



Dennis. Mope

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"We do just one thing "Sell Schools"™

Thank you for giving me the opportunity to assist you with this sale and welcome. 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,

A handwritten signature in black ink, appearing to read "Dennis Mope".

Dennis Mope
Broker/President



SELLER'S QUESTIONNAIRE

Schools For Sale, Inc.

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. Copy of any Lease.
4. CURRENT P & L - PLUS LAST 3 YEARS TAX RETURNS.

II. FACILITY INFORMATION:

1. Licensed Capacity: _____
2. Hours of operation: _____
3. How many rooms does your facility have: _____
4. Was the facility built specifically for childcare? (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)
If Yes, which schools do you bus to: _____

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

And which schools, if any, bus to you: _____

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 childcare 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 _____ Do you take Infants (Yes/No) If Yes how may P/T _____
P/T Detail: Toddlers: _____ 2 year olds: _____ 3 or 4 year olds: _____ 5 years and older: _____
Other: _____
- 2. Total Current Enrollment: F/T _____ Do you take Infants (Yes/No) If Yes how may F/T _____
F/T Detail: Infants/Toddlers: _____ 2 year olds: _____ 3 or 4 year olds: _____
Other: _____
- 3. Do you provide for drop in service? (Yes / No)
- 4. Do you provide Summer Camp During Summer Months? (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 CDA Teacher do you have? _____
- 3. Can any of your Teacher become the Director? (Yes/No)
- 4. If your not the Director, who is? _____ Do you think she/he will stay on? _____
- 5. Does the owner count as part of the staffing ratio? (Yes / No)
- 6. 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: _____
- 7. Do you subsidize any part of your employee's education: _____
- 8. 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. Square Footage of Building: (Approximately) _____
- 6. Property Land Area: _____
- 7. Zoning: _____
- 8. Do you have a WEB SITE: (Yes/No) If Yes what is it? _WWW. _____
- 9. 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)
- 10. 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)
- 11. 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:

