

ORLAND PARK BUSINESS INITIATIVE RETENTION & EXPANSION SURVEY

2012

BASIC INFORMATION

1. Date of meeting: _____
2. Company name: _____
3. Street address: _____
4. Cook/Will County _____
5. Company phone: (____) _____ Company fax: (____) _____
6. Company website: _____

PRIMARY CONTACT INFORMATION

7. Contact first name: _____
8. Contact last name: _____
9. Contact title: _____
10. Contact phone: (____) ____-____
11. Contact email: _____
12. Preferred method for communications: (Select all that apply)
 Phone Mail Email

COMPANY INFORMATION

13. Type of business: (Select one)

Accommodations/Food Service	Agribusiness
Construction	Finance/Insurance/Real Estate
Healthcare/Allied Services	Information/Technology
Manufacturing	Retail Trade
Service	Transportation/Communications/Utilities
Wholesale Trade	Other:

14. Description of products/services:

15. Who are your competitors?

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

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

	Emerging		Growing
	Maturing		Declining

18. SIC/NAICS Code: _____

19. NAICS Code: _____

20. What is this company's legal status?

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

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

	In state		Elsewhere in nation
	Outside USA		

22. What year was this facility started? _____ (ex. 1985)

23. Name of parent company, if different: _____

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

Distribution		Engineering/RD
Headquarters		Manufacturing
Services		Warehousing

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

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

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

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

	Yes		No
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29. Has there been a change in management in the last five years?

	Yes		No
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LOCAL WORKFORCE

30. Total number of employees at this facility: _____

31. Historical employment trend:

Declining	Staying the same	Increasing
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32. Projected number of employees 12 months from today: _____

33. Percent of workforce:

Skilled / Professional: _____ %
Semi-skilled: _____ %
Entry-level: _____ %
100%

34. Average hourly workforce wage: (less benefits)

Skilled / Professional: \$ _____
Semi-skilled: \$ _____
Entry-level: \$ _____

35. Percent of workforce who live in:

Cook county	%
Will county	%
Chicago Area	%
Other states	%
Total	100%

36. Do you have problems retaining employees?

Yes	No
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37. Do you have problems recruiting new employees?

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

Yes	No
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39. Status of union:

Yes	No	Not applicable
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40. Notes:

SALES

41. Annual sales at this facility: \$ _____

Please check if annual sales are not available _____

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

Declining	0%	1 – 9%
10 – 24%	25 – 49%	50 – 99%
Greater than or equal to 100%		

43. Historical sales trend at this facility:

Declining	Staying the same	Increasing
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44. Historical sales trend within the industry:

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

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

Local (within 50 miles): _____ %
Regional (between 51 to 250 miles): _____ %
National: _____ %
International: _____ %
100%

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

Local (within 50 miles): _____ %
Regional (between 51 to 250 miles): _____ %
National: _____ %
International: _____ %
100%

48. International trade status: (check all that apply)

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

49. Historical export sales trend:

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

50. Notes:

E-COMMERCE

51. Use of Internet: (Check all that apply)

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

52. Importance of Internet for your business today:

<input type="checkbox"/>	Not important	<input type="checkbox"/>	Somewhat important	<input type="checkbox"/>	Very important
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53. What is the status of your investment in IT over the past 18 months?

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

FACILITY / EQUIPMENT

55. Status of facility:

<input type="checkbox"/>	Owned	<input type="checkbox"/>	Leased
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56. If leased, lease expiration date? _____ mm/dd/yyyy

57. Condition of facility:

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

58. Condition of equipment:

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

59. Describe the operations at this site:

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

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

Historical investment trends over the past 18 months:

61. In the facility itself:

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

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

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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MUNICIPAL SERVICES

		POOR	FAIR	GOOD	EXCELLENT	NO OPINION	N/A
65.	Public water/sewer						
66.	Code enforcement						
67.	Building inspection/permitting						
68.	Zoning/land use						
69.	Local road network/condition						
70.	Interstate highway system/condition						
71.	Utility -- Gas						
72.	Utility -- Electricity						
73.	Phone/internet/broadband						
74.	Police protection						
75.	Fire/emergency services						
76.	Public transportation						

BUSINESS CLIMATE/ QUALITY OF LIFE

		POOR	FAIR	GOOD	EXCELLENT	NO OPINION
77.	Workforce quality					
78.	Workforce availability					
79.	Local government					
80.	Local tax structure (village, schools, etc.)					
81.	County tax structure					
82.	State Tax structure					
83.	Workers compensation rates					
84.	Recreation (park system, golf, hiking, biking, etc.)					
85.	Arts/Culture					
86.	Housing					
87.	K-12 education					
88.	Colleges/universities					
89.	Technical training					

90. Notes:

91. Please rate the local business climate:

	Poor	Fair
	Good	Excellent

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

	Worse today	No change
	Better today	No opinion

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

	Will be worse	No change
	Will be better	No opinion

94. What do you see as Orland Park's greatest strength as a place to do business?

95. What do you see as Orland Park's greatest weakness as a place to do business?
