



Thank you for helping with this Business Retention and Expansion survey. This process is a key step in building an effective partnership between local businesses and the community. There are two rules we have for this survey:

1. The “Skip It” Rule – If there is a question that you can’t or don’t want to answer, we can skip it. There is no need to explain your reasons; just let us know.
2. Confidentiality – All information you provide is confidential. Subject to freedom of information legislation, all information you provide will be kept confidential. All volunteer interviewers and individuals involved in the project are committed to this principle. All the responses from businesses will be summarized as percentages or averages in the community report, guaranteeing anonymity. The Leadership Team will respond to urgent issues and provide information or assistance as requested on the survey. Based on the analysis of the survey results, actions will be developed and implemented to support the growth of existing businesses and the economy.
3. Survey responses to a provincial database – Business survey data without business identifiers will be aggregated into a provincial database.

After the survey results are compiled, we will develop strategic action plans to respond to business needs, concerns and opportunities. Copies of the report will be provided to all businesses participating in the survey.

Please do not hesitate to ask any questions during the survey process.

CONFIDENTIALITY AGREEMENT BETWEEN VOLUNTEER INTERVIEWERS AND RESPONDENT:

We, the Volunteer Interviewers, agree that all information will be kept strictly confidential and used only in the Business Retention and Expansion project. The person being interviewed is a witness to this commitment.

VOLUNTEER INTERVIEWERS (1)	_____	_____
	Signature	Print Name
(2)	_____	_____
	Signature	Print Name
PERSON INTERVIEWED:	(1) _____	_____
	Signature	Print Name

Provincial Contact

PROVINCIAL SUPPORT:

Stephen Morris
Community Economic Development Specialist
(519) 826-4328
stephen.morris@ontario.ca

SOUTHERN ONTARIO:

Regional Economic Development Teams
<http://www.reddi.gov.on.ca/regionalcontacts.htm>

NORTHERN ONTARIO:

Murray Morello
Manager – Sudbury Area Team
Ministry of Northern Development and Mines
705-564-7519
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HAVE QUESTIONS? NEED HELP?

Use the “Tutorial” link at the bottom of each page.

It will take you directly to the feature that you’re using.

Talk to a live technical support person.

*Call 1-866-832-5465 Monday through Friday, 8 AM to 5 PM EST.
Identify yourself as a member of the Ontario business retention team.*

Email your question to technical support.

*Use the “Technical Support” link at the bottom of each page
to get a quick and prompt response.*

Definitions

Address: Complete address for mailing purposes.

Municipality Name: Municipality in which the business is located.

Sub-area: Town or business district within a municipality; i.e. Town or Arthur within the Municipality of Wellington North or downtown Elmira within the Municipality of Woolwich.

Questions BD15, MF7, MF8

ISO – International Standards Organization

HACCP – Hazard Analysis Critical Control Points (pronounced “hassip”)

Questions T10 and T19

OTMP – Ontario Tourism Marketing Partnership

CTC – Canadian Tourism Commission

Thank you to the individuals who contributed numerous hours and concentrated effort into the development of this revised BR+E survey. Their insights and experiences played a significant role in the production of an improved survey.

COMPANY PROFILE Key: = Required, = Select Multiple, = Select One CP1. Company Business ID:

 CP2. Company name:

 CP3. Address:

City:

Province:

Zip:

Country:

 CP4. CD/CSD:

 CP5. Business sector:

- Farm / Agriculture
- Manufacturing
- Mining Industry
- Natural Resources
- Retail / Service
- Tourism
- Other

CP6. Telephone number:

CP7. Fax number:

CP8. Web Address (URL):

VISIT INFORMATION Key: = Required, = Select Multiple, = Select One VI1. Interview date:

_____/_____/_____

 VI2. Interview number:

 VI3a. User inputting the data:

b. If you're not the interviewer, who was:

 VI4. Name of person interviewed:

- VI5. Do you give permission for the above information to be used in the creation of a community business directory?
- Yes
 - No

VI6. Visit Information Notes:

BUSINESS CLIMATEKey: = Select Multiple, = Select One

- BC1. What is your general impression of this community as a place in which to do business?
- Excellent
 - Good
 - Fair
 - Poor
- BC2a. In the past 3 years has your attitude about doing business in this community changed?
- Yes
 - No **Go to question BC3a**
- b. If Yes, is your attitude now more positive?
- Yes **Go to question BC2c**
 - No **Go to question BC2d**
- c. Explain your positive change in attitude.
- _____
- _____
- d. Explain your negative change in attitude.
- _____
- _____
- BC3a. What is your general impression of the Province of Ontario as a place in which to do business?
- Excellent
 - Good
 - Fair
 - Poor
- b. Please Explain:
- _____
- _____
- BC4. Which, if any, of the following factors are barriers to the expansion of existing businesses and the development of new businesses in the community? **Read list. Select all that apply.**
- Water/sewage capacity
 - Water/sewer fees
 - Serviced land
 - Resistance from local business
 - Lack of proactive new business recruitment
 - Availability of properly zoned and designated land
 - Availability of variety of different sized parcels of land
 - Approval processes
 - Development charges
 - Business taxes

- Business insurance
- Availability of skilled labour
- Availability of unskilled labour
- Availability of financing
- Road & highway system
- Inadequate waterway identification
- Water access
- Availability of water moorings
- Trucking & distribution
- Public transit
- Information technology capacity
- Security/policing & fire service
- Availability of natural gas
- Availability of space for rent or lease
- Availability of training opportunities
- Health & medical services
- Other (Specify): _____

BC5. What is your level of satisfaction with each of the following services provided by local government and community organizations? **Read list. Select answer for each.**

Use the following rating system:

- 1 = Very satisfied
- 2 = Somewhat satisfied
- 3 = Somewhat dis-satisfied
- 4 = Very dis-satisfied
- 5 = No contact

Local Government		1	2	3	4	5
a.	Planning, engineering, zoning, and building permits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Health department/health unit approvals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Policing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Fire prevention and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Public utilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Street repairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Snow removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Garbage removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Public transit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Organizations/Services		1	2	3	4	5
b.	Medical and health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Local Training Board	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Community college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	University	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Cultural facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Recreational facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BC6. What are your specific recommendations to improve to the local business climate?

BC7. Listed below are a number of provincial, federal and business organizations. Please rate where applicable, your level of satisfaction with the services provided. **Read list. Select answer for each.**

Use the following rating system:

- 1 = Very satisfied
- 2 = Somewhat satisfied
- 3 = Somewhat dis-satisfied
- 4 = Very dis-satisfied
- 5 = No contact

Provincial Government		1	2	3	4	5
a.	Ministry of Economic Development & Trade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ontario Exports Inc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ministry of Tourism & Recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ministry of Training, Colleges & Universities, Business Training and Adjustment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ministry of Municipal Affairs & Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ministry of Natural Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ministry of Culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ministry of Agriculture, Food, and Rural Affairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ministry of Northern Development & Mines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ministry of Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ministry of Public Infrastructure Renewal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ministry of Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Federal Government		1	2	3	4	5
b.	FedNor/Industry Canada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Community Futures Development Corporation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Human Resources & Skills Development Canada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	National Research Council of Canada, Industrial Research Assistance Program (IRAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		1	2	3	4	5
c.	Chamber of Commerce/Board of Trade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	BIA (Business Improvement Area) or BTA (Business Tourist Area)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Business or Economic Development Corporations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Business Self-Help/Enterprise Centre/COBSC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Manufacturing Consortium/Sector Association	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other (Specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BC8. What issue, if resolved, would have the greatest impact on the growth of your business?

BC9. Business Climate Notes:

FUTURE PLANSKey: = Select Multiple, = Select One

FP1a. Within the next 3 years, which of the following do you plan to undertake at this site?

- Remain the Same **Go to question C1**
- Downsize **Go to question FP2**
- Relocate **Go to question FP3**
- Expand **Go to question FP8**
- Close **Go to question FP15**

b. Comments:

FP2a. Will the downsizing result in a reduced workforce?

- Yes
- No

b. What assistance could be provided to prevent the downsizing of your business?

Go to Company Information Section

FP3a. Do you plan to relocate this business within the next 3 years?

- Yes
- No **Go to question FP8**
- Exploring

b. If yes, when?

FP4. Where do you plan to relocate this business?

- Within the Community
- Outside municipality but within County/District/Regional Municipality (Specify)

- Elsewhere in Ontario (Specify)

- Another Province (Specify)

- Outside Canada (Specify)

FP5. Why are you planning to relocate the business? **Do not read list. Select all that apply.**

- Head office decision **Go to question FP6**
- Inadequate facilities in terms of building space **Go to question FP7**
- Change in markets **Go to question FP7**
- Distance to markets and suppliers **Go to question FP7**
- Availability of appropriate labour **Go to question FP7**
- Expansion limitations **Go to question FP7**
- Utility infrastructure is inadequate **Go to question FP7**
- Local regulations too restrictive **Go to question FP7**
- Business tax incentives in other locations **Go to question FP7**
- Other (Specify): _____ **Go to question FP7**

FP6. Has a business case been made to head office to justify your company remaining at this site?

RA = Request Assistance

Please Note: You MUST check the box in the RA column in order for this question to be reported on for the Request for Assistance reports

	RA	
Yes	<input type="checkbox"/>	<input type="radio"/>
No	<input type="checkbox"/>	<input type="radio"/>

FP7. What assistance, if any, could help to prevent the relocation of this business? **Do not read list. Select all that apply.**

- Nothing, decision is made
- Finding an appropriate site location
- Financing
- Assistance with the approval process
- Finding and securing adequate labour
- Securing training services
- Accessing appropriate research and development
- Infrastructure upgrades (roads, telecommunication, fibre optics, energy supply, energy type)
- Changes to tax structure
- Assistance in making business case to remain
- Other (Specify): _____

Go to Company Information Section

FP8. Within the next 3 years, do you plan to undertake a building expansion at this site?

- Yes
- No

FP9. Within the next 3 years, are you planning to invest in new equipment in your operations?

- Yes
- No

FP10. Is your expansion plan based on innovation?

- Yes
- No

FP11. Will your expansion lead to... **Read list. Select all that apply.**

- An increase in work force
- An increase in floor space
- Additional product line(s)
- Additional services for customers
- Additional investment in equipment and technology

- Importing goods or services to Canada
- An increase in export of goods or services
- Process improvements
- An increase in demand for skills training
- Other (Specify): _____

FP12. Is your business experiencing difficulties with its expansion plan?

- Yes
- No **Go to question FP14**

FP13. Please identify difficulties you are experiencing with the expansion plans. **Do not read list. Select all that apply.**

RA = Request Assistance
RI = Request Information

Please Note: You MUST check the box in the RA or RI column in order for this question to be reported on for the Request for Assistance or Request for Information reports

	RA	RI	
Financing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing a marketing plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing a business plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labour availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labour force training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Importing of goods and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exporting of goods and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road & highway system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highway and Roadside signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trucking & distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehousing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste water infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewer capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding/developing strategic alliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local by-laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FP14. How will this expansion be financed? Will it be... **Read list. Select all that apply.**

- Cash
- Line of credit
- Credit card
- New owner equity
- Venture Capital
- Private Investment
- Short Term Bank Loan (<1 yr)
- Long Term Bank Loan (>1 yr)
- Other (Specify): _____

Go to Company Information Section

FP15. Within the next 3 years, do you plan to close this business? That is, close the business at this location and not reopen in some other location.

- Yes
 No **Go to question C1**

FP16a. What are the reasons for closing this business? **Do not read list. Select all that apply.**

- Head office decision
- Facilities, e.g., buildings too small, too old, etc.
- Loss or change of customer/clients
- Distance to markets and inputs
- Labour supply
- Management - Labour relations
- Local infrastructure
- Expansion limitations
- Profitability
- Health/environmental regulations
- Unable to find purchaser
- Retirement
- Loss/or change of export/product mandate
- Other (Specify): _____

b. Explain any of the above:

FP17. What assistance, if any, could help to prevent the closure of the business? **Do not read list. Select all that apply.**

RA = Request Assistance

Please Note: You **MUST** check the box in the RA column in order for this question to be reported on for the Request for Assistance reports

	RA	
Nothing, decision is made	<input type="checkbox"/>	<input type="checkbox"/>
Finding new site	<input type="checkbox"/>	<input type="checkbox"/>
Financing	<input type="checkbox"/>	<input type="checkbox"/>
Approval process	<input type="checkbox"/>	<input type="checkbox"/>
Succession planning	<input type="checkbox"/>	<input type="checkbox"/>
Employee purchase	<input type="checkbox"/>	<input type="checkbox"/>
Improvement to local infrastructure	<input type="checkbox"/>	<input type="checkbox"/>
Identifying prospective purchaser	<input type="checkbox"/>	<input type="checkbox"/>
Export assistance	<input type="checkbox"/>	<input type="checkbox"/>
Business planning	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

FP18. Future Plans Notes:

COMPANY INFORMATIONKey: = Select Multiple, = Select One

- C1. What is the legal form of this business? **Select one.**
- Corporation
 - Sole Proprietorship
 - Non-Profit Corporation
 - Branch Plant
 - Partnership
 - Cooperative
 - Other (Specify): _____
- C2. Is this business a franchise?
- Yes
 - No
- C3. What primary activity is conducted by your business?
- 11 - Agriculture, Forestry, Fishing and Hunting
 - 21 - Mining, Quarrying, and Oil and Gas Extraction
 - 22 - Utilities
 - 23 - Construction
 - 31 - Manufacturing, (food, beverage, etc.)
 - 32 - Manufacturing, (wood, paper, etc.)
 - 33 - Manufacturing, (primary and fabricated metal, etc.)
 - 42 - Wholesale Trade
 - 44 - Retail Trade, (motor vehicle, furniture, etc.)
 - 45 - Retail Trade, (sporting goods, book, music, etc.)
 - 48 - Transportation and Warehousing, (air, rail, truck, etc.)
 - 49 - Transportation and Warehousing, (postal service, couriers, etc.)
 - 51 - Information
 - 52 - Finance and Insurance
 - 53 - Real Estate and Rental and Leasing
 - 54 - Professional, Scientific, and Technical Services
 - 55 - Management of Companies and Enterprises
 - 56 - Administrative and Support and Waste Management and Remediation Services
 - 61 - Educational Services
 - 62 - Health Care and Social Assistance
 - 71 - Arts, Entertainment, and Recreation
 - 72 - Accommodation and Food Services
 - 81 - Other Services (except Public Administration)
 - 92 - Public Administration
- C4. What are the main products or services provided at or from this location? If your business is a consulting service please indicate those consulting services provided.
- _____
- _____
- C5. Is the owner (or at least one of the owners) involved in the day-to-day operation of the business?
- Yes
 - No
- C6. Is the owner (or at least one of the owners) of the business a resident of the community?
- Yes
 - No

C7. Where is the headquarters for the business?

- Municipality (Specify)

- Elsewhere in Ontario (Specify)

- Outside of Ontario (Specify)

- Outside of Canada (Specify)

C8. How many years has this business been in operation in this community? **Select one.**

- Less than 1 year
- 1 to 3 years
- 4 to 10 years
- 11 to 25 years
- 26 to 35 years
- Over 35 years

C9. Is this a family-owned business?

- Yes
- No

C10. Does the business have a succession plan?

RA = Request Assistance
RI = Request Information

Please Note: You MUST check the box in the RA or RI column in order for this question to be reported on for the Request for Assistance or Request for Information reports

	RA	RI	
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

C11. Does your business have a business plan?

RA = Request Assistance
RI = Request Information

Please Note: You MUST check the box in the RA or RI column in order for this question to be reported on for the Request for Assistance or Request for Information reports

	RA	RI	
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

C12. Does your business have a marketing plan?

 RA = Request Assistance
 RI = Request Information

Please Note: You MUST check the box in the RA or RI column in order for this question to be reported on for the Request for Assistance or Request for Information reports

	RA	RI	
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

C13. How many employees work at this location? **Select one.**

- Owner(s)
- 1 - 4
- 5 - 9
- 10 - 14
- 15 - 19
- 20 - 29
- 30 - 49
- 50 - 99
- 100 - 299
- 300 or more

C14. How many of these employees are... **(Must be a number)**

- _____ Permanent Full Time
- _____ Permanent Part Time
- _____ Seasonal/temporary
- _____ Spring
- _____ Summer
- _____ Fall
- _____ Winter
- _____ Contract employees

C15. What percentage of your employees at this location live... **(Should total to 100%)**

- _____ % Within the municipality:
- _____ % Outside the municipality but within county/district/regional municipality:
- _____ % Outside county/district/regional municipality:

C16. Is your workplace...

- Unionized
- Non-unionized

C17. Company Information Notes:

BUSINESS DEVELOPMENTKey: = Select Multiple, = Select One

- BD1. Is this business location the only location?
 Yes **Go to question BD4**
 No
- BD2. Is this location the headquarters?
 Yes
 No
- BD3. Where are the other locations for this business? **Select all that apply.**
 This municipality (Specify): _____
 Outside this municipality but in county/district/regional municipality (Specify): _____
 Elsewhere in Ontario (Specify): _____
 Another Province (Specify): _____
 Outside Canada (Specify): _____
- BD4. How satisfied are you with the current site of this business in this community? Would you say you are...
 Completely satisfied **Go to question BD6a**
 Somewhat satisfied **Go to question BD5**
 Somewhat dissatisfied **Go to question BD5**
 Very dissatisfied **Go to question BD5**
- BD5. Why are you not completely satisfied with this site? **Select all that apply.**
 Site is too small
 Site is too large
 No opportunity for expansion
 Condition of building
 General appearance of site
 Utilities/energy, that is the type, level or quantity available
 Location is inconvenient for customers
 Access to research and development in the area
 Availability of skilled labour
 Availability of unskilled labour
 Location is inconvenient for employees
 Roads & highway system
 Trucking & distribution
 Public transit
 Policing/security/fire protection
 Business taxes
 Community business support
 General appearance of community
 Other (Specify): _____

BD6a. Is this a home-based business operated from the owner's residence?

- Yes **Go to question BD9**
 No

b. Does the owner of this business own or lease the facility?

- Own **Go to question BD9**
 Lease

BD7. When does the lease expire?

- Month to month
 This calendar year
 Next year
 In 2 to 3 years
 Over 3 years from now

BD8a. Do you anticipate any problems in renewing the lease?

RA = Request Assistance

Please Note: You MUST check the box in the RA column in order for this question to be reported on for the Request for Assistance reports

	RA	
Yes	<input type="checkbox"/>	<input type="radio"/>
No	<input type="checkbox"/>	<input type="radio"/>

b. Explain:

BD9. Which of the following energy sources does this business use and prefer? By prefer, I mean the one you would like to use, whether or not you currently use it. **Read list. Select all that apply.**

A = Use
B = Prefer

Energy Source	A	B
Electricity/hydro	<input type="checkbox"/>	<input type="checkbox"/>
Natural gas	<input type="checkbox"/>	<input type="checkbox"/>
Fuel oil	<input type="checkbox"/>	<input type="checkbox"/>
Propane	<input type="checkbox"/>	<input type="checkbox"/>
Wind	<input type="checkbox"/>	<input type="checkbox"/>
Bio-diesel	<input type="checkbox"/>	<input type="checkbox"/>
Other alternative energy (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
No preference	<input type="checkbox"/>	<input type="checkbox"/>

If using energy source preferred, go to question BD11

BD10. Why don't you use the type of energy you prefer? **Do not read list. Select all that apply.**

- Not available in this community
 Not available to my site
 Insufficient/inadequate availability of supply
 Price
 Cost of installation
 Other (Specify): _____

BD11a. Do you have any concerns with respect to energy supply, management or efficiency?

- Yes
 No **Go to question BD12**

b. What are your concerns with respect to your current energy supply, management or efficiency?

- Inconsistent supply/periodic brownouts
 Unusually high-energy consumption
 Loss of productivity
 Cost of energy
 Other (Specify): _____

BD12. Would your business benefit from engineering or technical support with respect to energy conservation and efficiency?

RA = Request Assistance

Please Note: You MUST check the box in the RA column in order for this question to be reported on for the Request for Assistance reports

	RA	
Yes	<input type="checkbox"/>	<input type="radio"/>
No	<input type="checkbox"/>	<input type="radio"/>

BD13a. Please provide us with some insight into the use and importance of IT in your business by indicating which you A) Use; B) Prefer and ... rate the importance of these technologies to your business.

Use the following rating system:

- A = Use
 B = Prefer
 1 = Very important
 2 = Somewhat important
 3 = Not at all important

Internet Access	A	B	1	2	3
Dial-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Speed: Cable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Speed: DSL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Speed: Wireless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Speed: Satellite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Speed: T1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet ready devices (blackberry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. Please provide us with some insight into the use and importance of IT in your business by indicating which you A) Use; B) Prefer and ... rate the importance of these technologies to your business.

Use the following rating system:

- A = Use
 B = Prefer
 1 = Very important
 2 = Somewhat important
 3 = Not at all important

On Line Applications	A	B	1	2	3
Own website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On others websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-commerce (online sales transactions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-commerce (online business/marketing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government reporting/payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Finance and accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broadening market potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human resource mgt/training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distribution/supplier network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video conferencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. Please provide us with some insight into the use and importance of IT in your business by indicating which you A) Use; B) Prefer and ... rate the importance of these technologies to your business.

Use the following rating system:

A = Use

B = Prefer

1 = Very important

2 = Somewhat important

3 = Not at all important

Voice Communications	A	B	1	2	3
Personal Data Application (PDA), e.g. - palm pilot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pager(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cellular telephones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digital telephones (touch tone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice over internet protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BD14. What, if anything, is keeping you from implementing any of these telecommunication technologies? **Do not read list. Select all that apply.**

- Telecommunications infrastructure in community
- Start-up cost of service
- Ongoing cost of service
- Privacy and/or security concerns (e-commerce)
- Experience with telecommunication applications within the business
- Local training opportunities for staff
- Effectiveness or usefulness of the technology & potential business application unknown
- Have what is needed
- Other (Specify): _____

BD15. Looking forward to the next 3 years, indicate how important each of these factors will be in ensuring that this business remains competitive. **Read list. Select answer for each.**

1 = Very important

2 = Somewhat important

3 = Not at all important

4 = N/A

RA = Request Assistance

Please Note: You MUST check the box in the RA column in order for this question to be reported on for the Request for Assistance reports

Competitive Business Factors	RA	1	2	3	4
Product research and development	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Market development, locally	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Market development, outside local area	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to exporting and international markets	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to importing of products & services	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Add or change in products or services	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategic alliances (joining with other businesses)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improving worker productivity	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ISO 9000/14000 or HACCP management standards	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Industry/professional standards: _____	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of labour	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce health and safety	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce skill development	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy costs	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water/sewer availability	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water/sewer costs	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved customer service	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of telecommunication services	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exchange rate for Canadian dollar	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resolution of cross border issues	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessing capital	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business planning	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategic marketing	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BD16. Does the business import products or services from...

Import Location	Yes	No
Outside the municipality	<input type="radio"/>	<input type="radio"/>
Outside Ontario but within Canada	<input type="radio"/>	<input type="radio"/>
Outside Canada	<input type="radio"/>	<input type="radio"/>

BD17. What products or services would you like to purchase locally that are now being purchased outside of the area?

BD18a. Do you participate in a product and/or service buyer-supplier network?

- Yes
- No

b. Would a product and/or service buyer-supplier network be of benefit to your business?

- Yes
- No

c. Is there a concentration of firms in your area that could provide complementary products or services?

- Yes
- No

BD19. Business Development Notes:

BUSINESS DEVELOPMENT - MARKETS

 Key: = Select Multiple, = Select One

MA1. Are you interested in pursuing any of the following with other businesses in your community?

- Joint product purchasing
- Joint marketing
- Collaboration/networking/information sharing
- Other (Specify): _____
- None

 MA2. What is the approximate percentage of the business' total dollar sales in each of the following markets. By markets, I mean where customers live. **(Should total to 100%)**

Sales Area	3 Years Ago	Current
Within Canada	_____ %	_____ %
Within the U.S.	_____ %	_____ %
Europe	_____ %	_____ %
Asia	_____ %	_____ %
Other	_____ %	_____ %

 MA3. What is the approximate percentage of the business' total dollar sales from each of the following markets within Canada? **(Should total to 100%)**

Sales Area	3 Years Ago	Current
Within the area	_____ %	_____ %
Outside area, but within rest of Ontario	_____ %	_____ %
Outside Ontario but within Canada	_____ %	_____ %

MA4. How are you responding to these changes in sales?

If no sales outside of Canada, go to question MA6

MA5. To which countries do you export most of your products and services? If more than three, please tell me the top three. If USA only, please indicate the specific states.

MA6. During the past 3 years, what has been your total dollar sales trend at this location?

- Increased
- Decreased
- Uneven sales pattern
- Same/no significant change

MA7a. What are your expectations for next year's total dollar sales compared to last year?

- Higher
- Lower
- Same
- Not sure

b. Explain:

MA8. Is the competition in your market...

- Increasing
- Decreasing
- Staying the same

MA9. Is your market share...

- Increasing
- Decreasing
- Staying the same

MA10. Do you receive market research and/or trend information regarding your sector from any of the following?

RI = Request Information

Please Note: You MUST check the box in the RI column in order for this question to be reported on for the Request for Information reports

	RI	
Industry/sector/association newsletters	<input type="checkbox"/>	<input type="checkbox"/>
Industry/sector/association websites	<input type="checkbox"/>	<input type="checkbox"/>
Government publications	<input type="checkbox"/>	<input type="checkbox"/>
Government websites	<input type="checkbox"/>	<input type="checkbox"/>
Consultants	<input type="checkbox"/>	<input type="checkbox"/>
Trade shows	<input type="checkbox"/>	<input type="checkbox"/>
Economic development office	<input type="checkbox"/>	<input type="checkbox"/>
Business networking	<input type="checkbox"/>	<input type="checkbox"/>
Suppliers	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

MA11. How do you identify your customer's needs?

RI = Request Information

Please Note: You MUST check the box in the RI column in order for this question to be reported on for the Request for Information reports

	RI	
Customer survey	<input type="checkbox"/>	<input type="checkbox"/>
Customer comment cards	<input type="checkbox"/>	<input type="checkbox"/>
Informal customer contact	<input type="checkbox"/>	<input type="checkbox"/>
Customer complaints	<input type="checkbox"/>	<input type="checkbox"/>
Customer database management	<input type="checkbox"/>	<input type="checkbox"/>
Sales calls	<input type="checkbox"/>	<input type="checkbox"/>
Trade or industry publications	<input type="checkbox"/>	<input type="checkbox"/>
Marketing publications	<input type="checkbox"/>	<input type="checkbox"/>
Elec. communications (Internet, web page)	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

MA12. How do you market your products/services?

 A = Within Ontario/Canada
 B = Outside Canada

Market Area	A	B
Internet	<input type="checkbox"/>	<input type="checkbox"/>
Flyers/Brochures	<input type="checkbox"/>	<input type="checkbox"/>
Trade Show Attendance	<input type="checkbox"/>	<input type="checkbox"/>
General Publications	<input type="checkbox"/>	<input type="checkbox"/>
Distributor	<input type="checkbox"/>	<input type="checkbox"/>
Sponsorship of events	<input type="checkbox"/>	<input type="checkbox"/>
Business cards	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

MA13. Business Development Markets Notes:

BUSINESS DEVELOPMENT - FINANCIAL

 Key: = Select Multiple, = Select One

F1. Within the past 3 years, please identify financial/lending sources you have A) investigated; B) secured; C) currently use for operations; and D) use for expansion?

 A = Investigated
 B = Secured
 C = Currently use for operations
 D = Use for expansion

Financial/Lending Sources	A	B	C	D
Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Futures Development Corporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Development Bank of Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venture Capitalists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F2a. How far in advance do you plan your financial performance?

- Not At All
- Daily
- Weekly
- Monthly
- Quarterly
- Yearly
- 2 Years
- 3 Years
- 4 Years
- 5 Years

b. How often do you review your financial plan against your actual performance?

- Not At All
- Daily
- Weekly
- Monthly
- Quarterly
- Yearly
- 2 Years
- 3 Years
- 4 Years
- 5 Years

c. Would you like information/assistance related to financial planning?

- Request Assistance
- Request Information

F3. Business Development Financial Notes:

WORKFORCE DEVELOPMENTKey: = Select Multiple, = Select One

WD1. During the past 3 years, has the number of employees in this business increased, decreased or stayed the same? Please indicate the number if an increase or a decrease occurred.

- Increased

- Decreased

- Remain the same
- Don't know

WD2. What factors are responsible for this change?

- Business did not exist before
- Technological changes in your business
- Increase or decrease in market competition
- Management effectiveness
- Corporate decision or policies
- More or less subcontracting
- Renovation or expansion
- Increase or decrease in sales
- New products or services introduced
- Entered new market
- Increase or decrease in market share
- Contracts/outourcing
- Other (Specify): _____

WD3. During the next 3 years, do you think the number of employees in this business will increase, decrease or stayed the same? If you anticipate an increase or a decrease, please write in the number you will gain or lose.

Increase

Decrease

Remain the same

Don't know

WD4. What factors are responsible for this change?

Technological changes in your business

Increase or decrease in market competition

Management effectiveness

Corporate decision or policies

More or less subcontracting

Renovation or expansion

Increase or decrease in sales

New products or services introduced

Entered new market

Increase or decrease in market share

Contracts/outourcing

Other (Specify): _____

WD5a. How do you rate the availability of workers in this area for your business needs?

Excellent

Good

Fair

Poor

b. Comments:

WD6a. How do you rate the quality of the workforce in this area for your business needs?

Excellent

Good

Fair

Poor

b. Comments:

WD7a. How do you rate the stability of the workforce in this area for your business needs?

Excellent

Good

Fair

Poor

b. Comments:

WD8. What are the A) current and B) 3-year projected employee needs of your business?

Note: Please input only numeric values in the current/projected employee fields (ie 2, 25, etc.)

A = Current employee needs

B = 3-year projected employee needs

Employee Type	A	B
Skilled trades (Specify): _____	<input type="checkbox"/>	_____
Unskilled labour (Specify): _____	<input type="checkbox"/>	_____
Industry specialists	<input type="checkbox"/>	_____
Manufacturing technology	<input type="checkbox"/>	_____
Computer technology/programming	<input type="checkbox"/>	_____
Environmental technology/management	<input type="checkbox"/>	_____
Electronic engineering	<input type="checkbox"/>	_____
Clerical	<input type="checkbox"/>	_____
Sales	<input type="checkbox"/>	_____
Business Administration	<input type="checkbox"/>	_____
Product development	<input type="checkbox"/>	_____
Market development	<input type="checkbox"/>	_____
Other (Specify): _____	<input type="checkbox"/>	_____
Apprenticeship (Specify): _____	<input type="checkbox"/>	_____
None	<input type="checkbox"/>	_____

WD9. Are you able to recruit sufficient qualified employees for this location?

- Yes **Go to question WD12a**
 No

WD10. If no, what specific skills or qualifications do you have difficulty in recruiting for your business?

WD11. Are the recruitment problems limited to:

- Community
 Industry Sector

WD12a. Does this business have difficulty retaining employees?

- Yes
 No **Go to question WD13**

b. What are the reasons for these difficulties?

- Wages
 Competition
 Seasonal
 Other (Specify): _____

c. Would you like information on employee retention strategies?

RI = Request Information

Please Note: You MUST check the box in the RI column in order for this question to be reported on for the Request for Information reports

	RI	
Yes	<input type="checkbox"/>	<input type="radio"/>
No	<input type="checkbox"/>	<input type="radio"/>

 WD13. Does your workforce need to improve skills in any of the following areas? **Read list.**

Skill Type	Yes	No
Reading	<input type="radio"/>	<input type="radio"/>
Numeracy	<input type="radio"/>	<input type="radio"/>
Oral Communication	<input type="radio"/>	<input type="radio"/>
Written communication	<input type="radio"/>	<input type="radio"/>
Supervisory	<input type="radio"/>	<input type="radio"/>
Computer software	<input type="radio"/>	<input type="radio"/>
Computer hardware	<input type="radio"/>	<input type="radio"/>
Sales & marketing	<input type="radio"/>	<input type="radio"/>
Financial management	<input type="radio"/>	<input type="radio"/>
Customer Service	<input type="radio"/>	<input type="radio"/>
Working with others	<input type="radio"/>	<input type="radio"/>
Health & safety	<input type="radio"/>	<input type="radio"/>
Quality assurance	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="radio"/>	<input type="radio"/>

WD14. Where do your employees receive training, and does this training meet your needs?

Indicate if the company received training by checking the checkbox, then select Yes or No to specify if the training needs were met.

Training Area	Received Training?	Yes	No
Local Community College	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Distance Education	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
In-house	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Customized training	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
University	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Outside of the area _____	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

WD15. What are the most significant barriers to your employees receiving the necessary training?

- Cost
- Awareness of existing training programs
- Awareness of training support programs
- Relevant training is not offered at community college
- Distance to training facility
- Availability of training locally
- Unable to release employees
- Losing trained employees to other businesses
- Awareness of legislated training
- Loss of productivity during training period

Other (Specify): _____

WD16a. Would a mentoring program benefit the businesses in this community? This would involve meeting and working with other businesses as a way of sharing and learning new skills.

- Yes
 No
 Not sure

b. Would your business benefit from a mentoring program in any one of the following areas?

- Business planning
 Marketing
 Financial
 Technical
 Human Resources
 Production
 Logistics (distribution)
 Other (Specify): _____

c. Would you or your company be willing to participate as a mentor in a mentoring program? In which area could you or your company provide mentorship?

- Business planning
 Marketing
 Financial
 Technical
 Human Resources
 Production
 Logistics (distribution)
 Other (Specify): _____

WD17. Workforce Development Notes:

LOCAL COMMUNITYKey: = Select Multiple, = Select One

LC1a. Do you know of a business that would have an interest in locating in this community?

- Yes
 No **Go to question LC2**

b. Would you be willing to provide the contact information for the business?

- Yes
 No

c. Comments:

d. Would you be willing to contact this company on behalf of our community?

- Yes
 No

LC2. Would you be interested in participating in a Business Ambassador program for this community?

- Yes
 No

LC3. Which new suppliers of products or services would you like to see added to this community?

LC4a. As far as you know, does the local community have an economic development plan?

- Yes
 No **Go to question LC5a**
 Don't know

b. As far as you are concerned, is this plan being effectively implemented?

- Yes
 No
 Don't know

LC5a. In your opinion, does the local municipality take an adequate role in business and economic development in this community?

- Yes
 No
 Unaware of what is being done

b. Elaborate:

LC6. List 3 of the community's advantages as a place to do business.

LC7. List 3 of the community's disadvantages as a place to do business.

LC8. What other comments about this community as a place in which to do business would you like to raise?

LC9. Using a scale of excellent, good, fair and poor how would you rate the following factors in doing business in this community? **Read list. Select answer for each.**

- 1 = Excellent
- 2 = Good
- 3 = Fair
- 4 = Poor

Business Factors	1	2	3	4
Availability of skilled labour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labour costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of appropriately zoned land	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Land costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of construction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of leasing space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local permit process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of utilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to markets/customers/clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to suppliers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Municipal taxes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water and sewer capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Development charges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support from municipality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support from local business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support from local residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Municipal by-laws	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telecommunication infrastructure capacity, e.g. fibre optics and Internet access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Size of local market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to research and development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to training facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LC10. Please describe how local business associations and/or economic development offices could assist your business sector.

RA = Request Assistance

Please Note: You MUST check the box in the RA column in order for this question to be reported on for the Request for Assistance reports

	RA	
Marketing seminars	<input type="checkbox"/>	<input type="checkbox"/>
Access to capital seminars	<input type="checkbox"/>	<input type="checkbox"/>
Trade shows	<input type="checkbox"/>	<input type="checkbox"/>
Business networking sessions	<input type="checkbox"/>	<input type="checkbox"/>
Export development programs and services	<input type="checkbox"/>	<input type="checkbox"/>
Joint advertising and marketing	<input type="checkbox"/>	<input type="checkbox"/>
Attraction of related supply & services businesses	<input type="checkbox"/>	<input type="checkbox"/>
Workforce planning, employee training and attraction	<input type="checkbox"/>	<input type="checkbox"/>
Identification of opportunities for shared use of buildings, infrastructure etc.	<input type="checkbox"/>	<input type="checkbox"/>
Productivity improvement workshops	<input type="checkbox"/>	<input type="checkbox"/>
Website development	<input type="checkbox"/>	<input type="checkbox"/>
E-marketing	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

LC11. Local Community Notes:

Thank you for your participation in this business survey. The Business Retention and Expansion leadership team values your participation and input. We endeavour to respond to your issues and needs in order that your business and the local economy can be improved.

RETAIL / SERVICE BUSINESS

 Key: = Select Multiple, = Select One

RB1. Are you located in an identifiable commercial district?

- Yes
 No **Go to question RB3a**

RB2. Are you located in...

- Downtown
 Highway/commercial strip plaza
 Regional shopping mall
 Other principle shopping street
 Power centre/big box new format retail
 Tourist area/destination
 Neighbourhood commercial
 Industrial Park

RB3a. Is there a strategy or plan in place for promoting and managing your commercial district?

- Yes
 No **Go to question RB4**
 Don't know

b. Please respond yes or no to the following statements about the Retail strategy or Plan:

Retail Statements	Yes	No	Don't Know
It identifies the issues important to the future of my business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It proposes actions to address those issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is being effectively implemented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is a comprehensive and integrated plan i.e., addressing heritage, cultural aspects, social and economic etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The plan is primarily focused on retail marketing and promotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. Elaborate upon any barriers you see to the successful implementation of the plan.

RB4. Is there an organization or group that represents the interests of your commercial district?

- Business Improvement Area Association
 Development Corporation or Board of Management
 Chamber of Commerce
 Committee of Council
 Ratepayers Association
 Other (Specify): _____

RB5. Using the scale provided, please rate the condition of your commercial district for each factor.

- 1 = Excellent
 2 = Good
 3 = Fair
 4 = Needs Improving

Physical Setting		1	2	3	4
a.	Street furniture (lights, benches, waste containers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Public amenities (parks, fountains, washrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Plantings, trees, flower boxes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Graffiti and litter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation		1	2	3	4
b.	Sidewalks, pedestrian environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Traffic flow on streets in the area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Adequacy of public transit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Accessibility for people with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parking		1	2	3	4
c.	# of parking spots/facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Parking signage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Fees, enforcement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gateways / Entrances		1	2	3	4
d.	Highway signage/tourism directional signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Roadside advertising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Visual identity of the area - unifying banners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Storefronts		1	2	3	4
e.	Exterior appearance of facades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Window displays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Signage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Issues / Social Conditions		1	2	3	4
f.	Vagrancy/homelessness/panhandling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Public safety services - e.g. lighting, security, police presence, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Conditions of the housing stock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competitive Position		1	2	3	4
g.	Appropriate mix of businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Appropriate range of quality/price for target markets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Number of vacancies/turnover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint Marketing / Promotion		1	2	3	4
h.	Organization of special events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Uniform hours of operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Customer service programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Advertising campaigns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RB6. Would your business benefit from any of the following programs or services?

- 1 = Excellent
 2 = Good
 3 = Fair
 4 = Needs Improving

Programs/Services	Yes	No
Store design and layout assistance	<input type="radio"/>	<input type="radio"/>
Networking events	<input type="radio"/>	<input type="radio"/>
Cooperative advertising/joint marketing	<input type="radio"/>	<input type="radio"/>
Building improvement loan/grant programs	<input type="radio"/>	<input type="radio"/>
Sign improvement loan/grant programs	<input type="radio"/>	<input type="radio"/>
Physical improvements in public areas (benches, lighting, etc.)	<input type="radio"/>	<input type="radio"/>
Business directories, brochures, maps	<input type="radio"/>	<input type="radio"/>
Mentorship programs - business to business counseling	<input type="radio"/>	<input type="radio"/>
Analysis and reporting on the downtown market/economy	<input type="radio"/>	<input type="radio"/>
Retail and special event coordination	<input type="radio"/>	<input type="radio"/>
Customer service training	<input type="radio"/>	<input type="radio"/>
Marketing on the web	<input type="radio"/>	<input type="radio"/>
Training in financial management & product pricing	<input type="radio"/>	<input type="radio"/>
Succession planning	<input type="radio"/>	<input type="radio"/>
Improved telecommunications infrastructure (internet access, debit machines, etc.)	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="radio"/>	<input type="radio"/>

RB7. What are your top 3 suggestions for improving the retail business environment?

- Repair or remove "eyesore" buildings
- More and better festivals and events
- More niche market specialty shops
- More restaurants and entertainment facilities
- More hotels/accommodations
- More and better signage
- Improved streetscape
- Uniform store hours
- Extended store hours
- Improved parking
- Focused downtown revitalization strategy
- Financial support to improve store front facades
- Retail gap analysis and recruitment program
- Other (Specify): _____

RB8. In order for your business to be more competitive, A) what retail skills would you like to see improved and B) would you participate in workshops to address any of the following issues?

A = What retail skills would you like to see improved
 B = Would you participate in workshops to address any of the following issues

Areas of Business	A	B
Retaining existing or attracting new customers	<input type="checkbox"/>	<input type="checkbox"/>
Assessing new technologies	<input type="checkbox"/>	<input type="checkbox"/>
Staff training and development	<input type="checkbox"/>	<input type="checkbox"/>
Visual merchandising	<input type="checkbox"/>	<input type="checkbox"/>
Product pricing	<input type="checkbox"/>	<input type="checkbox"/>
Financial management	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	<input type="checkbox"/>
Evaluating market opportunities	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with the competition	<input type="checkbox"/>	<input type="checkbox"/>
Customer service training	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

RB9. Are any of the following costs of operation a **serious** concern to the success of your business? **Select answer for each.**

Cost of Operation	Yes	No
Business & property tax structure	<input type="radio"/>	<input type="radio"/>
Rents and lease costs of buildings	<input type="radio"/>	<input type="radio"/>
Cost and availability of full-time employees	<input type="radio"/>	<input type="radio"/>
Cost and availability of part-time employees	<input type="radio"/>	<input type="radio"/>
Insurance	<input type="radio"/>	<input type="radio"/>
Cost of utilities	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="radio"/>	<input type="radio"/>

RB10. What four community assets would you most like to see developed in your community?

- Walking & bike trails
- Public parking
- Parks and/or green space
- Public cultural facilities - libraries, museums, entertainment centres
- Sports or recreation facilities
- Farmer's market
- Waterfront access marinas, boat landings
- Public washrooms conveniently located in the downtown
- Directional signs
- Other (Specify): _____

RB11. Retail / Service Business Notes:

Thank you for your participation in this business survey. The Business Retention and Expansion leadership team values your participation and input. We endeavour to respond to your issues and needs in order that your business and the local economy can be improved.

MANUFACTURING

 Key: = Select Multiple, = Select One

MF1. What are your A) current and B) projected plans regarding the plant operation? Mark one box in each column

A = Current
B = Projected in 3 years

Operation Plan	A	B
Maintain the current size and type of production	<input type="checkbox"/>	<input type="checkbox"/>
Expand the size of plant and diversify products	<input type="checkbox"/>	<input type="checkbox"/>
Maintain current size, but diversify products	<input type="checkbox"/>	<input type="checkbox"/>
Downsize	<input type="checkbox"/>	<input type="checkbox"/>
Exit the industry by transferring the business to a new owner	<input type="checkbox"/>	<input type="checkbox"/>

MF2a. Do you compete for business against sister plants within your corporate organization?

- Yes
 No

b. If Yes, are these sister plants(s)...

- Newer
 Larger
 More efficient
 About the same/little difference
 In Ontario
 In Canada
 Outside of Canada

MF3. Where is your A) primary and B) secondary product in its life cycle?

Life Cycle	A	B
Emerging	<input type="checkbox"/>	<input type="checkbox"/>
Growing	<input type="checkbox"/>	<input type="checkbox"/>
Maturing	<input type="checkbox"/>	<input type="checkbox"/>
Declining	<input type="checkbox"/>	<input type="checkbox"/>

MF4a. What percentage of your products' components are outsourced from another manufacturer?

- 0 - 10%
 11 - 25%
 26 - 50%
 50% +

b. What products do you outsource to manufacturers outside of the area?

c. From what areas do you primarily outsource products?

- Within Canada
- USA
- Japan
- Europe
- China
- Australia
- India
- Other (Specify): _____

MF5a. Is there a new technology emerging that will change your primary product or how it is produced?

- Yes
- No

b. Comments:

c. If Yes, then In which of the following will new technology play a key role?

- Production/Manufacturing Innovation
- Product/Service Innovation
- Telecommunications/Internet
- Computer Software/Information Technology
- Distribution/Inventory Innovation
- Confidential
- Other (Specify): _____

MF6a. As a percent of sales, how much does the company spend on research and development (R&D)?

- 0%
- Under 3%
- 3% - 6%
- Over 6%

b. Do you conduct R&D at:

- This location
- Head office
- Other branch location
- Other (Specify): _____

c. As a percentage, how was the research and development (R&D) budget divided among the following categories: A) 3 years ago; B) today and C) what are your projections for 3 years in the future

A = 3 years ago
 B = Today
 C = 3 years in the future

R&D Areas	A	B	C
New product development	_____ %	_____ %	_____ %
Product improvement	_____ %	_____ %	_____ %
Production Improvement	_____ %	_____ %	_____ %

d. Do you require research and development assistance in any one of the following areas?

R&D Areas	RA	Yes	No
New product development	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Product improvement	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Production improvement	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

e. Are any of the following factors barriers to your business undertaking research and development?

R&D Barriers	Yes	No
Financing	<input type="radio"/>	<input type="radio"/>
Proto type development	<input type="radio"/>	<input type="radio"/>
Expertise	<input type="radio"/>	<input type="radio"/>
Human Resources	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="radio"/>	<input type="radio"/>

MF7. Is your business focused on implementing any of the following process improvements?

RA = Request Assistance
RI = Request Information

Please Note: You MUST check the box in the RA or RI column in order for this question to be reported on for the Request for Assistance or Request for Information reports

Process Improvements	RA	RI	Yes	No
Productivity improvement (lean mfg.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Six sigma & quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Energy efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Waste product recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Health & safety activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Administrative support toward ISO Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Vendor/supplier network for continuous product improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

MF8. Is your manufacturing process currently certified?

RI = Request Information

Please Note: You MUST check the box in the RA or RI column in order for this question to be reported on for the Request for Assistance or Request for Information reports

Manufacturing Process	RI	Yes	No
Quality certifications	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
HACCP	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
ISO	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

MF9a. Is your plant or equipment:

Plant/Equipment	Yes	No
At capacity	<input type="radio"/>	<input type="radio"/>
Underutilized	<input type="radio"/>	<input type="radio"/>
Out-dated	<input type="radio"/>	<input type="radio"/>

- b. If Yes, and your plant or equipment is underutilized, are you interested in cooperating with another business to bring the plant or equipment to full capacity?
- Yes
 No

MF10. Is your manufacturing firm a...

- Potential exporter
 First time exporter
 Single market exporter
 Multi-market exporter

MF11. Looking forward to the next 3 years, how important will the development of export markets be in ensuring that your business remains competitive?

- Very Important
 Somewhat Important
 Not very Important
 Not at all Important

MF12. A number of government programs and services are available to help your business succeed in the global market place. Would you like information on any of the following services? Select all that apply

Note: You MUST check the RI checkbox for the program/service in order for the Request for Information to display on the Company Portfolio

RI = Request Information

Government Services	RI	Yes	No
General export information	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Export training and skills development	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Export counseling	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Market entry support	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Export financing	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
In-market assistance	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Accessing information on provincial and/or federal export support programs	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Exporting marketing plans	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Export pricing	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Export documentation	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Customs clearance	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Legal requirements	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Banking considerations	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Regulatory compliance	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Warehousing distribution	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Product promotion	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

MF13. List the research institutions, federal/provincial agencies, and business service and product suppliers that are key to your success and future competitiveness.

MF14. Manufacturing Notes:

Thank you for your participation in this business survey. The Business Retention and Expansion leadership team values your participation and input. We endeavour to respond to your issues and needs in order that your business and the local economy can be improved.

DOWNTOWN REVITALIZATION

 Key: = Select Multiple, = Select One

 DR1. How long have you been the owner of this business? **Select one.**

- Under 1 year
- 1 – 5 years
- 6 – 10 years
- 11 -20 years
- Over 20 years

 DR2. For this business, how many square feet are devoted to the following? (**Must be a number**)

_____ Sales Space

_____ Office Space

 DR3. What are the annual total sales at this location? (**Mark appropriate range**)

- \$0 - \$50,000
- \$50,000 - \$100,000
- \$100,000 - \$250,000
- \$250,000 – 500,000
- \$500,000- \$1,000,000
- over \$1,000,000

DR4. What are the standard hours of operation for this business?

Day	From	To
Sunday:	_____	_____
Monday:	_____	_____
Tuesday:	_____	_____
Wednesday:	_____	_____
Thursday:	_____	_____
Friday:	_____	_____
Saturday:	_____	_____

 DR5a. Please indicate the percentage of activity that is: (**Should total to 100%**)

- _____ % Foot traffic
- _____ % Telephone based
- _____ % Internet based
- _____ % Other

 b. What is your average weekly foot traffic (**# of customers**)?

- Less than 100
- 100 – 500
- 500 – 1000
- Over 1000
- None

c. What is the busiest day of the week for this business? **Select one.**

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Varies

d. What are the **two** busiest times of day for this business? **Select up to TWO times for each day.**

- 1 = Before 8:00 a.m.
- 2 = 8:00 a.m. - 11:00 a.m.
- 3 = 11:00 a.m. - 1:00 p.m.
- 4 = 1:00 p.m. - 5:00 p.m.
- 5 = After 5:00 p.m.
- 6 = Varies
- 7 = Closed

Day	1	2	3	4	5	6	7
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. What are the **three** busiest months of the year for this business? **Select up to THREE months.**

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

DR6a. Do you typically plan major sales/specials for this business?

- Yes
- No **Go to question DR6c**

b. If Yes, for what month(s)? **Select all that apply.**

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

c. Do you participate in and/or support community events and festivals that take place in the downtown/commercial district?

- Yes
- No **Go to question DR6f**

d. If yes, please specify which events you participate in:

e. If yes, please specify which events you support:

f. Do community events/festivals increase sales in your business?

- Yes
- No **Go to question DR7a**

g. If yes, please specify which events.

DR7. Gender:

- Male
- Female
- No distinction

DR8. Do you have specific target markets?

- Yes
- No

DR9. Market share by age group:

Rank Scale (1 - 4):
 0 = No target market
 1 = Most important
 4 = Least important

Column description (A - D):
 A = Youth (14 - 25)
 B = Young families (25 - 40)
 C = Baby boomers (40 - 60)
 D = Retirees and Seniors (60+)

Group Rank Criteria	A	B	C	D
Market share for business				
Potential for sales growth				
Most opportunity for growth				

DR10. Market share by type of customer:

Rank Scale (1 - 4):
 0 = No target market
 1 = Most important
 4 = Least important

Column description (A - D):
 A = People who work in the downtown
 B = Local residents
 C = Visitors/Tourists
 D = Seasonal residents and cottagers

Group Rank Criteria	A	B	C	D
Market share for business				
Potential for sales growth				
Most opportunity for growth				

DR11a. Do you track where your customers are from?

- Yes
 No **Go to question DR12a**

b. If Yes, how do you track them? Select one.

- Postal Code
 Telephone Number
 Other

c. Outside this community, name the top five communities where your customers come from:

DR12. Estimate the percentage of your customers that live within the following different radii of your business:

- 1 = 75%+
- 2 = 50% - 75%
- 3 = 25% - 50%
- 4 = 10% - 25%
- 5 = Under 10%

Distance	1	2	3	4	5
Within walking distance (400 metres)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within a 5 minute drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within a 15 minute drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within a 15 - 30 minute drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than 30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DR13a. Please list six products and/or services that separate your business from your competition.

b. What is the main competitive edge of this business versus the competitors listed above? **Select top two.**

- Location
- Price
- Selection
- Service
- Hours
- Quality
- Name Brands
- Other (Specify): _____

c. Relative to other businesses in your trade, what price point do you target? **Select one.**

- Low-end
- Average - Mid-point
- High-end
- All price points

d. Where is the toughest competition for this business?

- In the downtown
 - Yes
 - No
- In the community
 - Yes
 - No
- In another community
 - Yes
 - No

e. Who are your toughest competitors?

National Franchises:

Yes

No

Local Independents:

Yes

No

Other (Specify):

Yes

No

f. What three existing downtown businesses/services (specify by name) complement this business the most?

g. With this business in mind, what three additional businesses/services (specify by name) would you most like to see available downtown?

h. Do you think the downtown can or should build on the current business mix and develop a cluster of stores/services offering related products to a similar market segment?

Yes

No **Go to question DR14a**

i. If Yes, please specify:

DR14a. Where do customers to this business typically park? **Select one.**

On the street right in closest available spot

In a municipal/public parking lot

In a customer parking lot you own or rent. How many spaces available?

Other (Specify):

b. Where do you and employees of this business typically park? **Select one.**

On the street in closest available spot

In a municipal/public parking lot

In a customer parking lot you own or rent. How may spaces available?

Other (Specify):

DR15. Do you know if your community offers any financial assistance programs to its businesses?

- Yes
- No **Go to question DR17a**
- Don't know

DR16. If Yes, indicate which of the following types of incentives are available and their potential applicability to your business. **Select all that apply.**

- 1 = Available (Note: Check this box if the Incentive is available, then select their applicability to your business)
 2 = Have used
 3 = Have not used
 4 = Plan to apply
 5 = Won't apply
 6 = Don't know

Incentives	1	2	3	4	5	6
Development Charges Exemptions:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Development Application Fee Exemptions:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sign Permit Exemption:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building Permit Fee Exemption:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grants and Loans - Design Assistance:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grants and Loans - Building Facade Program:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential conversion:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building rehabilitation:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brownfield redevelopment assistance:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brownfield Tax Increment Financing Program:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DR17. Is your establishment experiencing any of these particular issues? **Select all that apply.**

- Accessibility
- Number of parking spaces
- Location of parking spaces
- Availability of parking spaces
- Parking enforcement
- Storefront appearance / window displays / signage
- Vagrancy, panhandling
- Vandalism, graffiti and litter
- Shop lifting
- Loitering
- Public safety services (lighting, security, police presence, etc)
- No issues
- Other (Specify): _____

DR18. How strongly do you agree or disagree with the following statements? **Select answer for each.**

- 1 = Strongly agree
- 2 = Somewhat agree
- 3 = Somewhat disagree
- 4 = Strongly disagree

Statements	1	2	3	4
I always try to buy products and services locally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I always direct customers to other downtown businesses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The existing downtown business mix helps this business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is plenty of convenient parking downtown.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Downtown is an excellent place to have a business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are plenty of good workers available here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would support a new retail promotions event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The look and feel of downtown helps this business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My building facade draws customers into this business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My window and store displays help this business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This business is open when customers want to shop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees of this business show great customer service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe downtown, even at night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DR19. Downtown Revitalization Notes:

Thank you for your participation in this business survey. The Business Retention and Expansion leadership team values your participation and input. We endeavour to respond to your issues and needs in order that your business and the local economy can be improved.

COMMUNITY QUESTIONS: HURONEAST2008Key: = Select Multiple, = Select One

- CQ1. Does the current slogan for Brussels, 'Ontario's Prettiest Village' reflect the image of the community?
 Yes
 No

- CQ2. What are the top five (5) things that could be done in the downtown core of Brussels to improve business?

1.

2.

3.

4.

5.

- CQ3. What are up to five (5) positive and consistent comments that you hear from your customers about shopping in this community?

1.

2.

3.

4.

5.

CQ4. What five words best describe the community as a whole?

CQ5. What issues deter people from shopping, doing business or visiting Brussels? (Please select all that apply)

- Variety of shops
- Hours of business
- Parking
- Safety
- Goods/services are not available
- Customer Service
- Other (please specify): _____

CQ6. Please indicate if you think the following special events benefit or would benefit Downtown Brussels.

1 = Benefit
2 = Would Benefit

Special Events	1	2
Sidewalk Sales	<input type="checkbox"/>	<input type="checkbox"/>
Heritage Week	<input type="checkbox"/>	<input type="checkbox"/>
Golf Tournaments	<input type="checkbox"/>	<input type="checkbox"/>
Street Festivals	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Parades	<input type="checkbox"/>	<input type="checkbox"/>
River Front Activities	<input type="checkbox"/>	<input type="checkbox"/>
Scarecrow Festival	<input type="checkbox"/>	<input type="checkbox"/>
Shop in Brussels Program	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Caroling along Main Street	<input type="checkbox"/>	<input type="checkbox"/>
Farmers' Market	<input type="checkbox"/>	<input type="checkbox"/>
Celtic Festival	<input type="checkbox"/>	<input type="checkbox"/>
Brussels Appreciation Day	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

CQ7. Would additional residential accommodation improve the downtown core?

- Yes
- No

CQ8. What could be done to make your community a more physically appealing area? (Please select all that apply)

- Improve signage
- Improve the general appearance of the roadside areas
- Have Main Street property standards and enforce them
- Address buildings in poor condition
- More niche market specialty shops
- More restaurants
- More entertainment options/facilities
- Information centre
- Green Energy Initiatives
- Other (please specify): _____

CQ9. What community assets would you most like to see developed in Brussels? (please select all that apply)

- Walking and biking trails
- Walking and biking lanes
- Public parking
- Parks and green space
- Public cultural facilities – library, museum, entertainment centres
- Farmers' markets or open markets
- Sports or recreational facilities
- Public washrooms, conveniently located
- Other (please specify): _____

CQ10a. What additional Retail Stores or Business Services would you like to see in your community? Please prioritize your selections (Number 1 being the highest)

Retail Stores or Business Services	Rank
Accommodations	_____
Professional Services(Accounting/Legal)	_____
Financial Institutions	_____
Continuing Education	_____
Restaurants/Coffee shops	_____
Grocery Store	_____
Building Supply/Renovations/Trade/Construction	_____
Real Estate	_____
Health & Fitness	_____
Medical & Dental	_____
Automotive	_____
Agriculture	_____
Transportation	_____
Retail (please specify type, ie Workwear clothing)	_____
Other (please specify)	_____

b. Retail (please specify type, ie Workwear clothing):

c. Other (please specify):

CQ11. What do you feel could be the primary products that attract people to the area and your business?

1 = Currently
2 = Future

Primary Products	1	2
Agri-tourism	<input type="checkbox"/>	<input type="checkbox"/>
Arts and Culture	<input type="checkbox"/>	<input type="checkbox"/>
Cycling/Motorcycling	<input type="checkbox"/>	<input type="checkbox"/>
Culinary/Food	<input type="checkbox"/>	<input type="checkbox"/>
Eco-tourism	<input type="checkbox"/>	<input type="checkbox"/>
Fishing/Hunting	<input type="checkbox"/>	<input type="checkbox"/>
Canoeing	<input type="checkbox"/>	<input type="checkbox"/>
Recreational facilities	<input type="checkbox"/>	<input type="checkbox"/>
Parks	<input type="checkbox"/>	<input type="checkbox"/>
Heritage buildings	<input type="checkbox"/>	<input type="checkbox"/>
Music/Performing Arts	<input type="checkbox"/>	<input type="checkbox"/>
Museum	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>
Trails /snowmobiling	<input type="checkbox"/>	<input type="checkbox"/>
Sightseeing	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

CQ12a. What are your Economic Development priorities for the community? Please prioritize your selections. (Number 1 being the highest)

Priorities	Rank
Community infrastructure	_____
Downtown development	_____
Green Energy Initiatives	_____
Heritage and cultural promotion	_____
Attraction of visitors and tourism	_____
Development of recreational facilities	_____
Health care services and recruitment	_____
Support to farm community and agri-business	_____
Small Business support and development	_____
Other (please specify)	_____

b. Other (please specify):
