

COMPANY PROFILE

- 1. Cluster: _____
- 2. Company Name: _____
- 3. Company Address: _____
(Street)
(City) (State/Province) (Zip/Postal Code)
- 4. Mailing Address: _____
(Street)
(City) (State/Province) (Zip/Postal Code)
- 5. Region/Community: (Searchable listing of all communities in the tri-state region)
- 6. Company Phone: () - _____
- 7. Company Fax: () - _____
- 8. Company Web: You should keep this. Fill out if you have the info.
- 9. Company NAICS Code: _____
- 10. Facility Type: _____
- 11. Company Notes: (Use pull-down list on online survey)

Note: Company contacts/titles can be added under Company Portfolio

VISIT INFORMATION

- 12. Date of Meeting: ___ / ___ / _____ (mm/dd/yyyy)
- 13. Interview Number: This field is filled in automatically by the database system
- 14. Outreach Specialist: _____
- 15. Is the specialist responsible for managing this company's record? Yes No
- 16. If No: _____
- 17. Contact interviewed: _____
- 18. Should this company be re-contacted? Yes No
- 19. If Yes, when? Re-contact month: _____ Re-contact year: _____

All fields in this section are critical to how the system functions. I can explain in detail via phone call.

COMPANY INFORMATION

- 20. Description of products/services: _____

- 21. Is this location the headquarters of this company? Yes No
- 22. If no, name and location of parent company.
Parent Name: _____
Parent Location: _____
- 23. Company Information Notes: _____

LOCAL WORKFORCE

- 24. Total number of employees at this facility: _____
- 25. Historical employment trend: Increasing Staying the same Declining
- 26. Are you experiencing recruiting problems with any position or skills? Yes No
- 27. If so, which ones? _____

- 28. Would you like assistance with workforce training? Yes No
- 29. If yes, what type of assistance are you seeking? _____

- 30. Where do you see your labor force in:
5 years _____

10 years _____

20 years _____

- 31. Is your company unionized? Yes No

32. Workforce notes: _____

SALES

33. Historical sales trend at this *facility*:
 Growing Stable Maturing Declining

34. Sales notes: _____

FACILITY / EQUIPMENT

35. Status of facility: Owned Leased

36. If *Leased*, expiration date: ___ / ___ / _____ (mm/dd/yyyy)

37. Is current facility adequate for future operations? Yes No

38. Facility / Equipment Notes: _____

MUNICIPAL SERVICES

Ranking scale: 1 = Excellent 2 = Good 3 = Fair 4 = Poor 5 = No opinion 6 = Not applicable

	1	2	3	4	5	6
39. PLEASE RATE THE FOLLOWING						
Public water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Code enforcement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building inspection/permitting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoning/land use:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalks and lighting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of safety in neighborhood:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local road network/condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility – gas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility – electric:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telecommunications service:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police protection:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire/emergency services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Municipal services notes: _____

BUSINESS CLIMATE

Ranking scale: 1 = Excellent 2 = Good 3 = Fair 4 = Poor 5 = No opinion

	1	2	3	4	5
41. PLEASE RATE THE FOLLOWING:					
Workforce quality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce availability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local government:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local tax structure:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State tax structure:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers compensation rates:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural/Recreational amenities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-12 education:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colleges/universities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical training:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of doing business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. What is the biggest problem facing this community in your opinion?

43. What, if any, factors could help your company become more successful here?

44. Business Climate Notes: _____

ASSESSMENT (These questions are for internal use only—not administered through BRE)

- 45. How would you rate this facility's overall health?
 Excellent Good Fair Poor
- 46. How would you rate the (owner's or) local management's attitude toward the community?
 Excellent Good Fair Poor
- 47. How would you rate the parent company's attitude toward the community?
 Excellent Good Fair Poor Not applicable
- 48. How would you rate the risk of this location closing in the next 1 to 3 years?
 Low Moderate High
- 49. How would you rate the risk of this location downsizing in the next 1 to 3 years?
 Low Moderate High
- 50. If company recently expanded, did they use incentives? Yes No
- 51. If yes, please describe: Federal State Local
- 52. Are there any local expansion plans in the next 12 – 18 months? Yes No
- 53. If yes, please estimate the impact:
Jobs impact Jobs created _____ Jobs retained _____
Investment impact \$ _____
Square feet needed _____
- 54. If yes, please estimate the timeline
 Immediate 1-6 Months 7-12 Months 13-18 Months
- 55. Assessment notes: _____

