



Dennis J Mope

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"We do just one thing "Sell Schools"™

Thank you for contacting me and allowing me the opportunity to assist you with the sale of your school. 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. If there is any additional information you feel would be helpful in understanding your particular operation, feel free to add it in the space provided at the bottom of the questionnaire.

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

Thank you in advance for your cooperation.

Sincerely,

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

Dennis J. Mope



SELLER'S QUESTIONNAIRE

Schools For Sale, Inc.



NAME OF SCHOOL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT: _____ PHONE: _____ PHONE: _____

FAX: _____ 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 Profit & Loss Statements
5. Last Three (3) Years of Tax Returns
6. Some PHOTOS inside and out.

II. FACILITY INFORMATION:

1. Licensed Capacity: _____
2. Hours of operation: _____
3. Number of classrooms in your facility: _____
4. Was the facility built specifically for childcare? Yes / No
5. Was the property converted from another use? Yes / No
Meals Provided? Breakfast? Yes / No Lunch? Yes / No
Snacks Provided: Morning Snack? Yes / No Afternoon Snack? Yes / No
Other Food or Snack? _____
6. Describe Food Programs i.e, Government Subsidized or Private that you implement currently or in the past, if any: _____

7. Do you bus children to and from your facility Yes / No
If Yes, which schools do you bus to: _____
Which schools, if any, bus to you: _____



8. Year facility was established: _____
9. Is your facility accredited? Yes / No. If yes, by which association: _____ Do you belong to any other associations? _____
10. Do you participate in any government subsidized childcare programs? Yes / No
If Yes, please list other programs: _____

III. VEHICLES

1. How many vehicles do you own? _____ Will all vehicles be included in the 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) and approximate balance and the bank that currently holds the lien: _____

3. List vehicles below:

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

IV. ENROLLMENT:

1. Total Enrollment as of _____ Date.

Full Time: _____
Part-time: _____

2. Breakdown of Current Enrollment

Infants _____ Toddlers: _____ 2 Year Old: _____
3 Year Old _____ 4 Year Old: _____ 5 Year Old: _____
Kindergarten: _____ 1st Thru 5th: _____

3. Do you provide drop in service? Yes / No
4. Do you provide Summer Camp? Yes / No



I. STAFF:

- 1. Number of employees: Fulltime: _____ Part-time: _____
Does this number include the owner? Yes / No
- 2. How many credentialed teachers do you have? _____
- 3. Can any of your teachers become a Director? _____
- 4. Is the owner of the school also the Director? Yes / No
- 5. Salaries:

Officers: \$ _____

Director: \$ _____

Assistant Director: \$ _____

Teachers & Aids: \$ _____ (Average Salary)

II. EMPLOYEE BENEFITS:

- 1. Do you offer employees a childcare discount? Yes / No
- 2. Number of paid vacation days after what period of time? _____
_____ -
- 3. Percentage of health and dental paid for by the employer: _____
- 4. Do you subsidize any part of your employee's education? _____

- 5. Other employee benefits: _____

VII. ADDITIONAL INFORMATION

- 1. Do you own the land where your facility is located? Yes / No
If No, what are the terms of your lease? _____

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

- 3. What is not included but is still your responsibility, i.e. property taxes, insurance, etc. _____

- 4. What is your monthly rent amount? \$ _____
- 5. Square Footage of the building(s): _____
- 6. Property Land Area: _____



7. Zoning: _____
8. Do you have a Website? Yes / No If yes, what is the address? _____
9. Do you currently have a mortgage on your facility? Yes / No
 If yes, what is the current loan balance? \$ _____ What is the Monthly Payment?
 \$ _____
 Is this an SBA Loan? Yes / No Conventional Loan? Yes / No
10. Name of the property owner: _____ Telephone number of property owner: _____

 Would the current property owner be interested in selling their ownership in the land or
 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
 Please explain: _____

3. Additional information that you feel would be helpful in understanding your particular
 operation: _____

