



Republic of the Philippines  
City of Naga  
**NAGA CITY INVESTMENT BOARD**

NCIB Form No. 11

**SIMPLIFIED BUSINESS PLAN  
(Incubation Project)**

<b>I. TOTAL PROJECT COST</b>	
Facility Improvements	<b>P</b>
Machinery and Equipment	
Installation and Other Costs	
Financial Charges	
Others (Please specify)	
Sub-Total	
Add: Working Capital	
Total Project Cost	<b>P</b>

<b>II. SOURCES OF FINANCING</b>	
Equity	<b>P</b>
Local	
Foreign	
Total Equity	
Add: Loans*	
Others	
Total Loans and Others	
<b>TOTAL</b>	<b>P</b>

\* Specify Source & Terms of Loans  
NOTE: Where necessary, please use additional sheet

<b>III. MARKET ASPECTS</b>		
A. Describe products, uses and target markets		
Product Lines	Use	Target Users
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
B. Describe where you will sell the products. What are some of your marketing strategies?		

C. Projected Volume of Units to be Sold and Peso Value			
Product Lines	Selling Price/Unit	Volume to be Sold/Year	Sales/Year (in Pesos)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
<b>TOTAL</b>			<b>P</b>

**IV. TECHNICAL ASPECTS**

A. Brief description of the production process (Provide separate sheet if necessary or illustrate using process flowchart)

B. Major Machinery, Equipment and Software Requirements

Type/Description	Number of Units	Unit Cost	Total Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<b>TOTAL</b>			<b>P</b>

C. Utilities Required Per Year

	Volume	Cost
1. Power/Electricity		
2. Water		
3. Others		
<b>TOTAL</b>		<b>P</b>

D. Expected Attainable Volume of Production					
Product Lines	Year 1	Year 2	Year 3	Year 4	Year 5
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
E. Project Time Table (From project conceptualization, implementation of pre-operating activities such as facility renovation, equipment installation, trial runs, etc. to commercial operation of the project)					
Work Activities		Period from Start to Finish			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
F. Labor Requirements (To include Direct, Indirect, and Administrative Staff)					
Type of Workers		No. to be Employed	Estimated Annual Payroll		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
			<b>TOTAL</b>	<b>P</b>	

V. SPACE REQUIREMENT/LAY-OUT	
A. Estimated Office/Work Space Requirement	sq. m.
B. Proposed lay-out of office/work space (Provide separate sheet, if necessary. Lay-out should show locations of fixtures and equipment)	

<b>VI. FINANCIAL PROJECTION</b> (Please attach notes and schedules, as may be necessary)					
Projected Income Statement	Year 1	Year 2	Year 3	Year 4	Year 5
Sales/Revenues					
Less: Cost of Sales					
Direct Materials					
Direct Labor					
Production Overhead					
Total Cost of Sales					
Gross Income					
Less: Operating Expenses					
Selling Expenses					
Administrative Expenses					
Interest Expenses					
Net Income before Taxes					

Prepared by:

Certified by:

Signature Over Printed Name

Representative's Signature Over Printed Name