



Summary Business Plan

Applicant Name(s):

1.

2.

Business Name:

Phone Number:

Contact Address:

Email Address:

Website Details
(if available):

What do you produce or provide as a service?

How many staff are/will be employed full/part time?(Yourself included)

	P/T	F/T		P/T	F/T
Now			12months		

Please outline your employment, work experience & skills background or if you have you run a business before please include the information below.

Who are your competitors and what is different about what you are doing?

What type of customer is your business aimed at? Explain age group and market locality.

How will you promote your business?

Have you started selling your product or service yet? If yes, what sales have you achieved?

Have you completed any Business Training like Start Your Own Business courses?

Do you have a business mentor to assist you? (For financial/marketing plans) Provide details.

How much have you invested in the business?

Personal Savings €

Bank Loan €

Family or Friends €

Grant Support €

Other, please provide details

€

Please provide a breakdown of how you would use the Microfinance Ireland Loan.

Details:

	€
	€
	€
	€
	€
Total	€

Note: Applicants may submit a more detailed plan if one is available.

Signature(s) of Applicant(s)

1.

2.

Date:

D

D

/

M

M

/

Y

Y

Y

Y

Date:

D

D

/

M

M

/

Y

Y

Y

Y