

# The Summit Business Partnership Retention Survey

ExecutivePulse™ Business Intelligence System ■ 06-01-2003

**\*Required Field**

## BASIC INFORMATION

1. **\*Date of meeting:** \_\_\_\_\_ *mm/dd/yyyy*
2. **\*Interview number:** \_\_\_\_\_
3. **\*Specialist name:** \_\_\_\_\_
4. **\*Specialist email:** \_\_\_\_\_
5. **\*Company name:** \_\_\_\_\_
6. **\*Street address:** \_\_\_\_\_
7. **\*City:** \_\_\_\_\_
8. **\*State:** \_\_\_\_\_
9. **\*Zip Code:** \_\_\_\_\_
10. **\*County/City:** \_\_\_\_\_
11. **\*Company phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_
12. **Company fax:** ( ) \_\_\_\_\_ - \_\_\_\_\_
13. **Company website:** \_\_\_\_\_

## PRIMARY CONTACT INFORMATION

14. **\*Contact salutation:** \_\_\_\_\_
15. **\*Contact first name:** \_\_\_\_\_
16. **\*Contact last name:** \_\_\_\_\_
17. **\*Contact title:** \_\_\_\_\_
18. **\*Contact phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_
19. **Contact email:** \_\_\_\_\_
20. **Preferred method for communications:** (Select all that apply)

<input type="checkbox"/>	Phone	<input type="checkbox"/>	Mail	<input type="checkbox"/>	Email
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## SECONDARY CONTACT INFORMATION

21. **Secondary salutation:** \_\_\_\_\_
22. **Secondary first name:** \_\_\_\_\_
23. **Secondary last name:** \_\_\_\_\_
24. **Secondary title:** \_\_\_\_\_
25. **Secondary phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_
26. **Secondary email:** \_\_\_\_\_

## COMPANY INFORMATION

**27. Type of business:** (Select one)

<input type="checkbox"/> Associations/Unions	<input type="checkbox"/> Construction
<input type="checkbox"/> Education/Healthcare	<input type="checkbox"/> FIRE
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Non profit
<input type="checkbox"/> Retail	<input type="checkbox"/> Service
<input type="checkbox"/> Trans/Commu/Utilities	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Other	

**28. If Other, please identify:**

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**29. Description of products/services:**

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**30. Who are your competitors?**

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**31. What are the factors that make your company successful here?**

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**32. Status of primary product or service:**

<input type="checkbox"/> Proprietary	<input type="checkbox"/> Commodity
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**33. Life cycle stage of firm's primary product or service:**

<input type="checkbox"/> Emerging	<input type="checkbox"/> Growing
<input type="checkbox"/> Maturing	<input type="checkbox"/> Declining

**34. SIC Code:**

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**35. NAICS Code:**

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**36. What is this company's ownership status?**

<input type="checkbox"/> Privately owned	<input type="checkbox"/> Publicly held
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**37. What is this company's legal status?**

<input type="checkbox"/>	Sole proprietorship	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Limited liability corporation (LLC)
<input type="checkbox"/>	Employee owned (ESOP)	<input type="checkbox"/>	Non-profit
<input type="checkbox"/>	Other		

**38. If Other, please identify:**

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**39. Location of company's headquarters: (Select one)**

<input type="checkbox"/>	In state	<input type="checkbox"/>	Elsewhere in nation
<input type="checkbox"/>	Outside USA		

**40. What year was this facility started?** \_\_\_\_\_ (ex. 1985)

**41. Name of parent company, if different:** \_\_\_\_\_

**42. Functions located at this facility: (Select all that apply)**

<input type="checkbox"/>	Distribution	<input type="checkbox"/>	Engineering/RD
<input type="checkbox"/>	Headquarters	<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Services	<input type="checkbox"/>	Warehousing

**43. Does this company have another U.S. location that provides a similar product/service as the local operation?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**44. Notes:**

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**45. Does this company have another location elsewhere in the world that provides a similar product/service as the local operation?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**46. Notes:**

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**47. Has the local facility changed owners in the past five years?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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48. If yes, describe the local impact of the change in ownership:

<input type="checkbox"/>	Positive	<input type="checkbox"/>	Negative
<input type="checkbox"/>	Neutral		

49. Is an ownership change pending for this facility?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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50. Has there been a change in management in the last five years?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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51. If yes, describe the impact of the change in local management:

<input type="checkbox"/>	Positive	<input type="checkbox"/>	Negative
<input type="checkbox"/>	Neutral		

52. Is there a formal succession plan? (For family owned business only. Select one)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable
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53. Does firm have a current strategic plan? (Select one)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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54. Notes:

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## LOCAL WORKFORCE

55. Total number of employees at this facility: \_\_\_\_\_

56. Historical employment trend:

<input type="checkbox"/>	Declining	<input type="checkbox"/>	Staying the same	<input type="checkbox"/>	Increasing
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57. Projected number of employees 12 months from today: \_\_\_\_\_

58. Percent of workforce:

Skilled / Professional: \_\_\_\_\_ %

Semi-skilled: \_\_\_\_\_ %

Entry-level: \_\_\_\_\_ %

100%

59. Average hourly workforce wage: (less benefits)

Skilled / Professional: \$ \_\_\_\_\_

Semi-skilled: \$ \_\_\_\_\_

Entry-level: \$ \_\_\_\_\_

60. Describe the wage scale here compared to all other firms locally:

<input type="checkbox"/>	Lower than	<input type="checkbox"/>	Same as	<input type="checkbox"/>	Greater than
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61. Percent of workforce who live in:

This county: \_\_\_\_\_ %

Elsewhere in state: \_\_\_\_\_ %

Other states: \_\_\_\_\_ %

100%

62. Describe the majority of essential personnel at this location:

<input type="checkbox"/>	Young	<input type="checkbox"/>	Middle age	<input type="checkbox"/>	Near retirement
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63. Do you have problems retaining employees?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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64. Notes:

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65. Do you have problems recruiting new employees?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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66. Notes:

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67. Is there a formal workforce training program in place?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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68. Status of union:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable
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69. If yes, status of labor-management relations:

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent

70. ISO certification:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	In process	<input type="checkbox"/>	Not applicable

71. Notes:

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## SALES INFORMATION

72. Annual sales at this facility: \$ \_\_\_\_\_

Please check if annual sales are not available

73. What is the projected sales growth in the next year at this facility?

<input type="checkbox"/>	Declining	<input type="checkbox"/>	0%	<input type="checkbox"/>	1 – 9%
<input type="checkbox"/>	10 – 24%	<input type="checkbox"/>	25 – 49%	<input type="checkbox"/>	50 – 99%
<input type="checkbox"/>	Greater than or equal to 100%				

74. Historical sales trend at this facility:

<input type="checkbox"/>	Declining	<input type="checkbox"/>	Staying the same	<input type="checkbox"/>	Increasing
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75. Historical sales trend at the parent company:

<input type="checkbox"/>	Declining	<input type="checkbox"/>	Staying the same	<input type="checkbox"/>	Increasing
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**76. Historical sales trend within the industry:**

<input type="checkbox"/>	Declining	<input type="checkbox"/>	Staying the same	<input type="checkbox"/>	Increasing
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**77. Notes:**

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**78. Percent of total sales generated by top three customers:**

<input type="checkbox"/>	1 – 9%	<input type="checkbox"/>	10 – 25%
<input type="checkbox"/>	26 – 50%	<input type="checkbox"/>	51 – 75%
<input type="checkbox"/>	76 – 100%		

**79. Do you engage in government procurement?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**80. Please identify the source of your sales by percentage:**

Local (within 50 miles): \_\_\_\_\_%

Regional (between 51 to 250 miles): \_\_\_\_\_%

National: \_\_\_\_\_%

International: \_\_\_\_\_%

100%

**81. Please identify the source of your supplies by percentage:**

Local (within 50 miles): \_\_\_\_\_%

Regional (between 51 to 250 miles): \_\_\_\_\_%

National: \_\_\_\_\_%

International: \_\_\_\_\_%

100%

**82. International trade status: (check all that apply)**

<input type="checkbox"/>	Import	<input type="checkbox"/>	Export
<input type="checkbox"/>	None	<input type="checkbox"/>	Not applicable

**83. Historical export sales trend:**

<input type="checkbox"/>	Declining	<input type="checkbox"/>	Staying the same
<input type="checkbox"/>	Increasing	<input type="checkbox"/>	Not applicable

**84. Notes:**

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**E-COMMERCE**

**85. Use of Internet: (Check all that apply)**

<input type="checkbox"/>	Don't use	<input type="checkbox"/>	Email
<input type="checkbox"/>	Website	<input type="checkbox"/>	Market Research
<input type="checkbox"/>	Sell products/services	<input type="checkbox"/>	Buy products/services
<input type="checkbox"/>	Exchange data internally/externally		

**86. Type of Internet connection:**

<input type="checkbox"/>	None	<input type="checkbox"/>	Dial-up / 56k
<input type="checkbox"/>	ISDN	<input type="checkbox"/>	DSL
<input type="checkbox"/>	Cable	<input type="checkbox"/>	T1
<input type="checkbox"/>	T3	<input type="checkbox"/>	Wireless
<input type="checkbox"/>	Don't know		

**87. Importance of Internet for your business today:**

<input type="checkbox"/>	Not important	<input type="checkbox"/>	Somewhat important	<input type="checkbox"/>	Very important
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**88. Do you have dedicated staff or vendor to handle your IT?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**89. What is the status of your investment in IT over the past 18 months?**

<input type="checkbox"/>	Declining	<input type="checkbox"/>	Staying the same	<input type="checkbox"/>	Increasing
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**90. Condition of computers and other information technology equipment:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent

**91. Notes:**

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**FACILITY / EQUIPMENT**

**92. Status of facility:**

<input type="checkbox"/>	Owned	<input type="checkbox"/>	Leased
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**93. If leased, lease expiration date?** \_\_\_\_\_ *mm/dd/yyyy*

**94. Condition of facility:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent

**95. Condition of equipment:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent

**96. Describe the operations at this site:**

<input type="checkbox"/>	One shift	<input type="checkbox"/>	Two shifts	<input type="checkbox"/>	24 hours
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**97. How much of this facility's space are you currently using?**

<input type="checkbox"/>	Less than 50%	<input type="checkbox"/>	51 – 75%
<input type="checkbox"/>	76 – 90%	<input type="checkbox"/>	More than 90%

**98. How much equipment capacity are you currently using?**

<input type="checkbox"/>	Less than 50%	<input type="checkbox"/>	51 – 75%
<input type="checkbox"/>	76 – 90%	<input type="checkbox"/>	More than 90%

**Historical investment trends over the past 18 months:**

**99. In the facility itself:**

<input type="checkbox"/>	Declining	<input type="checkbox"/>	Staying the same	<input type="checkbox"/>	Increasing
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**100. In equipment at this facility:**

<input type="checkbox"/>	Declining	<input type="checkbox"/>	Staying the same	<input type="checkbox"/>	Increasing
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**101. Is there room for expansion at this site:**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**102. Are you planning to expand locally in the next 12 – 18 months?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**103. Notes:**

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**MUNICIPAL SERVICES**

**104. Public Water/Sewer:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion	<input type="checkbox"/>	Not applicable

**106. Building Inspection / Permitting:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion	<input type="checkbox"/>	Not applicable

**108. Local Road Network / Condition:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion	<input type="checkbox"/>	Not applicable

**110. Airport:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion	<input type="checkbox"/>	Not applicable

**112. Utilities-Electricity:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion	<input type="checkbox"/>	Not applicable

**114. Police Protection:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion	<input type="checkbox"/>	Not applicable

**116. Public Transportation:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion	<input type="checkbox"/>	Not applicable

**105. Code Enforcement:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion	<input type="checkbox"/>	Not applicable

**107. Zoning / Land Use:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion	<input type="checkbox"/>	Not applicable

**109. Interstate Highway System / Condition:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion	<input type="checkbox"/>	Not applicable

**111. Utilities-Gas:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion	<input type="checkbox"/>	Not applicable

**113. Phone/Internet/Broadband:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion	<input type="checkbox"/>	Not applicable

**115. Fire/Emergency Services:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion	<input type="checkbox"/>	Not applicable

**117. Notes:**

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**BUSINESS CLIMATE**

**118. Workforce quality:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion		

**120. Local government:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion		

**122. State tax structure:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion		

**124. Economic Development:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion		

**126. Housing**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion		

**128. Colleges/Universities:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion		

**119. Workforce availability:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion		

**121. Local tax structure:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion		

**123. Worker compensation rates:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion		

**125. Recreational/cultural amenities:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion		

**127. K-12 education:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion		

**129. Technical Training:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	No opinion		

**130. Notes:**

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**131. Please rate the local business climate:**

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent

**132. Please compare the business climate today versus five years ago:**

<input type="checkbox"/>	Worse today	<input type="checkbox"/>	No change
<input type="checkbox"/>	Better today	<input type="checkbox"/>	No opinion

133. Please forecast the condition of the local business climate five years from today:

<input type="checkbox"/>	Will be worse	<input type="checkbox"/>	No change
<input type="checkbox"/>	Will be better	<input type="checkbox"/>	No opinion

134. Please indicate this company's attitude toward this facility:

<input type="checkbox"/>	Very positive	<input type="checkbox"/>	Neutral	<input type="checkbox"/>	Not positive
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135. Please indicate this company's attitude toward this community:

<input type="checkbox"/>	Very positive	<input type="checkbox"/>	Neutral	<input type="checkbox"/>	Not positive
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136. Notes:

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*Please complete the following after the CEO meeting*

## ASSESSMENT

137. How would you rate this facility's overall health?

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent

138. How would you rate the overall health of the parent company?

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Not applicable		

139. How would you rate the local management's affinity to the community?

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent

140. How would you rate the parent company's affinity to the community?

<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Not applicable		

141. How would you rate the risk of this facility closing in the next 1 to 3 years?

<input type="checkbox"/>	Low	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	High
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142. How would you rate the risk of this facility downsizing in the next 1 to 3 years?

<input type="checkbox"/>	Low	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	High
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143. Are there any local expansion plans in the next 12 - 18 months?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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144. Notes:

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**145. Should this company be re-visited?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**146. When should the company be re-visited?**

<input type="checkbox"/>	January	<input type="checkbox"/>	February
<input type="checkbox"/>	March	<input type="checkbox"/>	April
<input type="checkbox"/>	May	<input type="checkbox"/>	June
<input type="checkbox"/>	July	<input type="checkbox"/>	August
<input type="checkbox"/>	September	<input type="checkbox"/>	October
<input type="checkbox"/>	November	<input type="checkbox"/>	December

<input type="checkbox"/>	2003	<input type="checkbox"/>	2004
<input type="checkbox"/>	2005	<input type="checkbox"/>	2006
<input type="checkbox"/>	2007	<input type="checkbox"/>	2008
<input type="checkbox"/>	2009	<input type="checkbox"/>	2010

**REFERRALS**

**147. Has the meeting resulted in immediate referrals?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**148. Identify Needs:** (check all that apply. Provide details in notes section below)

<input type="checkbox"/>	Domestic/global marketing/sales	<input type="checkbox"/>	Environment/government regulations
<input type="checkbox"/>	Entrepreneurship/management	<input type="checkbox"/>	Financing/capital
<input type="checkbox"/>	Information technologies	<input type="checkbox"/>	Local government services
<input type="checkbox"/>	Location assistance	<input type="checkbox"/>	Operations/production
<input type="checkbox"/>	Transportation/logistics	<input type="checkbox"/>	Product development
<input type="checkbox"/>	Workforce	<input type="checkbox"/>	

**149. Notes:**

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