



options unlimited  
Community Connections for HealthCare

## **BUSINESS PLAN OUTLINE**

### **EXECUTIVE SUMMARY**

(Short version of all that is below)

### **MISSION STATEMENT**

### **COMPANY OVERVIEW**

Business Ownership Type, Related to?, Name Principals

### **SERVICE AND OPERATING PLAN**

Services to be offered, Staffing required, Training required, Relationships with other providers

### **MARKETING PLAN**

Market Analysis (clients and staff), Promotion

### **MANAGEMENT PLAN**

Work plan for start up and beyond, Who will manage, How will finances be managed

### **FINANCIAL PLAN**

Where will the money come from, For construction, For startup operations

(private pay only?, Medicaid?, qualify for insurance?)

Budgets for construction and for startup and first 3 years

#### *New Construction questions*

##### *1. Location*

- a. For availability of staff*
- b. For transportation for residents*

##### *2. Local, State, Federal building codes*

- a. zoning for business type*
- b. Fire, space, handicap accessibility, food preparation, water & sewer*

##### *3. Facility Licensure Category*

- a. Building requirements*
- b. Staffing requirements*
- c. Furniture*
- d. Supplies*
- e. Staff training*

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