



Form Completion Date:

Y Y Y Y - M M - D D

v20190408A

Well Rounded Business ChecklistSM

Business Name	B U S I N E S S N A M E																								
Primary Contact	F I R S T												L A S T												
Phone #1	() - -												Phone #2	() - -											
	<input type="checkbox"/> Office <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> Other													<input type="checkbox"/> Office <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> Other											
Email Address																									
	<input type="checkbox"/> @gmail.com <input type="checkbox"/> @outlook.com																								
Business Address	S T R E E T																								
	C I T Y																								
	S U I T E																								
	Z I P																								
Type of Business: (e.g. category)													In business since:	M M Y Y				Year formed:	M M Y Y						
Net Income Last Year:	<input type="checkbox"/> \$0k - \$49k <input type="checkbox"/> \$50k - \$99k <input type="checkbox"/> \$100k - \$249k <input type="checkbox"/> \$250k - \$499k <input type="checkbox"/> \$500k - \$999K												<input type="checkbox"/> \$1M - \$2M <input type="checkbox"/> \$2M - \$5M <input type="checkbox"/> \$5M - \$25M <input type="checkbox"/> \$25M - \$50M <input type="checkbox"/> \$50M +												

Operational Information

Do you have an Accountant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a Business Lawyer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a financial advisor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a Technology Advisor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a formal business plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a Marketing plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Are you following your business plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you following your Marketing plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, When was last updated?	M M Y Y		

Is your business on Social Media? Yes ☐ No ☐

If yes, Which Platforms do you use?

☐ Facebook Profile ☐ Facebook Business Page

☐ LinkedIn Profile ☐ LinkedIn Business Page

☐ Google MyBusiness ☐ Twitter

☐ Yelp ☐ Instagram ☐ Pinterest

☐ Other(s) _____

What Marketing collateral do you currently use (check all that apply:)

☐ Brochures/Tri-Fold ☐ Flyers

☐ Post Cards ☐ Email Newsletter

☐ Business Cards ☐ Website

☐ Other _____

Do you have any business certifications? If yes, (check all that apply:)

☐ MSDBE ☐ SBA 8(a) [Federal] ☐ Maryland MBE ☐ County MBE and/or DBE

☐ WBE ☐ MSDC ☐ Veterans Certification ☐ Other(s) _____

What are your top 2 Business Goals?

a) _____

b) _____

What are your top 2 Business Challenges?

a) _____

b) _____