

Central Utah Business Expansion and Retention Program

COMPANY PROFILE

Company Name: _____

Company Address: _____

(Street)

(City)

(State/Province)

(Zip/Postal Code)

Mailing Address: _____

(Street)

(City)

(State/Province)

(Zip/Postal Code)

Company Phone: _____

Company Fax: _____

Company Web: _____

Prefer to communicate via: Phone Mobile Fax Email

COMPANY INFORMATION

1. Description of products/services: _____

2. Who are your competitors? _____

3. What are the factors that make your company successful here? _____

4. Status of Primary product or service: Proprietary Commodity

5. Nature of service: _____

6. Type of product: _____

7. Life cycle stage of firm's primary product or service:

Emerging Growing Maturing Declining

8. What is your company's ownership status? Privately owned Publicly held

9. What is your company’s legal status?

- Sole proprietorship Partnership Corporation Employee owned
- Limited liability corporation (LLC) Non-profit other

10. Location of company’s headquarters: In State Elsewhere in Nation Outside USA

11. What year was the facility started? _____

12. Name of parent company if different: _____

13. Functions located at this facility:

- Distribution Headquarters Manufacturing Engineering / RD
- Services Warehousing

14. Does this company have another U.S. location that provides a similar product/service as the local operation? Yes No

15. Does this company have another location elsewhere in the world that provides a similar product/service as the local operation? Yes No

16. Has the local facility changed owners in the past five years? Yes No

17. If yes, describe the local impact of the change in ownership?

- Positive Negative Neutral

18. Is an ownership change pending for this facility? Yes No

19. Has the local facility changed management in the past five years? Yes No

20. If yes, describe the local impact of the change in management:

- Positive Negative Neutral

21. Does your business have a formal succession plan? Yes No

22. If No, would you like assistance in preparing a succession plan? Yes No

23. Do you have adequate capital? Yes No

24. Would you like assistance in obtaining additional capital? Yes No

25. Does this business have a current strategic plan? Yes No

26. Is this business insured? Yes No

LOCAL WORKFORCE

27. Total number of employees at this facility: _____

28. Historical employment trend: Increasing Staying the same Declining

29. Projected number of employees at this facility: _____

30. What are your training and workforce, education and other related needs?

31. Percent of workforce:

Skilled/Professional: _____ %

Semi-Skilled: _____ %

Entry-level: _____ %

Total: *100 %*

32. Average hourly workforce wage (less benefits):

Skilled/Professional: \$ _____

Semi-Skilled: \$ _____

Entry-level: \$ _____

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

Greater than Same as Lower than

34. What benefits do you offer your employees?

None Vision Medical Life Insurance Dental 401 K

35. Percent of workforce who live in:

Wayne County: _____ %

Sevier County: _____ %

Elsewhere in state: _____ %

Another state: _____ %

Total *100 %*

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

Youthful (under 35 years) _____ (# of employees)

Young (35-45 years) _____ (# of employees)

Middle Age (45-55 years) _____ (# of employees)

Near Retirement (55+ years) _____ (# of employees)

37. Do you have problems retaining employees? Yes No

38. Do you have any problems recruiting employees? Yes No

39. Is there a formal workforce training program in place? Yes No

- 40. Status of union: Yes No N/A
- 41. If Yes, status of labor-management relations: Excellent Good Fair Poor
- 42. ISO certification: Yes No In Process Not Applicable

SALES

- 43. Annual sales at this facility:
 - 0-\$50K \$50K-\$100K \$100K - \$200K \$250K-\$500K
 - \$500K - \$1 Million 1 Million or more Annual sales private
- 44. What is the projected sales growth in the next year at this facility?
 - Greater than or equal to 100% 50-99% 25-49% 10-24%
 - 1-9% 0% Declining
- 45. Historical sales trend at this facility: Increasing Staying the same Declining
- 46. Historical sales at the parent company: Increasing Staying the same Declining
- 47. Historical sales trend within the industry: Increasing Staying the same Declining
- 48. Percent of total sales generated by to three customers:
 - 76-100% 51-75% 26-50% 10-25% 1-9%
- 49. Do you engage in government procurement? Yes No

50. Please identify the source of your sales by percentage:

Local (within 50 miles): _____ %

Regional (51-250 miles): _____ %

National: _____ %

International: _____ %

Total *100 %*

51. Please identify the source of your supplies by percentage:

Local (within 50 miles): _____ %

Regional (51-250 miles): _____ %

National: _____ %

International: _____ %

Total *100 %*

52. International trade status:

- Import Export None Not Applicable

53. Historical export sales trend:

- Increasing
- Staying the same
- Declining
- Not Applicable

E-COMMERCE

54. Use of Internet:

- Email
- Website
- Market research
- Sell products/services
- Buy products/services
- Exchange Data
- Don't use

55. Type of internet connection:

- Dial-up
- ISDN
- DSL
- Cable
- T1
- T3
- Wireless
- Don't Know
- None

56. Importance of internet for your business today:

- Very important
- somewhat important
- Not important

57. Do you have dedicated IT staff or vendor to handle your IT? Yes No

58. What is the status of your investment in IT over the past 18 months?

- Increasing
- Staying the same
- Declining

59. Condition of computers and other information technology equipment:

- Excellent
- Good
- Fair
- Poor

FACILITY / EQUIPMENT

60. Status of facility: Owned Leased

61. Condition of Facility: Excellent Good Fair Poor

62. Condition of Equipment Excellent Good Fair Poor

63. Describe the operations at this site: Excellent Good Fair Poor

64. How much of the facility space are you using?

- More than 90%
- 76-90%
- 51-75%
- Less than 50%

65. How much equipment capacity are you currently using?

- More than 90%
- 76-90%
- 51-75%
- Less than 50%

66. Historical investment trends (over past 18 months) in the facility:

- Increasing
- Staying the same
- Declining

67. Historical investment trends (over past 18 months) in the equipment at this facility:

- Increasing
- Staying the same
- Declining

68. Is there room for expansion at this site? Yes No

69. Are you planning to expand locally in the next 12-18 months? Yes No

MUNICIPAL SERVICES

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

70. Public Water /sewer:	1	2	3	4	5	6
Code Enforcement:	1	2	3	4	5	6
Building inspection/permitting:	1	2	3	4	5	6
Zoning/land use:	1	2	3	4	5	6
Local road network/condition:	1	2	3	4	5	6
Interstate highway system/condition	1	2	3	4	5	6
Airport:	1	2	3	4	5	6
Utility – electric:	1	2	3	4	5	6
Police protection:	1	2	3	4	5	6
Fire/emergency services:	1	2	3	4	5	6

Government Assistance Received:

71. Hub Zone:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount rec'd _____
Targeted business tax credits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount rec'd _____
Enterprise zone employee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount rec'd _____
Enterprise zone plant & equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount rec'd _____
Enterprise Zone building rehabilitation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount rec'd _____
Recycling Zone credits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount rec'd _____
Eco. Dev. Tax increment financing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount rec'd _____
Aviation Tax Increment Financing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount rec'd _____
Custom Fit Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount rec'd _____
RDA/EDA Area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount rec'd _____
Municipal Funding Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount rec'd _____
Revolving Loan Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount rec'd _____
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount rec'd _____

BUSINESS CLIMATE

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

72. Workforce quality	1	2	3	4	5	6
Workforce Availability	1	2	3	4	5	6
Local government:	1	2	3	4	5	6
Local tax structure	1	2	3	4	5	6
State tax structure:	1	2	3	4	5	6
Workers Compensation rates:	1	2	3	4	5	6
Economic Development	1	2	3	4	5	6
Recreational / cultural amenities:	1	2	3	4	5	6
Housing:	1	2	3	4	5	6
K-12 education:	1	2	3	4	5	6
Colleges /universities:	1	2	3	4	5	6
Technical Training:	1	2	3	4	5	6

73. Please rate the local business climate: Excellent Good Fair Poor
74. Please compare the business climate today versus five years ago:
 Better today Worse today No change No opinion
75. Please forecast the condition of the local business climate five years from today:
 Will be better Will be worse No change No opinion
76. Please indicate this company's attitude toward this facility:
 Positive Negative Neutral
77. please indicate this company's attitude toward this community:
 Positive Negative Neutral

Thank you for completing this Business Expansion & Retention Survey. **Please read and sign the Client Release of Information form on the back of this page.** Please contact the Economic Development Office (435) 836-1315 with any questions or comments.

Central Utah Business Expansion and Retention Program

Client Release of Information

I hereby authorize the Business Expansion and Retention Program to enter the information pertaining to the survey conducted at my business into a data base which is to be utilized to analyze business trends, facilitate planning and to render specific assistance to my business if requested.

- o Work Force Services
- o Vocational Rehabilitation
- o Wayne County Economic Developer
- o Small Business Development Center
- o Revolving Loan Fund
- o Procurement
- o Related economic development programs or staff persons.

I provide this information under the understanding that those agencies receiving information will retain such information in confidence and not to publish, make available or otherwise disclose any part or portion of such information to any third party. I understand that those agency / individuals will not directly or indirectly, disclose, communicate, divulge, or furnish to, or use for the benefit of themselves, or any other person, firm, corporation, or agency, the information, business plans, ideas, processes, designs, products, technical specification, discoveries, data, trade secrets and other proprietary information, disclosed by the agencies listed above.

Signature

Date