**Business Planning Worksheet**

**Why Do Business Planning?**

In the columns below make a short list. In column 1 list some businesses (products or services) you like and pay for gladly. In column 2 list some businesses (products or services) you don’t trust, pay for grudgingly, would never buy again, or are actively boycotting. Write down two or three specific examples in each column.

|  |  |
| --- | --- |
| Column 1(products / services you like) | Column 2(products / services you don’t like) |
|        |        |

**Good Business Attributes**

Look at your column 1 list. What do these businesses do that you would like to do better in your own programs?



**Applying Business Planning to Your Program**

List new products or services that could improve public health and will generate revenue.



After you have taken a break, analyze the list and pick out one or two good ideas.

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**Feasibility**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Will your proposed program cover sunk costs? |  |  |
| Is your proposed program based on a model you already know works? |  |  |
| Does your proposed program line up perfectly with your mission and current strategic priorities? |  |  |
| Does your proposed program help you harness a useful, energetic partner? |  |  |
| Does your proposed program help you harness the passions of a particular person or unit? |  |  |
| Can you test your proposed program or phase it in to make sure the program works? |  |  |

**Don’t Reinvent the Wheel**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Are there any other programs in your area that provide a similar service or product? |  |  |
| Are there any other programs in other states or areas that provide a similar service or product? |  |  |

**Potential Partners**

List potential partners and the contact information of key leaders for your proposed program.

