Business Needs Assessment

The Covid-19 Response Pilot Program will use this checklist as an Informal SWOT Analysis (Strengths, Weakness, Opportunities, Threats) to help Identify areas of need. Please use extra space In chart for notes.

|  |  |
| --- | --- |
| Name: |  |
| Email Address: |  |
| Phone: |  |
| Business Name: |  |
| Business Address: |  |
| Number of Employees (including self): |  |

|  |  |
| --- | --- |
| GENERAL MANAGEMENT |  |
|  | YES | NO | DON’T KNOW | PROVIDE COPY |  |
| Are you happy with the current performance of your business?  |[ ] [ ] [ ]   |  |
|  |  |
| Has your revenue grown annually? |[ ] [ ] [ ]   |  |
|  |  |
| Do you track expenses to monitor profit variability?  |[ ] [ ] [ ]   |  |
|  |  |
| Do you have a business plan or strategic plan? |[ ] [ ] [ ] [x]   |
|  |
| Do you have an evaluation method for your employees? |[ ] [ ] [ ] [x]   |
|  |  |
| Do you have a need to develop systems for productivity? |[ ] [ ] [ ]   |  |
|  |  |
| Do you need renovations? |[ ] [ ] [ ]   |  |
|  |  |
| MARKETING |  |
| Do you have a website? List if so: |[ ] [ ] [ ]   |  |
|  |  |
| Do you have a marketing plan? |[ ] [ ] [ ] [x]   |
|  |  |
| Do you use direct marketing? |[ ] [ ] [ ]   |  |
|  |  |
| Do you have a social media presence?  |[ ] [ ] [ ]   |  |
|  |  |
| Do you set a goal and measure marketing results? |[ ] [ ] [ ]   |  |
|  |  |
| Are your marketing efforts effective? | ☐ | ☐ | ☐ |  |  |
|  |  |
| Do you have a unique brand? | ☐ | ☐ | ☐ |  |  |
|  |  |
| Are you hitting your sales targets? | ☐ | ☐ | ☐ |  |  |
|  |  |
| Are you reaching your target group?  | ☐ | ☐ | ☐ |  |  |
|  |  |
| Do you hold events and/or promotions?  | ☐ | ☐ | ☐ |  |  |
|  |  |
| Do you partner with other business? | ☐ | ☐ | ☐ |  |  |
|  |  |
| Are you looking to improve in any of the following areas? |  |
| Management | ☐ | Marketing | ☐ | Finance & Sales | ☐ | Strategic Planning | ☐ |  |