Client Interest Questionnaire

Name: ___________________________________________  Date: _________________
Address:_______________________________________ City: ____________ State: ___
Primary Contact #: ________________________________________________________
E-mail: _________________________________________________________________

This survey will assist the Center in assessing the services you require and determining the
potential for positive impact in guiding you through the appropriate process. Please answer these
questions to the best of your ability.

The information requested is required for aggregate statistical reporting purposes and shall
otherwise be treated as business confidential.

Part I: Business Concept Classification: Please classify your business concept for us by checking all of the categories that are appropriate.

Type of Business (check all that are appropriate):
☐ Manufacturer/Processor  ☐ Consolidator
☐ Wholesale  ☐ Producer/Grower
☐ Agent/Broker  ☐ Packer
☐ Retailer  ☐ Cooperative
☐ Distributor  ☐ Other _________________________

Target Market Segments for your products (check all that are appropriate):
☐ Organic  ☐ Food Service/ HRI
☐ Healthy/ Functional  ☐ Gift
☐ Kosher  ☐ Wholesale
☐ Hallal  ☐ Food Manufacturing
☐ Ethnic  ☐ Mail Order
☐ Private Label  ☐ Retail
☐ Specialty/ Gourmet  ☐ Bulk
☐ Ingredients  ☐ Direct to Public
☐ Fresh
☐ Refrigerated
☐ Frozen
☐ Shelf Stable
☐ Other: _________________________

Product Categories (check all that are appropriate):
☐ Alcoholic Beverages (wines, spirits, beer)  ☐ Jams/ Jellies/ Preserves
☐ Appetizers  ☐ Kosher Products
☐ Breads/Baking Mixes/Flour/ Meals  ☐ Meat/ Game/ Pates
☐ Cakes/ Pastries  ☐ Non-alcoholic beverages
☐ Candy – chocolates, novelties, sugar-free  ☐ Nuts
☐ Cheese  ☐ Oil/ Vinegar/ Salad Dressing
☐ Coffee  ☐ Pasta/ Grains/ Rice
☐ Condiments/ Relishes  ☐ Salsa/ Dips
☐ Cookies/ Crackers/ Biscuits  ☐ Sauces/ Bases/ Mixes
☐ Dessert Toppings  ☐ Seasoning/ Spices/ Herbs/ Extracts
☐ Fruits  ☐ Snack Foods
☐ Health/ Natural/ Organic Foods  ☐ Soups/ Stocks
☐ Honey/ Syrups  ☐ Vegetables
☐ Ice Cream/ Sorbet/ Frozen Desserts  ☐ Other Products: _________________
Part II: Business Concept & Marketing Strategy: Please respond to the following market mix (i.e. Product, Place, Promotion, & Price) questions to define your strategy.

Do you have a business plan?  YES  NO

Describe your idea (e.g. product/service offered, brand, package design, and the need being fulfilled):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe your target customer and how they differ from your existing customer base (e.g. who, how many, and what changes, if applicable):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Who will be your competition and what will differentiate your product or make it superior to the products or services they may offer? ________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is it easy to get into this business and what obstacles would impact or prevent you or others from entry (e.g. are you uniquely positioned based on skills, knowledge, technology, and are there any state and/or federal regulations that apply)? ________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe your proposed distribution channels and/or changes to your existing channels (e.g. direct or through a distributor, number of people in selling chain, geographic area/coverage):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How do you plan to finance this business venture? ________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Part III: Projections & Profitability:** Please complete the following information in order to assess your financial and growth objectives.

Describe your goal, vision, and anticipated growth for the future of your business:  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  

The projected number of years it will take to achieve your goal is:  _____ years

**Employment**

Please indicate the current and projected number of employees:

<table>
<thead>
<tr>
<th>Current Employees (#)</th>
<th>Projected Employees – 3 years out (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self/owner _____</td>
<td>Self/owner _____</td>
</tr>
<tr>
<td>Part Time _____</td>
<td>Part Time _____</td>
</tr>
<tr>
<td>Full Time _____</td>
<td>Full Time _____</td>
</tr>
<tr>
<td>Seasonal* _____</td>
<td>Seasonal* _____</td>
</tr>
<tr>
<td>* Avg. # months/year:</td>
<td>* Avg. # months/year:</td>
</tr>
</tbody>
</table>

**Revenue**

Please provide your current and projected gross annual revenue categories, inclusive of growth associated with your new venture or expansion. (The information requested is required for aggregate statistical reporting purposes and shall otherwise be treated as business confidential.):

Current Gross Annual Revenue ($): _________________________________________________________

Projected Gross Annual Revenue – 3 years out ($): _____________________________________________

**Expense**

Please provide your current annual expenses and projected annual expenses for your new venture or expansion. Consider the following categories in your expenses:

- Salaries
- Packaging
- Legal
- Supplies
- Distribution
- Permit fees
- Equipment
- Rent (space)
- Patent fees
- R&D
- Storage
- Insurance
- Technical Svc
- Ingredients
- Utilities
- Marketing

Current Annual Expenses ($) : _______________       Projected Annual Expenses ($) : _______________  
- 3 years out

Please describe the services you are seeking from the Rutgers Food Innovation Center:  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________