

Completion Questionnaire

Please complete and return by fax to (604) 777-6040

Participant Name: _____ Intake# _____

Phone No.: _____ Date: _____

Business Advisor: _____

***Please complete the following questions. All questions relate to the first year of business.
 If insufficient space is provided, please attach your comments.***

1. Is your business venture viable? (are you profitable?) Yes _____ No _____
2. Do you plan to continue working at your business full-time? Yes _____ No _____
3. Describe the value or benefits you received from the SE Program:

4. How many employees have you hired (either full-time or part-time)? _____
5. How many contractors have you hired (either full-time or part-time)? _____
6. Sales figures for year one (round to nearest \$ thousand) \$_____K
7. Business expenditures, including employees/contractors (round to nearest \$ thousand) \$_____K
8. Business financing amount (round to nearest \$ thousand) \$_____K
9. Loan source Bank Credit Union Private Arrangement
10. Would you be willing to provide a testimonial regarding the SE Program? Yes _____ No _____
11. Would you be interested in participating as a member of the SE Program's Local Review Committee? Yes _____ No _____