

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)

<input type="checkbox"/>	Phone	<input type="checkbox"/>	Mail	<input type="checkbox"/>	Email
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COMPANY INFORMATION

13. Type of business: (Select one)

<input type="checkbox"/>	Accommodations/Food Service	<input type="checkbox"/>	Agribusiness
<input type="checkbox"/>	Construction	<input type="checkbox"/>	Finance/Insurance/Real Estate
<input type="checkbox"/>	Healthcare/Allied Services	<input type="checkbox"/>	Information/Technology
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Retail Trade
<input type="checkbox"/>	Service	<input type="checkbox"/>	Transportation/Communications/Utilities
<input type="checkbox"/>	Wholesale Trade	<input type="checkbox"/>	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:

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

18. SIC/NAICS Code: _____

19. NAICS Code: _____

20. What is this company's legal status?

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

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

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

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

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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26. Does this company have another location elsewhere in the world that provides a similar product/service as the local operation?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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27. Has the local facility changed owners in the past five years?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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28. Is an ownership change pending for this facility?

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	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)

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

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:

Owned	Leased
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56. If leased, lease expiration date? _____ mm/dd/yyyy

57. Condition of facility:

Poor	Fair
Good	Excellent

58. Condition of equipment:

Poor	Fair
Good	Excellent

59. Describe the operations at this site:

One shift	Two shifts	24 hours
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60. How much of this facility's space are you currently using?

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

Historical investment trends over the past 18 months:

61. In the facility itself:

Declining	Staying the same	Increasing
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62. In equipment at this facility:

Declining	Staying the same	Increasing
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63. Is there room for expansion at this site:

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

Yes	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 (<i>village, schools, etc.</i>)					
81.	County tax structure					
82.	State Tax structure					
83.	Workers compensation rates					
84.	Recreation (<i>park system, golf, hiking, biking, etc.</i>)					
85.	Arts/Culture					
86.	Housing					
87.	K-12 education					
88.	Colleges/universities					
89.	Technical training					

90. Notes:

91. Please rate the local business climate:

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

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

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

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

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

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?
