

DBE SWOT Analysis

S.W.O.T. Analysis Template

Business Name here : _____ BPRID _____ Business Coach _____ Date _____

Address: _____ Phone: _____ Email: _____

Criteria examples

- Advantages of proposition
- Capabilities
- Competitive advantages
- USP's (unique selling points)
- Resources, Assets, People
- Experience, knowledge, data
- Financial reserves, ROI
- Marketing - reach, distribution, awareness
- Innovative aspects
- Location and geographical
- Price, value, quality
- Accreditations, qualifications, certifications
- Processes, systems, IT, communications

Strengths

Weaknesses

Criteria examples

- Need to increase sales
- Ability to Network w Primes
- Lack of competitive strength
- Reputation, presence and reach
- Financials
- Own known vulnerabilities
- Timescales, deadlines
- Cash flow, start-up cash-drain
- Continuity, supply chain robustness
- Effects on core activities, distraction
- Reliability of data, plan predictability
- Morale, commitment, leadership

Criteria examples

- Market developments
- Competitors' vulnerabilities
- Industry trends
- Technology development and innovation
- Global influences
- New markets, vertical, horizontal
- Niche target markets
- Geographical, export, import
- New USP's
- Tactics: eg, surprise, contacts
- Business and product development
- Information and research
- Partnerships, agencies,

Opportunities

Threats

Criteria examples

- Political effects
- Legislative effects
- Environmental effects
- IT developments
- Competitor intentions - various
- Market demand
- New technologies, services, ideas
- Vital contracts and partners
- Sustaining internal capabilities
- Obstacles faced
- Insurmountable weaknesses
- Sustainable financial backing
- Economy - home, abroad
- Seasonality, weather effects



2017-2018 Training Plan

DBE Firm Name: _____

Date: _____ Owner: _____

Your Signature does not commit your firm to accept training from the DBE SSC

Training Needs	Cohort 1 - Needing Certification, Registration, or Qual/PreQual	
Business Plan Development: <input type="checkbox"/>	Qualification/Quality Plan Packages <input type="checkbox"/>	Overhead Rate <input type="checkbox"/>
PennDOT Business Partner Registration <input type="checkbox"/>	Pre-Qualification <input type="checkbox"/>	Registration with Other Government Entities? <input type="checkbox"/>
Marketing/Branding <input type="checkbox"/>	Capability and other Marketing Materials <input type="checkbox"/>	Website <input type="checkbox"/>

Training Needs	Cohort 2 - Already PreQualified, Qualified or Approved	
Bidding w ECMS for Contractors ___ Basic ___ Advanced <input type="checkbox"/>	Certified Payroll <input type="checkbox"/>	Cost Estimation ___ Basic ___ Advanced <input type="checkbox"/>
OSHA 10/30 Training <input type="checkbox"/>	Blue Print Reading ___ Basic ___ Advanced <input type="checkbox"/>	Bonding <input type="checkbox"/>
Traffic Control and Safety Flagger Training <input type="checkbox"/>	Other _____ <input type="checkbox"/>	Other _____ <input type="checkbox"/>

Training Needs	Cohort 3 - Receiving PennDOT SubContract Awards	
Project Management Institute (PMI) Training <input type="checkbox"/>	CEO/Leadership Training <input type="checkbox"/>	Team Building <input type="checkbox"/>
Succession Planning <input type="checkbox"/>	Scaling Up <input type="checkbox"/>	Other _____ <input type="checkbox"/>

Other Training/ Service Needs		
Networking for Additional Business <input type="checkbox"/>	Other _____ <input type="checkbox"/>	Other _____ <input type="checkbox"/>
Third Party Trainings (DBE University) <input type="checkbox"/>	Other _____ <input type="checkbox"/>	Other _____ <input type="checkbox"/>

Your signature indicates you have reviewed this form, but does not commit your firm to accept training from the DBE SSC

SIGNATURE _____ DATE _____

Business Coach: _____