

|                              |      | Plan |
|------------------------------|------|------|
| Word of the Year:            | Year |      |
| MY TOP 10 FOR 20  1. Mission | )22  |      |
| 2. Spiritual                 |      |      |
| 3. Health                    |      |      |
| 4. Financial                 |      |      |
| 5. Partner/Love              |      |      |
|                              |      |      |



| 6. Family           |
|---------------------|
|                     |
|                     |
| 7. Learning         |
|                     |
|                     |
|                     |
|                     |
| 8. Experiences      |
|                     |
|                     |
|                     |
|                     |
| 9. Mental/Emotional |
|                     |
|                     |
|                     |
|                     |
| 10. Friends         |
|                     |
|                     |
|                     |
|                     |



| The Two Main Things I Need to Do to Make the Most Difference in My Quality of Life: |  |  |  |
|---|--|--|--|
| THINGS I NEED TO STOP DOING   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| MY VALUES TO FOCUS ON THIS YEAR:  |  |  |  |
|   |  |  |  |
|   |  |  |  |



|                            | BUSINESS PLAN |
|----------------------------|---------------|
| Year                       |               |
| MY PERSONAL LEARNING AND   | GROWTH        |
| Events I Want/Need to Atte | end:          |
|                            |               |
|                            |               |
|                            |               |
|                            |               |
| Designations I Want to Ear | n:            |
| •                          |               |
|                            |               |
|                            |               |
|                            |               |
|                            |               |
|                            |               |
| Books I Want to Read:      |               |
|                            |               |
|                            |               |
|                            |               |
|                            |               |
|                            |               |
|                            |               |



| PERSONAL THINGS I WANT TO HAVE AND DO THIS YEAR |              |           |  |   |  |
|---|--------------|-----------|--|---|--|
|   |              |           |  |   |  |
|   |              |           |  |   |  |
|   |              |           |  |   |  |
|   |              |           |  |   |  |
|   |              |           |  |   |  |
|   |              |           |  |   |  |
|   |              |           |  |   |  |
|   |              |           |  |   |  |
|   |              |           |  |   |  |
|   |              |           |  |   |  |
| 10 DEL  | LICIOUS DAII | LY HABITS |  |   |  |
| 1.  |              |           |  |   |  |
| 2.  |              |           |  |   |  |
| 2.<br>3.  |              |           |  |   |  |
| 4.  |              |           |  |   |  |
| 5.  |              |           |  |   |  |
| 6.  |              |           |  |   |  |
| 7   |              |           |  | _ |  |
| /.  |              |           |  |   |  |
| 7.     8.                                       |              |           |  |   |  |
|   |              |           |  |   |  |



| Year         | ACCOMPLISHMENTS |
|--------------|-----------------|
| Be:          |                 |
|              |                 |
|              |                 |
|              |                 |
| Do:          |                 |
|              |                 |
|              |                 |
| _            |                 |
| Have:        |                 |
|              |                 |
|              |                 |
|              |                 |
| BEST OF ALL: |                 |
|              |                 |
|              |                 |
|              |                 |
| SAD:         |                 |
|              |                 |
|              |                 |
|              |                 |



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## **SQUARE ONE**

## **Needs and Wants**

#### **BUSINESS EXPENSES**

| ltem                     | Last Year's | Current Year<br>Anticipated |          |
|--------------------------|-------------|-----------------------------|----------|
|                          | Monthly     | Annually                    | Expenses |
| Dues                     |             |                             |          |
| Coaching                 |             |                             |          |
| Communications           |             |                             |          |
| Education                |             |                             |          |
| Accounting               |             |                             |          |
|                          |             |                             |          |
|                          |             |                             |          |
|                          |             |                             |          |
| Marketing                |             |                             |          |
| Print                    |             |                             |          |
| Online                   |             |                             |          |
| Yard Signs               |             |                             |          |
| Promotional              |             |                             |          |
| Direct Mail              |             |                             |          |
| Transaction Coordination |             |                             |          |
| Travel                   |             |                             |          |
| Staging, etc.            |             |                             |          |
|                          |             |                             |          |
| Total Business Expenses  |             |                             |          |
|                          |             |                             |          |



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### **PERSONAL EXPENSES**

| Item                     | Last Year's | Expenses | Current Year<br>Anticipated |  |
|--------------------------|-------------|----------|-----------------------------|--|
|                          | Monthly     | Annually | Expenses                    |  |
| Housing                  |             |          |                             |  |
| Food                     |             |          |                             |  |
| Auto                     |             |          |                             |  |
| Insurance                |             |          |                             |  |
| Clothing                 |             |          |                             |  |
| Phone                    |             |          |                             |  |
| Taxes                    |             |          |                             |  |
| Vacation                 |             |          |                             |  |
| Education                |             |          |                             |  |
| Child care               |             |          |                             |  |
| Charitable Contributions |             |          |                             |  |
|                          |             |          |                             |  |
|                          |             |          |                             |  |
|                          |             |          |                             |  |
|                          |             |          |                             |  |
|                          |             |          |                             |  |
|                          |             |          |                             |  |
| Travel                   |             |          |                             |  |
| Home Improvements        |             |          |                             |  |
|                          |             |          |                             |  |
|                          |             |          |                             |  |
| Total Personal Expenses  |             |          |                             |  |



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## **BREAK IT DOWN**

| > Annual Transaction goal Goal                  |
|---|
| A. Gross Commission Income (GCI                 |
| B. Average Property sale price in your area     |
| C. Average Commission Percentage                |
|   |
| Number of sell sides + buyers sides A/(B x C)   |
| Closed Sell side goal                           |
| Buy side goal                                   |
| Monthly Listing Goal                            |
| Monthly Buyer Goal                              |
|   |
| Number of Conversations needed to meet my goal  |
| Number of listing appointments set up           |
| Number of Buyer appointments setup              |
| Number of transactions needed to meet your goal |
|   |
| Number of listing appointments set up           |
| Number of Buyer appointments setup              |
|   |
| Number of listing taken                         |
| Number of active buyers                         |
|   |
| Number of listings sold                         |
| Number of buyer sales                           |
| Total Units needed                              |



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| Prospect Real Estate Conversations                                    | Goal |
|---|------|
| New prospect conversations needed per year X 40                       |      |
| New prospect conversations needed per month (yearly goal / 12) *      |      |
| Prospect conversations per day (Monthly goal/ number of days worked + |      |

<sup>\*11</sup> if you take a month off for vacation

#### MONTHLY BUSINESS PLANNING

#### **Build the Business**

- a) Conversations
- b) New Contacts
- c) Leads
- d) Buyers Seminar
- e) Open Houses

| Week 1 | Week 2 | Week 3 | Week 4 | Total |
|--------|--------|--------|--------|-------|
|        |        |        |        |       |
|        |        |        |        |       |
|        |        |        |        |       |
|        |        |        |        |       |
|        |        |        |        |       |

#### Work in the Business

- a) Listing Presentations
- b) Showings with Buyers
- c) CMAs
- d) Lunch Appointments

| Week 1 | Week 2 | Week 3 | Week 4 | Total |
|--------|--------|--------|--------|-------|
|        |        |        |        |       |
|        |        |        |        |       |
|        |        |        |        |       |
|        |        |        |        |       |

## Achievement You did it!

- a) New Listings
- b) New Listing Under Contract
- c) Closings this Week
- d) Year to date Closings

| Week 1 | Week 2 | Week 3 | Week 4 | Total |
|--------|--------|--------|--------|-------|
|        |        |        |        |       |
|        |        |        |        |       |
|        |        |        |        |       |
|        |        |        |        |       |

<sup>+</sup> should be no less than 5 per day



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#### **WEEKLY BUSINESS PLANNING**

#### **Build the Business** Sun Mon Tues Wed Thurs Fri Sat Total a) Conversations b) New Contacts c) Leads d) Buyers Seminar e) Open Houses

# Work in the Business

- a) Listing Presentations
- b) Showings with Buyers
- c) CMAs
- d) Lunch Appointments

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Total |
|-----|-----|------|-----|-------|-----|-----|-------|
|     |     |      |     |       |     |     |       |
|     |     |      |     |       |     |     |       |
|     |     |      |     |       |     |     |       |
|     |     |      |     |       |     |     |       |

# Achievement You did it!

- a) New Listings
- b) New Listing Under Contract
- c) Closing this Week
- d) Year to date Closings

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Total |
|-----|-----|------|-----|-------|-----|-----|-------|
|     |     |      |     |       |     |     |       |
|     |     |      |     |       |     |     |       |
|     |     |      |     |       |     |     |       |
|     |     |      |     |       |     |     |       |
|     |     |      |     |       |     |     |       |



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## MAKE IT HAPPEN

START WITH WHERE YOU ARE

#### **CURRENT AND PAST TRANSACTIONS**

| Where did they come from? | Sellers | Buyers |
|---------------------------|---------|--------|
| Family                    |         |        |
| Friends                   |         |        |
| Neighbors                 |         |        |
|                           |         |        |
|                           |         |        |
|                           |         |        |
|                           |         |        |

### Increasing Sphere of Influence (Relationships)

| Sphere (Additional)      | Converted to Seller | Converted to Buyer |
|--------------------------|---------------------|--------------------|
| Church                   |                     |                    |
| School Organizations     |                     |                    |
| Children's Sports Teams  |                     |                    |
| Community Organizations  |                     |                    |
| Charitable Organizations |                     |                    |
| Car Repair Business      |                     |                    |
| Doctor's Office          |                     |                    |
| Hair Salon               |                     |                    |
|                          |                     |                    |
|                          |                     |                    |
|                          |                     |                    |
|                          |                     |                    |



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### PROSPECTING | MEETING NEW PEOPLE

| Lead Source                        | Converted to Seller | Converted to Buyer |
|------------------------------------|---------------------|--------------------|
| Current Client Referrals           |                     |                    |
| Other Agent Referrals              |                     |                    |
| Farming                            |                     |                    |
| Open Houses                        |                     |                    |
| Buyers Seminars                    |                     |                    |
| Attorneys (Divorce, etc.)          |                     |                    |
| FSBO (For Sale By Owner)           |                     |                    |
| Sign Calls                         |                     |                    |
| Internet Leads                     |                     |                    |
| Expired Listings                   |                     |                    |
| Land Lords                         |                     |                    |
| Direct Mail                        |                     |                    |
| Corporate Personnel Dept.          |                     |                    |
| Facebook and other Social<br>Media |                     |                    |
| Networking                         |                     |                    |
| New Home Sales                     |                     |                    |
| Just Listed/Sold postcards         |                     |                    |
| Relocations                        |                     |                    |
| Financial Planners                 |                     |                    |
| Former Realtors                    |                     |                    |
| Sponsorships                       |                     |                    |
| BNI Groups                         |                     |                    |
| Investors                          |                     |                    |
| Builders                           |                     |                    |
| Notice of Defaults                 |                     |                    |
|                                    |                     |                    |
|                                    |                     |                    |
|                                    |                     |                    |
|                                    |                     |                    |
|                                    |                     |                    |
|                                    |                     |                    |
|                                    |                     |                    |
|                                    |                     |                    |
|                                    |                     |                    |



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# **Education and Coaching**

#### **CONTINUING EDUCATION CLASSES**

| CE Hours | Course Name |
|----------|-------------|
|          |             |
|          |             |
|          |             |
|          |             |
|          |             |
|          |             |
|          |             |
|          |             |
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|          |             |
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|          |             |
|          |             |
|          |             |
|          |             |



| DESIGNATIONS         |                     |  |  |  |
|----------------------|---------------------|--|--|--|
| Letters              | Course Name         |  |  |  |
|                      |                     |  |  |  |
|                      |                     |  |  |  |
|                      |                     |  |  |  |
|                      |                     |  |  |  |
|                      |                     |  |  |  |
|                      |                     |  |  |  |
|                      |                     |  |  |  |
| CERTIFICA<br>Letters | ATIONS  Course Name |  |  |  |
|                      |                     |  |  |  |
|                      |                     |  |  |  |
|                      |                     |  |  |  |
|                      |                     |  |  |  |
|                      |                     |  |  |  |
|                      |                     |  |  |  |
|                      |                     |  |  |  |
|                      | -                   |  |  |  |
|                      |                     |  |  |  |
|                      |                     |  |  |  |



| IN OFFICE TRAINING                  |
|-------------------------------------|
| Notes (What do I want to learn?)    |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
| MARKET RESEARCH                     |
| Notes (What do I need to find out?) |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |



| CONFERENCES AND CONVENTIONS |  |
|-----------------------------|--|
| National Conventions        |  |
|                             |  |
| State Conventions           |  |
|                             |  |
| Brokerage Conventions       |  |
|                             |  |
| ONE ON ONE COACHING         |  |
|                             |  |
| GROUP COACHING              |  |
|                             |  |
| OTHER                       |  |
|                             |  |
|                             |  |