

Economic Development Business Needs Assessment Survey



***Disclaimer: This survey is confidential.** Pratt Area Community Council (PACC) Economic Development team will have exclusive access to this survey. This survey will provide our Economic Development team with data to provide the merchants with beneficial business resources and services.

Business Name: _____
Business owners Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: (if different from business address) _____
City: _____ State: _____ Zip: _____
Telephone Number: () _____ FAX: () _____
Name of Respondent: _____ Title: _____
Year business was started: _____

What type of business do you have: Service Retail Restaurant Other?

(Please describe) _____

What is the legal structure of your business? (Please check one):

Sole Proprietorship C- Corp S-Corp Partnership Limited Partnership Limited Liability Company
B Corp Non-profit

Business Capacity:

Do you own or rent or sublet your space? How long is the current lease? _____ Years _____ Months

Approximate size of your facilities in square feet: _____ sq. ft.

What percent capacity are you using the facilities? _____ 50% _____ 75% _____ 100%

Are you planning on expanding in the next three years? _____ 2014 _____ 2015 _____ 2016

How much do you pay in rent per month? \$ _____

How many people do you currently employ? Part-time _____ Full-time _____

How many employees did you have at the end of 2012? Part-time _____ Full-time _____

Please indicate the range of your gross revenues for 2012:

\$0-\$50,000	\$50,000-\$100,000	\$100,000-\$250,000
\$250,000-\$500,000	\$500,000-\$750,000	\$750,000-\$1,000,000
\$1,000,000 +		

Did your revenues increase or decrease from prior year? Increase Decrease

By approximately what percent? _____ %

Current Business Status:

Declining Holding steady Increasing

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Future Business Plans:

Staying in same location

Staying in same location, expanding

Changing location

What are the most critical issues facing your business today?

So we may assess your business needs, please check all areas which apply to your current business.

I. Accounting: Setting up a business accounting system. Analyzing the financial position and operating results of a business from a study of sales, pricing, and expense.

Type of assistance:

Consulting

Workshops

Information

No Assistance

Record Keeping

Financial Reporting

Cash Flow Management

Tax Preparation & Reporting

Credit and Collections

Other: _____

II. Finance: The determination of business capital requirements and the supply and effective management of financial resources.

Type of assistance:

Consulting

Workshops

Information

No Assistance

Total Financial Management

Reading Financial Reports

Budgeting

Obtaining Financing

Other: _____

III. Marketing: Identifying a customer's need and delivering a product or service to meet that need.

Type of assistance:

Consulting

Workshops

Information

No Assistance

Marketing Plan

Advertising and Sales

Pricing

Customer/Public Relations

Other: _____

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IV. Personnel: The effective management of total human resources including full-time, part-time, or contract personnel.

Type of assistance:	<u>Consulting</u>	<u>Workshops</u>	<u>Information</u>	<u>No Assistance</u>
Employee Benefits				
Hiring/Termination				
Training/Orientation/Motivation				
Labor Laws				
Worker's Compensation				
Other: _____				

V. Business Operations: The overall process of physically operating your business.

Type of assistance:	<u>Consulting</u>	<u>Workshops</u>	<u>Information</u>	<u>No Assistance</u>
Purchasing				
Quality Control				
Inventory Control				
Store Layout				
Other: _____				

VI. General Management: The strategic process of managing and controlling the current and future course of action for your business.

Type of assistance:	<u>Consulting</u>	<u>Workshops</u>	<u>Information</u>	<u>No Assistance</u>
Strategic Business Planning				
Legal Structure				
Computerization				
Time Management				
Other: _____				

VIII. Operating Assistance: The overall process for legal, financial and marketing needs for your business.

Type of assistance:	<u>Consulting</u>	<u>Workshops</u>	<u>Information</u>	<u>No Assistance</u>
Legal Assistance				
Financial/Funding				
Accounting/Bookkeeping				
Marketing				
Other: _____				

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VII. Organizational Affiliations

Do you belong to a merchant's association? Yes No If **yes**, which one? _____

To what other organizations do you belong? Brooklyn Chamber Community Board Precinct Council

Other (*please specify*) _____

Have you voiced your opinion with these organizations? Yes No

What concerns, if any, do you have about joining a merchant's association?

What would you hope to gain from being a part of a merchant's association?

Additional Information:

What resources or people do you go to for business advice?

From what sources do you find out about business workshops, services, special events, etc.?

Newspaper	Fliers	Word of mouth	TV	Internet Search
Radio	Neighborhood Patches	Social Media	Other (specify) _____	

Would group workshops or one-on-one business consulting be a worthwhile investment for you and/or your employees? (Check all that apply)

If so, in what areas? (Check all that apply):

Accounting	Marketing	Finance	General Management
Operations	Contracting	International Trade	Other _____
Customer Service			

Would you like a Small Business Counselor to contact you concerning free consulting and training services offered by the PACC? Yes No

Would you like to be on Economic Development for Small Business mailing list? Yes No

Notes & Additional Comments: