business customer responses: | | | | | | | | |
| Summary of survey research: | | | | | | | | |
| **Advertising and Analysis** | | | | | | | | |
| Advertise the product or service and analyze the experience below. | | | | | | | | |
| Description of potential business customers contacted: | | | | | | | | |
| Number of potential customers given the advertisement: | | | | | | | | |
| Number of responses to the advertisement: | | | | | | | | |
| Summary of advertising analysis: | | | | | | | | |
| **Step 4: 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 |  | |  | | | | |  |
| 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 |  | |  | | | | |  |
| **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: | | | | | | | | |
| 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 | | | | | | | | |
| **Signatures** | | | | | | | | |
| I, the customer (or legally authorized representative), have completed the Concept Development and Feasibility Study to the best of my ability. If I used the technical assistance of a CBTAC, I am satisfied with the information contained in this report. | | | | | | | | |
| **Customer’s signature:**  **X** | | | | | | | | **Date:** |
| **Customer’s legally authorized representative’s signature (if any):**  **X** | | | | | | | | **Date:** |
| **If the customer required assistance from a CBTAC, the following information is required.** | | | | | | | | |
| By signing below, I, the CBTAC, certify that I have worked with the customer and business team, completed this form, and agree with the statements above. Additionally, I am stating and confirming that I am the person who provided the services. | | | | | | | | |
| **Printed name of CBTAC providing technical assistance:** | | | | | | | | |
| **CBTAC’s signature:**  **X** | | | | | | | | **Date:** |
| **Does the CBTAC belief 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:** | | | | | | | | |
| **VRS Use Only** | | | | | | | | |
| Reviewed and provided feedback.  Note method of feedback (such as email or RHW): | | | | State program specialist’s initials: | | | | Date**:** |
| 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: | | | | | | | | |