## **APPENDIX B**

### **Sample Market Research Questionnaire**

Modify this questionnaire to fit your product mix.

| 1. | Do you purchase natural or organic beef?  |
|----|---|
| 2. | If you purchase natural or organic beef, what are your reasons? Check all that apply:  Health concerns Environmental concerns Taste/flavor Allergies/reactions to other beef For your children, specifically Brand preference                                       |
| 3. | How often do you purchase natural or organic beef? Check One:  Weekly  Monthly  On occasion   |
| 4. | Where do you purchase this product? Check all that apply:  Natural food store  Direct from the farmer  At a farmers' market  Specialty meat shop  Chain grocery retailer  Other   |
| 5. | If you had the option to buy natural beef directly from the producer, would that interest you? Why or why not?  |
| 6. | Would you pay more for natural beef than conventional beef?   |
| 7. | If you answered yes to question 6, at what point is the cost too high? Check one:  ☐ 50 cents more than conventional per pound  ☐ 75 cents more than conventional per pound  ☐ \$1 more than conventional per pound  ☐ Over \$1.25 more than conventional per pound |
| 8. | Would you value home delivery of natural beef?  |
| 9. | If you answered yes to question 8, would you pay a nominal delivery charge for natural beef?  |

# **APPENDIX F**

### **Profit and Loss Statement**

|               | INCOME |
|---------------|--------|
| Prepared By:  |        |
| Phone:        |        |
| Address:      |        |
| Company Name: |        |
| Date Range:   |        |
| Date Range    |        |

| INCOME   |               |            |  |
|--|---------------|------------|--|
| List wholesale, retail, or individual customer names separately.         |               |            |  |
| Income   | Dollar Amount | Percentage |  |
|  |               |            |  |
|  |               |            |  |
|  |               |            |  |
|  |               |            |  |
|  |               |            |  |
|  |               |            |  |
|  |               |            |  |
|  |               |            |  |
|  |               |            |  |
|  |               |            |  |
| GROSS INCOME FROM ALL SOURCES (List sum total of all profit items bere): |               |            |  |
| INCOME LESS ALLOWANCES & RETURNS:  |               |            |  |

| COSTS  |               |                          |            |  |
|--|---------------|--------------------------|------------|--|
| You may want to be more specific about some of the items below, giving each item its own line.       |               |                          |            |  |
| Type of Cost   | Dollar Amount | Inventory Value at Start | Percentage |  |
| Purchases  |               |                          |            |  |
| Labor  |               |                          |            |  |
| Materials/Supplies   |               |                          |            |  |
| Postage  |               |                          |            |  |
| Advertising  |               |                          |            |  |
| Debt   |               |                          |            |  |
| Fees   |               |                          |            |  |
| Phone/Fax  |               |                          |            |  |
| Utilities  |               |                          |            |  |
| Rent/Lease   |               |                          |            |  |
| Insurance  |               |                          |            |  |
| Any additional costs   |               |                          |            |  |
| TOTAL COST OF DOING BUSINESS (dollar amount and percentage) (List sum total of all cost items here): |               |                          |            |  |
| OPERATING PROFIT OR LOSS (Calculate income minus expenses here for the bottom line):                 |               |                          |            |  |

### **APPENDIX G**

#### **Cash Flow Comparison**

Company Name: Date Range:

Other Sales

TOTAL INFLOWS:

NOTE: A cash flow statement is simply a document prepared to show inflows and outflows of money during a specified period. Cash flow sheets can be used to compare one period to the next as below. Items included can be absolutely anything; those included here are simply some suggestions. While you may use Microsoft Word to create a cash flow statement, you may prefer to use programs such as Quickbooks or Excel, which can automatically prepare a cash flow sheet and which have more ways of viewing and organizing your information.

| Date Report Generated: |            |             |                   |  |
|------------------------|------------|-------------|-------------------|--|
| Prepared By:           |            |             |                   |  |
|                        |            |             |                   |  |
|                        | INFLOWS    |             |                   |  |
| Item                   | First Date | Second Date | Amount Difference |  |
| Wholesale Sales        |            |             |                   |  |
| Retail Sales           |            |             |                   |  |
| Custom Orders          |            |             |                   |  |
| Discounted Items       |            |             |                   |  |

| OUTFLOWS             |            |             |                   |
|----------------------|------------|-------------|-------------------|
| Item                 | First Date | Second Date | Amount Difference |
| Returns              |            |             |                   |
| Exchanges            |            |             |                   |
| Trades or Barter     |            |             |                   |
| Debt                 |            |             |                   |
| Service Fees         |            |             |                   |
| Materials/Supplies   |            |             |                   |
| Operational Expenses |            |             |                   |
| Fuel/Vehicle Cost    |            |             |                   |
| Purchases            |            |             |                   |
| Insurance            |            |             |                   |
| Packaging            |            |             |                   |
| Rent/Lease Space     |            |             |                   |
| TOTAL OUTFLOWS:      |            |             |                   |
| OVERALL TOTALS       |            |             |                   |