



# SCHOOLS FOR SALE, INC.

## **Dennis. Mope**

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*"Your School Broker ™"*

Thank you for giving me the opportunity to assist you with this sale. The following information will help me serve you better by providing accurate information to qualified buyers and their lenders.

Because no one knows your facility better than you do, please be sure to answer the following questions as detailed as possible; any additional information that you feel would be helpful in understanding your particular operation, please note the additional information in the space provided at the bottom of this questionnaire.

If you have any questions, please feel free to call our office at any time.

Thank you in advance for your cooperation.

Sincerely,

Dennis Mope  
Broker/President

# SELLER'S QUESTIONNAIRE

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ YOUR EMAIL ADDRESS: \_\_\_\_\_

## I. GENERAL INFORMATION:

*Please provide us with the following:*

1. Rate Sheet.
2. Copy of Flyers e.g. summer programs, events, etc.
3. CURRENT P & L - PLUS LAST 3 YEARS TAX RETURNS.

## II. FACILITY INFORMATION:

1. Capacity: \_\_\_\_\_
2. Hours of operation: \_\_\_\_\_
3. How many rooms does your facility have: \_\_\_\_\_
4. Was the facility built specifically as a School ? ( Yes / No ) or, was the property converted from another use? \_\_\_\_\_
5. Meals Provided: [Circle one] Breakfast ( yes / No ) Lunch ( Yes / No )  
Snacks Provided: [Circle one] Morning Snack ( Yes / No ) Late Afternoon Snack ( Yes / No ) Other: \_\_\_\_\_  
Describe Food Programs, government subsidized or private, you implement currently or in the past, if any: \_\_\_\_\_

If discontinued, explain why: \_\_\_\_\_  
\_\_\_\_\_

6. Do you bus children to and from your facility [Circle one] ( Yes / No )

In addition to those schools listed above, which other schools do you service in your area: \_\_\_\_\_  
\_\_\_\_\_

7. Years facility established: Current owner \_\_\_\_\_ Prior Owner \_\_\_\_\_

8. Is your facility accredited? ( Yes / No ) If yes, by which association: \_\_\_\_\_  
Do you belong to any other associations: \_\_\_\_\_

1. Do you participate in any government subsidized programs? ( Yes / No )

If Yes, which ones [please list]: \_\_\_\_\_  
\_\_\_\_\_

## III. Vehicles

1. How many vehicles do you have: \_\_\_\_\_. Will all vehicles be included in transaction? ( Yes / No )
2. Are there any outstanding balances, on those vehicles, that the Buyer will need to assume? ( Yes / No )  
If Yes, Please list vehicle(s), approximate balance and the bank that currently holds the title:

\_\_\_\_\_  
\_\_\_\_\_

3. List vehicles below:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

**IV. ENROLLMENT:** (As of \_\_\_\_\_)

1. Total Current Enrollment: P/T \_\_\_\_\_ Age Groups and Break down Numbers

Other: \_\_\_\_\_

2. Total Current Enrollment: F/T \_\_\_\_\_ Age Groups and Break down Numbers

Other: \_\_\_\_\_

3. Do you provide for drop in service? ( Yes / No )

4. Do you provide Summer program? ( Yes / No )

5. If summer camp is offered, would you say that summer is financially your stronger or weaker period: \_\_\_\_\_

Explain: \_\_\_\_\_

**V. STAFF:**

1. Number of Employees: P/T \_\_\_\_\_ F/T \_\_\_\_\_ Does this # include the owner? ( Yes / No )

2. How Many Teacher do you have? \_\_\_\_\_

3. Can any of your Teacher become the Director? ( Yes/No )

4. Does the owner count as part of the staffing ratio? ( Yes / No )

5. Salaries: Officers: \_\_\_\_\_

Director: \_\_\_\_\_

Assistant Director: \_\_\_\_\_

Teachers/Aids (List as 2 @ \$9.00, 3@ \$9.25..etc): \_\_\_\_\_

**VI. EMPLOYEE BENEFITS:**

1. What is the discount for the employee's children: \_\_\_\_\_

2. Number of paid vacation days after what period of employment: \_\_\_\_\_

3. Percentage of health and dental paid for by the employer: \_\_\_\_\_

6. Do you subsidize any part of your employee's education: \_\_\_\_\_

7. Other Employee Benefits: \_\_\_\_\_

**VII. MISCELLANIOUS**

1. Do you own the land where your facility is located? ( Yes / No )

If No, what are the terms of your lease? date lease started \_\_\_\_\_ length of lease \_\_\_\_\_ Options to renew \_\_\_\_\_

2. What is included in your lease payments? (utilities, water, common area maintenance, etc.) \_\_\_\_\_

\_\_\_\_\_

3. What is not included, but are still your responsibility i.e. property taxes, insurance, etc.: \_\_\_\_\_

\_\_\_\_\_

4. What is your Monthly Rent: \$ \_\_\_\_\_

5. TERMS of Lease \_\_\_\_\_

6. Square Footage of Building: (Approximately) \_\_\_\_\_

7. Property Land Area: \_\_\_\_\_

8. Zoning: \_\_\_\_\_

9. Do you have a WEB SITE: ( Yes/No ) If Yes what is it? \_WWW.\_\_\_\_\_
10. Do you currently have a mortgage on your facility? ( Yes / No )  
If Yes, what is your Current loan Balance: \_\_\_\_\_ and/or Monthly payment: \_\_\_\_\_  
Is it an SBA Loan ( Yes / No ) Conventional Loan ( Yes / No )
11. Name of Property Owner/Phone #:\_\_\_\_\_
- Do you think that the current property owner may be interested in selling his/her ownership in the land/building? ( Yes / No )
12. Who are the major competitors in **your** area: \_\_\_\_\_

**THINGS TO CONSIDER**

1. Any improvements or programs that could be implemented that are not already established in your facility?  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you feel your building has room for expansion, for increased capacity? ( Yes / No )  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Additional information that you feel would be helpful in understanding your particular operation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_