

**DO YOU NEED A “REAL” STRATEGIC PLAN?**

Review the following questions. Add up the number of NO responses and write it here=

Y = Yes N = No NA = Not Applicable

1. Can you identify specifically who your target market is? .....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2. Do you know if and how the target market is different for each of your products or services?.....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
3. Are you aware of any trends or potential changes in the market or the economy that will impact your organization or its sustainability? .....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
4. Can you identify what the impact will mean for your organization?.....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
5. Are you aware of the state’s and other regulating body’s agenda, or if there is potential legislation that will affect your company in the near future?.....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
6. Have you identified where your organization’s growth potential and new customers and investors are?.....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
7. Do you know exactly what your clients/customers/consumers think of your company and how it compares to others? .....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
8. Do you know who your competitors are and what they are doing? .....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
9. Have you assessed your company’s capacity for growth?.....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
10. Have you measured the effectiveness of your programs, products, services, and marketing efforts? .....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
11. Have you conducted an assessment of your company’s financial position?.....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
12. Do you know the Strengths, Weaknesses, Opportunities, and Threats (SWOT) facing your company?.....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
13. Does leadership know what your employees really think about the culture and the future of your company? (if there are less than 3 employees mark NO)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
14. Does the company have a compelling vision for the future? .....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
15. Does everyone in the company know and/or believe the vision? .....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
16. Does the company have an emergency succession plan for key board members?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
17. Does the company have an emergency succession plan for the manager and any “key staff” members?.....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
18. Does the company have a succession plan for any key employees (including the Executive Director) who plan to retire within the next 5 years?.....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
19. Does your region have a “macro” economic development plan that guides the planning for your agency/organization?.....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
20. Do you have a strategic plan that is understood and being implemented by all levels of the company? Do you know your role in the plan? .....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
21. Does your company have cash available for strategic investment in growth?.....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA

