



DWP/MFIP Self Employment Business Plan

Purpose: MFIP participants who wish to start a small business on a limited budget, usually out of their home, should use this form. It may be used when setting up a business plan for the following types of self employment:

- In home product sales (Avon, jewelry, etc.)
- Personal services (hairstylist, massage, nail care)
- Day care in the home
- Handyman services
- Accounting services
- Paper route
- Housecleaning service
- Taxi driver
- Miscellaneous services

Instructions: Complete all of the questions that apply to your business; not all questions will apply to all types of businesses. You should attach a current resume and a 3 or 6 month budget to this plan depending on what your job counselor requires. Both the participant and the job counselor should retain a copy of the plan. Review the business plan on a regular basis and whenever the DWP/MFIP Employment Plan (DHS-4209) is reviewed.

This form does **not** replace the monthly:

- Household Report Form (DHS-2120) or the
- Self-Employment Report Form (DHS-3336).

Types of business structures:

Proprietary – Privately owned business

S Corporation – Business that initially starts as a for profit corporation upon filing the Articles of Incorporation at the state. A general for profit (C corporation) is required to pay income tax on taxable income generated by the corporation. It may then elect S Corporation Status by submitting IRS form 2553 to the IRS. The S Corporation is taxed like a partnership or sole proprietorship rather than as a separate entity. The income is passed through to shareholders for the purpose of tax liability. An S Corporation has a maximum of 75 shareholders.

LLC / Limited Liability Company – Business that has characteristics of a corporation and a partnership which means it has limited liability and passes through income taxation.

Partnership – An unincorporated business owned by 2 or more people.

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າທ່ານກຳລັງຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພະນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທຫາຕາມເລກໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB2-0001 (10-09)

ADA5 (5-09)

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.



MFIP/DWP Self Employment Business Plan

PARTICIPANT NAME		DATE
NAME OF BUSINESS		BEGIN DATE OF BUSINESS
TYPE OF BUSINESS (house cleaning service etc.)		
LOCATION OF BUSINESS	CITY	ZIP CODE

Will you hire other employees? Yes No How many?

Is a license or permit required for this type of business? Yes No

IF YES, WHAT TYPE OF LICENSE OR PERMIT IS NEEDED

If a license or permit is required, have you completed all the necessary paperwork and activities required in order to get your license or permit? Yes No

What do you need to do to get your license or permit to begin your business?
(For example: take classes or take a test for a special type of drivers license)

EXPLAIN:

Why do you want to start this business

EXPLAIN:

Describe the types of services that you will provide:

DESCRIBE

Who will your customers be?

DESCRIBE

How will you get customers?

DESCRIBE

How will you advertise your business?

DESCRIBE

What kinds of supplies do you need and how much will you need to invest in these supplies?
This can include tools, uniforms and inventory. (Attach additional paper if needed.)

Items	Qty	Cost

Will you need a loan to begin this business? Yes No

If yes, have you applied for a loan and how much will you borrow?

DESCRIBE

If you already have a loan, how much did you borrow and when did you get the loan?

AMOUNT	DATE
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What kinds of obstacles may prevent you from being successful?
(For example, another person is already doing day care in her home next door.)

DESCRIBE

How will you determine the charges/fees for your services?
(For example, will you use an hourly rate or a profit margin based on wholesale price of the product.)

DESCRIBE

What will be your normal weekly work schedule?
(For example you will be open Monday through Friday from 8 to 5 pm. No weekend hours.)

DESCRIBE

Will you need a vehicle, truck or van for your business? If so, what type?

TYPE

What kind of payment requirements will you have from your customers?
(Credit card, charge account, cash, money orders)

Will you issue receipts?

EXPLAIN

What kind of payment arrangement will you have with vendors who provide your supplies or products to sell?
(Example: 30 days credit or cash at time of purchase)

EXPLAIN

Are you prepared or trained on how to do the required accounting functions for your business? Yes No
(i.e. Keep track of expenses, sales, purchases, inventory, taxes)

If not, will you hire someone to perform these functions? Yes No

If you hire someone, what will you pay them?

EXPLAIN

Do you have to purchase business and/or liability insurance for yourself and your employees? Yes No
If so, how much and where will you get the insurance?

AMOUNT OF LIABILITY COVERAGE

INSURANCE COMPANY

COST OF POLICY

What other activities will you need to do to prepare and maintain your business?

DESCRIBE

How will you know if your business is successful?

DESCRIBE

Budget table

This budget should reflect the anticipated budget for a period of three or six months and be revised when the DWP/MFIP employment plan is reviewed if needed. Complete the table below for a three month budget. For a six month budget, also complete the table on the next page for months 4 through 6.

Line	Income/expenses	1 st month	2 nd month	3 rd month	Quarterly total
Income					
1.	Total sales				
2.	Cost of sales				
3.	Gross profit (line 1 minus 2)				
Operating expenses					
4.	Salaries				
5.	Payroll taxes				
6.	Equipment rental				
7.	Utilities				
8.	Insurance				
9.	Professional services (lawyer, accountant, etc.)				
10.	Taxes/licenses				
11.	Advertising				
12.	Supplies (office)				
13.	Supplies (business)				
14.	Interest (loans, contracts)				
15.	Depreciation				
16.	Travel (mileage and/or vehicle expenses)				
17.	Dues/subscriptions				
18.	Other _____				
19.	Total expenses (add lines 4-18)				
20.	Profit before taxes (line 3 minus line 19)				

Line	Income/expenses	4th month	5th month	6th month	Semi-annual total
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Income

1.	Total sales				
2.	Cost of sales				
3.	Gross profit (line 1 minus 2)				

Operating expenses

4.	Salaries				
5.	Payroll taxes				
6.	Equipment rental				
7.	Utilities				
8.	Insurance				
9.	Professional services (lawyer, accountant, etc.)				
10.	Taxes/licenses				
11.	Advertising				
12.	Supplies (office)				
13.	Supplies (business)				
14.	Interest (loans, contracts)				
15.	Depreciation				
16.	Travel (mileage and/or vehicle expenses)				
17.	Dues/subscriptions				
18.	Other _____				
19.	Total expenses (add lines 4-18)				
20.	Profit before taxes (line 3 minus line 19)				