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| Texas Workforce Solutions logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Concept Development and Feasibility Study**  |
| **General Instructions**   |
| The Concept Development and Feasibility Study Worksheet must be completed as follows:   * Type responses using a computer.
* Answer all questions. If a question or section does not apply, enter “Not Applicable” and explain why.
* Answers must be written in a narrative format in clear, positive, descriptive English with minimal bullet points.
* The narrative summaries must indicate how and when the information was collected. For example, by discussion with the customer’s   business team, from the customer, or by observation of the customer performing the skills necessary to achieve the outcome.
 |
| **Customer Information**   |
| **Customer’s name:**       | **VR Case ID number:**      |
| **Step 1: Describe the Industry**   |
| **Product or Service**   |
| **Detailed Description of the Products or Services**      |
| **Description of the Unique Features and Benefits of the Product or Service**      |
| **Describe any future products or services**      |
| **Marketing Positioning of Regular Customers Purchasing the Goods or Services of the Business**  |
| Describe the business’s **regular** customers in the following table.    |
| **Customer Demographics or Identifiers**  | **Primary Customer (uses produce/service for intended use)** | **Secondary Customer (uses product/service for other than intended use)**  |
| **Location of the customers** (for example, city, county, particular part of town, cyberspace)  |       |       |
| **Age range**  |       |       |
| **Gender**  |       |       |
| **Income level**(for example, low, middle, high)  |       |       |
| **Educational level**  |       |       |
| **Career type** (“white collar,” “blue collar,” etc.)  |       |       |
| **Marital status**  |       |       |
| **Dependents**(for example, children, grandchildren, tenants)  |       |       |
| **Other:**  |       |       |
| **Other:**  |       |       |
| **Other:**  |       |       |
| **Do potential customers know that they have a need for this product or service?**  |       |       |
| **Do potential customers need this product or service but not know it?**  |       |       |
| **Marketing Positioning of Business Customers**   |
| Describe the business’s expected **business** customer in the following table.    |
| **Type of business to supply** |       |       |
| **Specific businesses to supply** |       |       |
| **Size of business revenue** |       |       |
| **Number of employees** |       |       |
| **Location(s)** |       |       |
| **Other descriptors** |       |       |
| **What do the business’ customers need from the product or service?** |
| **How many potential business’ customers are in the service area?**      |
| **Are they the same or different people from those going to a competitor?**      |
| **What level of quality do the business’ customers expect in the product or service?**      |
| **What benefits will the business’ customers gain from the business’s products or services?**      |
| **Description of the Competition**   |
| **How many competitors are there?**      |
| **What are the competitors’ strengths?**      |
| **What are the competitors’ weaknesses?**      |
| **How is the customer’s product or service different from that of the competition?**      |
| **How much of the target market is served by competitors?**      |
| **What portion of the market remains open?**      |
| **What makes the customer’s product or service better, different, or unique than that of the competition?**      |
| **Could a competitor be an opportunity for a business within a business for the customer?**      |
| **Business Capability**   |
| **How many hours will the customer work?**       |
| **How much product or service could the customer produce in a day,week, and/or month?**      |
| **What factors may impact production? (eg time of year, ceiling on production)**      |
| **Financial Considerations**   |
| **Pricing of Products or Services**      |
| **Production Cost (What is the cost to produce the product or service?**      |
| **What are the industry standards for the cost of goods sold (COGS), fixed expenses, break-even point, and net profit (see** [**www.bizstats.com**](http://www.bizstats.com)**)?**      |
| **What are monthly expenses (COGS and fixed expenses)?**       |
| **What is the break-even point, where the business owner be able to cover their own expenses?**      |
| **What are the business’s sales projections?**      |
| **Discuss the customer’s projected net profit, based on attached financials.**       |
| **What are critical factors to reach the sales projections?**      |
| **List potential financial resources for supporting the business start-up:**      |
| **Step 2: Test the Business Idea**   |
| **Instructions: Please select which type(s) of marketing testing the customer and others performed and describe.****More than one type of testing may be used.**  |
| **[ ]  Sell a Few**  |
| Test-sell a few products or services and describe the experience below.    |
| **Record the number of units planned to be sold in test market:** |
| **Record the number of units actually sold in the test market:**      |
| **Describe how the test market was run:**      |
| **Describe the test market customers who purchased the product or service:**      |
| **Record the test market customer feedback about the product or service:**      |
| **Summary of test marketing research:**      |
| **[ ]  Surveys** |
| Conduct surveys and record the experience below.    |
| **Record the number of potential customers surveyed**:      |
| **Describe the potential customers surveyed:**      |
| **List the questions asked in the survey**:      |
| **List the responses to survey questions:**      |
| **Summary of survey research:**      |
| **[ ]  Advertising and Analysis** |
| Advertise the product or service and analyze the experience below.    |
| **Number of potential customers given the advertisement:**      |
| **Description of potential customers contacted:**      |
| **Number of responses to the advertisement:**      |
| **Summary of advertising analysis:**      |
| **Step 3: Identify Financial Resources Available to the Customer**   |
| Identify the financial resources available to the customer in the following table.    |
| **Financial and Benefits Resource**  | **Amount**  | **In-Kind**($ Value of Resource)  | **Description of Resource**  |
| **Customer’s**  |
| Home and Property Equity |       |       |       |
| Housing Resources (HUD, Public Housing) |       |       |       |
| Savings |       |       |       |
| SSDI Benefits |       |       |       |
| SSI Benefits |       |       |       |
| Trust Fund |       |       |       |
| Wages |       |       |       |
| **Customer’s Family**  |
| Home and Property Equity |       |       |       |
| Loan |       |       |       |
| Savings |       |       |       |
| Trust Fund |       |       |       |
| **Other**  |
| Bank or Credit Union Loan |       |       |       |
| VRS |       |       |       |
| Individual Development Account |       |       |       |
| Private Investors |       |       |       |
| Small Business Administration (SBA) Loan |       |       |       |
| WIOA |       |       |       |
| PASS |       |       |       |
| Family Self-Sufficiency Program |       |       |       |
| **Step 4: Identify Prospective Business Owner Considerations**   |
| **Does this business idea match the ideal work conditions and goals of the customer?**      |
| **How much time can the customer invest in operating the business?**      |
| **What tasks are necessary to produce the product or service?**      |
| **Does the customer have, or can he or she acquire a portion or all skills needed to perform the production of goods or services,****sales of goods or services, and management activities of the business?**      |
| **Does the customer have, can he or she afford, or can other resources be identified to provide the business and personal supports necessary for the customer to be a successful business owner?**      |
| **How much money can the customer access or invest?**      |
| **How will this business affect the customer’s family?**      |
| **Outside Services and Supports**   |
| **Instructions:** In the table below, record any anticipated supports needed to maintain self-employment once the business has been started   and once VRS has closed the case. Record the potential provider to provide each support and potential resources for any associated costs.    |
| **Extended Services and Supports Needed**  | **Frequency of Support Needs** | **Potential Provider andContact Information** | **Identified Resource to Provide or Sponsor Supports** |
| **Examples:**  |
| Job coaching for new job duties identified    | As identified    | Employment Network Provider—Susie Provider (000) 000-0000    | Social Security sponsored   |
| Bookkeeping    | Weekly   | Karen’s Bookkeeping Service(000) 000-0000    | Will be a small business expense   |
| Medication management    | Monthly    | MHMR home visits, Karen Case manager(000) 000-0000    | MH General Fund sponsored   |
| Assistance with day-to-day business responsibilities such as work schedule and routine work duties    | Daily    | Natural supports of the family: Mom—Jen, jencustomermom@email.com   | in-kind service of family members   |
| Transportation to and from work provided by cab driver    | According to work schedule    | PASS Plan—Provider to write PASS Plan needs to be found   | Social Security sponsored   |
| 1.       |       |       |       |
| 2.       |       |       |       |
| 3.       |       |       |       |
| 4.       |       |       |       |
| 5.       |       |       |       |
| 6.       |       |       |       |
| 7.       |       |       |       |
| 8.       |       |       |       |
| 9.       |       |       |       |
| 10.       |       |       |       |
| **Additional comments:**      |
| **Recommendations**  |
| CBTAC or VR counselor completes this section:   |
| **Does the CBTAC belief the customer would be better served by Supported Self-Employment Services:** [ ]  Yes, if yes, please provide justification below [ ]  No, if no skip next answer |
| **Please provide a justification as to why you believe the customer would be better served by Supported Self-Employment Services:**      |
| **Proceed with Business Plan & Financials Development** [ ]  Yes [ ]  No |
| **If no, please provide comments below regarding decision:**      |
| **If yes, please provide information below:**      |
| **Proceed with Business Plan & Financials Development:** [ ]  Yes |
| **Type of Business Plan & Financials Development Recommended:**[ ]  Simple [ ]  Comprehensive [ ]  Supported Self-Employment |
| **Please provide information for recommending specific type of Business Plan & Financials Development:**      |
| **Signatures**   |
| **Customer Signature** |
| **Verification of the customer’s satisfaction and service delivery obtained by:****[ ]**  Handwritten Signature **[ ]** Digital Signature(see VR-SFP 3 on Signatures)**[ ]** By sending a copy of the document returned with a scanned signature **[ ]** Unable to obtain signature, describe attempts:**[ ]** Email verification, per VR-SFP 3 (must be attached)  |
| By signing below, I, the customer, certify that I received the service as recorded within the report above.   If you are not satisfied with the service, contact your VR counselor.   |
| **Customer’s signature****X** | **Date:** |
| **Customer’s legally authorized representative’s signature**, if any: **X** | **Date:** |
| **Provider Qualifications** |
| **Type of Provider: [ ]** Traditional-bilateral contractor **[ ]** Non-traditional |
| Traditional-bilateral contractor must complete the provider qualification section below.  This section is not applicable to Non-traditional providers.   |
| **Qualifications** | **Proof of Qualification** | **Verified by TWS-VRS**  |
| CBTAC Certification   | CBTAC certificate attached  If no, [ ]  VR3490-Waiver Proof Attached | [ ]  Yes [ ]  No [ ]  N/A |
| **If the customer required assistance from a CBTAC, the following information is required.**  |
| **CBTAC signature** |
| **By signing below, I, the CBTAC, certify that:*** the above dates, times, and services are accurate;
* I personally provided services recorded on this form and associated invoice;
* I documented the information on the form for the customer represented on this form;
* The customer’s signature on this form was obtained on the date stated in the date field of the form;
* I signed the report below; and

I maintain the staff qualifications, including the CBTAC Certificate, required for a CBTAC, as described in Standards for Providers and/or Service Authorization.   |
| **CBTAC typed name**:      | **CBTAC signature** (see VR-SFP 3 on Signatures**:** **X** | **Date:**      |
| **Director Credentials and Signature**  |
| **Required for Traditional-Bilateral Contractors****By signing below, I, the Director, certify that:** * I signed the report below; and
* I ensure that the staff meets the qualifications and met the requirements in the Standards for Providers when delivering the service and;

I maintain the staff qualifications, including the UNTWISE credential, required for a Director,   as described in Standards for Providers and/or Service Authorization.    |
| **Qualifications** | **Proof of Qualification** | **Verified by TWS-VRS** |
| Specify UNTWISE Credential:      | UNTWISE Credential Number:      If no, [ ]  VR3490-Waiver Proof Attached | [ ]  Yes [ ]  No [ ]  N/A |
| **Director’s typed name**:      | **Director’s signature** (see VR-SFP 3 on Signatures)**:** **X**   | **Date:**      |
| **Date Form Submitted by Provider:**       | **Date Form Received by TWS-VRS Office:**       |
| **VRS Use Only**   |
| [ ]  Reviewed and provided feedback. Note method of feedback (such as email or RHW):      | State program specialist’s initials:      | Date**:**      |
| [ ]  Reviewed and provided feedback. Note method of feedback (such as email or RHW):      | Regional program specialist’s initials:      | Date**:**      |
| [ ]  Approved [ ]  Sent back to the counselor with feedback. Note method of feedback (such as email or RHW):      | VR manager or supervisor’s initials:      | Date**:**      |
| [ ]  Approved [ ]  Sent back to the provider (if applicable) with feedback. Note method of feedback (such as email or RHW):      | Counselor’s initials:      | Date**:**      |
| Comments:       |