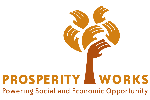
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**Matched Savings Fund Business Plan Checklist**

**(This form MUST be attached to all business plans submitted for review through the New Mexico Assets Consortium or Prosperity Works)**

|  |  |
| --- | --- |
| **Date Reviewed:** | **Reviewing Org.:** |
| **Reviewer(s):** | |
| **IDA Saver:** | |

**Checklist:**

|  |  |
| --- | --- |
| **Completed (check off ONLY if completed)** | **Description of Items:** |
|  | **BUSINESS PROFILE** (type of service, product, industry) |
|  | Type of Business |
|  | Legal Status |
|  | Identified Target Market |
|  | Business Goals |
|  | Proposed Use of Funds |
|  | **MARKETING PLAN** (advertising methods) |
|  | Other Publicity Methods |
|  | Timeline for Implementation |
|  | **FINANCIAL STATEMENTS** |
|  | Past year income statements ( if applicable) |
|  | Past year balance sheet ( if applicable) |
|  | Projected Income Statements (Must forecast 2 years) |
|  | Current YTD Balance Sheet |
|  | Projected Balance Sheet (taking into account IDA funds disbursed) |
|  | Vendor Estimates for each purchase listed on the proposed use of funds |
|  | Projected Cash Flow Statements |

**REVIEWER NOTES:**

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**SBDC REVIEWER SIGNATURE: (Only to be signed when business plans is complete for NMAC/PW)**

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**SBDC Reviewer Printed Name SBDC Reviewer Signature**