

# Managing Finance Profile and Needs



(See Directions section below and on page 3)

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Province:** \_\_\_\_\_

**Zip/Postal Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Sheehan Financial Advisors LLC  
 P.O. Box 351314  
 Toledo, Ohio  
 43635

Phone: 419-491-4478  
 tkshsheehan@sheehanfinancial.com  
 www.sheehanfinancial.com

**Company Structure**

C Corp       LLC       Proprietorship

S Corp       Partnership       Other

NAICS Code \_\_\_\_\_

**Area of Need**     CFO                       Mentoring               Consulting

**Need is:**             Ongoing               Periodic               One Time               Other

**Need is:**             Monthly               Quarterly               Annual               Other

**Needs Priority Section - Note the priority in each subject and whether it is needed**

Financial analysis(1)	<input type="checkbox"/> Very High	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	<input type="checkbox"/> Need
<small>(1)vertical/horizontal, trend, ratio, benchmarking, working capital, breakeven, industry, variance, activity based</small>					
Profit analysis(2)	<input type="checkbox"/> Very High	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	<input type="checkbox"/> Need
<small>(2)vertical/horizontal, trend, ratio, benchmarking, working capital, breakeven, industry, variance, activity based</small>					
Banking/Finance(3)	<input type="checkbox"/> Very High	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	<input type="checkbox"/> Need
<small>(3)structure, needs analysis, pricing/interest rate, collateral analysis, cost of capital, grants and public financing opportunities, document review, proposal prep</small>					
Financial Mgmt.(4)	<input type="checkbox"/> Very High	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	<input type="checkbox"/> Need
<small>(4)Acct/finance procedures, operating-financial metrics/drivers, balance sheet structure, asset mgmt, cash mgmt, stakeholder and professional relationships</small>					
Strategy/Planning(5)	<input type="checkbox"/> Very High	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	<input type="checkbox"/> Need
<small>(5)short/medium/long term planning, forward looking modeling, budget systems, expansion planning, succession planning, valuation assessment and plan</small>					
Treasury/Cash(6)	<input type="checkbox"/> Very High	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	<input type="checkbox"/> Need
<small>(6)liquidity mgmt, cash flow planning, cash cycle mgmt, investment strategy, credit and collections mgmt, cash forecasting</small>					
Risk(7)	<input type="checkbox"/> Very High	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	<input type="checkbox"/> Need
<small>(7)internal/external risks, financial risk profile and mgmt, risk compensation, financing risk, financial forecasting, shareholder/value risks, "what if" assessment</small>					

Directions: Download this form and save it as a PDF on your computer (the answers to this form cannot be saved as displayed). Please fill these forms out as completely as possible. The Needs Priority Section is optional but very helpful in developing a plan. Note the documents needed and how they will be delivered. Save the document to your computer and send it as an attachment to info@sheehanfinancial.com. If you are not ready to submit documents, schedule an online appointment so we can discuss needs.

If accepted, we will send a link to our secure portal for document submission. We normally will respond within 48 with our response to this request.

**Describe business and its age**

**Describe products or services**

**List owners and breakdown by number of shares or ownership units**

**Describe industry**

**Which generation of management/ownership is this company**

**List all locations of business**

**Number of employees (last three years) and level of personnel turnover. Are employment contacts used?**

**Describe Lending Relationship (amounts, type, collateral, guarantees, interest rates, etc.)**

**Describe finance and accounting department (CFO, controller, bookkeeper, etc.) and experience levels**

**Related real estate/equipment companies or divisions**

**Briefly describe management team and experience**

**Detail Succession Plan**

Check the items you will be submitting

- |  |             |                                     |                               |
|--|-------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Annual Financial Statements: Bal. Sheet, P&L, Cash Flow * |             |                                     |                               |
| <input type="checkbox"/> CPA prepared  | Sending Via | <input type="checkbox"/> Electronic | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Spreadsheet download                                      | Sending Via | <input type="checkbox"/> Electronic | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Interim Financial Statements **                           | Sending Via | <input type="checkbox"/> Electronic | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Monthly statements **                                     | Sending Via | <input type="checkbox"/> Electronic | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Accounts Receivable Aging *                               | Sending Via | <input type="checkbox"/> Electronic | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Accounts Payable Aging *                                  | Sending Via | <input type="checkbox"/> Electronic | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Business Plan *   | Sending Via | <input type="checkbox"/> Electronic | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Budgets or Forecasts **                                   | Sending Via | <input type="checkbox"/> Electronic | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Fixed Asset Listing (including real estate) **            | Sending Via | <input type="checkbox"/> Electronic | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Personal Financial Statement **                           | Sending Via | <input type="checkbox"/> Electronic | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Work in Process and Backlog Report *                      | Sending Via | <input type="checkbox"/> Electronic | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Revenue by type and customer **                           | Sending Via | <input type="checkbox"/> Electronic | <input type="checkbox"/> Mail |

\* Required

\*\* Optional but important if available

Provide any added information we need to know

## Payment Method Preferences

### CFO System

- Hourly
- Monthly
- Quarterly
- Request a Quote

### Mentoring

- Hourly
- Quarterly

### Consulting

- Hourly
- Contract

**Other (describe)**

Forward this information to our secure email: [info@sheehanfinancial.com](mailto:info@sheehanfinancial.com)