

5. Number of employees?
 Full Time _____ Part time _____ Seasonal/Temporary _____

6. What is your company's PRIMARY (Choose one) product or service? (use the NAICS rather than SIC code – NAICS classifies based on input and processes rather than output or final product)

- Agriculture, Forestry, Fishing and Hunting (11)
- Mining (21)
- Construction (23)
- Manufacturing (31 - 33)
- Wholesale Trade (42)
- Retail Trade (44 - 45)
- Transportation and Warehousing (48 - 49)
- Information (51)
- Finance and Insurance (52)
- Real Estate / Rental / Leasing (53)
- Professional, Scientific, and Technical Services (54)
- Management of Companies and Enterprises (55)
- Administrative and Support / Waste Management and Remediation Services (56)
- Education / Training (61)
- Health Care and Social Assistance (62)
- Arts, Entertainment, and Recreation (71)
- Accommodation and Food Services (72)
- Other Services (except Public Administration) (81)

7. List the three most common skills lacking in your workforce. Mark the *most* lacking skill with a one (1), the second most lacking skill with a two (2), and the third most lacking skill with a three (3):

Customer Service	_____	Electrical/Mechanical	_____
Mechanical	_____	Engineering	_____
Computer Technology	_____	Sales and Marketing	_____
Creative Thinking	_____	Truck Driving	_____
Solid Work Ethic	_____	Basic Math	_____
Hospitality Training	_____	Interpersonal Skills	_____
Other: _____	_____		

8. What technology do you use to conduct business:

	<u>Yes</u>	<u>No</u>	
E-Mail:	<input type="checkbox"/>	<input type="checkbox"/>	
E-Commerce:	<input type="checkbox"/>	<input type="checkbox"/>	(Do you buy or sell over the internet?)
Internet	<input type="checkbox"/>	<input type="checkbox"/>	(Do you research or purchase products?)
Website	<input type="checkbox"/>	<input type="checkbox"/>	(Do you have a company website?)
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	

9. How would you describe your company's marketing and sales effort?
 Needs Improvement Adequate Excellent

10. How would you describe your company's administrative and financial management?
 Needs Improvement Adequate Excellent

11. Where do most of your sales come from? Choose one:
County Region State National International

12. Do you currently sell your product to the state of Georgia?
Yes No

13. Do you export your product or service?
Yes No

14. Is your business planning to do any of the following during the next two years?

	<u>Yes</u>	<u>No</u>	
Add a new product	<input type="checkbox"/>	<input type="checkbox"/>	
Sell to a new market	<input type="checkbox"/>	<input type="checkbox"/>	
Add new employees	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, how many: _____
Research new markets	<input type="checkbox"/>	<input type="checkbox"/>	
Expand advertising and promotions	<input type="checkbox"/>	<input type="checkbox"/>	
Invest in new equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Expand current facilities	<input type="checkbox"/>	<input type="checkbox"/>	
Redesign current facilities	<input type="checkbox"/>	<input type="checkbox"/>	
Seek additional financial capital	<input type="checkbox"/>	<input type="checkbox"/>	
Seek professional or technical advice	<input type="checkbox"/>	<input type="checkbox"/>	
Relocate business	<input type="checkbox"/>	<input type="checkbox"/>	
Sell business	<input type="checkbox"/>	<input type="checkbox"/>	
Close business	<input type="checkbox"/>	<input type="checkbox"/>	
Merge business	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:	_____		

15. What is the one single biggest obstacle to the future success of your business?

Sales Costs Access to Capital
Collections Competition Skilled Workers
Access to Suppliers Access to Market

Other: _____

16. What type of business, if it located nearby, would increase your sales or make it less expensive for you to operate?

Suppliers Retail/Commercial Other

Name: _____

Address: _____

17. Which local service provider has been most helpful? Choose one:
 SBDC Bank Accountant
 Lawyer Chamber of Commerce Local College
 SCORE GDEcD
 Other: _____
18. What programs or services would you be willing to attend or find out more about?
 (educational workshops? mentoring classes? other?) _____

19. Rate the overall local banking environment for startups and small business. Choose one:
 Very risk tolerant Risk tolerant Conservative
 Very conservative Don't know
20. How would you rate your community as a location to start and operate a new business?
 Excellent Good Fair Poor
21. What trends/changes have you noticed within your community that support entrepreneurs? _____

22. What is the biggest challenge for entrepreneurs in this community? Choose one:
 Financing Skilled employees
 Building space Local or state regs/licensing
 Other: _____
23. Please rate the "business friendliness" of your business license and permit process:
 Friendly Adequate Unfriendly N/A
24. If someone from the community came to you interested in starting a business locally, what organization would you refer them to? Choose one:
 SBDC Bank Chamber of Commerce
 College Mentor Another Business
 SCORE Convention & Visitors Bureau/Tourism Office
 GDEcD
 Other: _____
25. What would be the most valuable support your community could offer a new business? Choose one:
 "Buy local" Program Professional Development
 HR Assistance Access to Capital
 Marketing Assistance Legal Assistance
 Trade/Export Assistance Supplier/New Business Recruitment
 Other (be specific) : _____
26. Would you be willing to help other entrepreneurs through a community-led effort to encourage and support entrepreneurship?
 Yes No

27. What type of travel business would you like most to see locate in your community?

Accommodations Restaurants Attractions

Other: _____

28. Do you have a Convention & Visitors Bureau or Tourism Office?

Yes No

30. Is there anything you would like to add to this interview?