

2011 Business Visitation Survey
Business Retention and Expansion Program
Union County, Oregon

Interviewer 1: _____
Interviewer 2: _____
Interviewer 3: _____

Firm ID: _____
Survey Date: _____

Is the information on the cover sheet correct? YES NO → *Make necessary corrections*

*Note: The survey refers to the business entity located locally as the “**business**”. “**Company**” refers to the larger business entity to which the local business belongs. [For most locally-owned businesses, these will be one in the same.]*

Products and Services

1. What most differentiates your company from your competition? (Select all that apply)

- Service Price Leadership/management Quality Product/service
 Other (please describe): _____

2. In percentage terms, how much have sales of your products or services changed over the last three years? Why?

	<u>Increase (↑)</u>	<u>Decrease (↓)</u>	<u>To what do you attribute these changes?</u>
Last 3 years:	_____ %	_____ %	_____

3. In percentage terms, how much change do you anticipate over the next three years? Why?

	<u>Increase (↑)</u>	<u>Decrease (↓)</u>	<u>To what do you attribute these changes?</u>
Next 3 years:	_____ %	_____ %	_____

4. What issues do you have with disposal of your waste products? N/A

5. Are you aware of any emerging technologies or market forces that will change your businesses product or service or how it is produced? *Circle one*

YES NO → Go to next question (8.)

6. If YES to Q-5, describe these changes: _____

7. If YES to Q-5, do you expect these technological changes or market forces will increase or decrease your businesses production or sales? *Circle one*

Production:

YES → ___ Increase ↑ or ___ Decrease ↓
NO

Sales:

YES → ___ Increase ↑ or ___ Decrease ↓
NO

Buyer/Supplier Linkages

8. As a percentage of total sales, where do you sell your products or services?

	<u>% of Sales</u>
a) Locally (Union County)	_____
b) Regionally (Northeastern Oregon)	_____
c) Pacific Northwest	_____
d) Nationally	_____
e) Internationally	_____
	<i>Total = 100%</i>

9. How much of this business is done over the Internet? ___%

Where? _____

10. As a percentage of total purchases, where do you purchase your raw materials and supplies?

% of Purchases

- a) Locally (Union County) _____
- b) Regionally (Northeastern Oregon) _____
- c) Pacific Northwest _____
- d) Nationally _____
- e) Internationally _____

Total = 100%

11. What percentage of your purchases are made over the Internet? _____ %

Where? _____

12. What specific goods and services do you purchase in Union County?

13. What types of new local businesses or specific companies would improve your businesses operation and/or profitability?

Industry Evaluation

Now we are interested in your evaluation of conditions in your company's overall industry.

14. Overall in your industry, would you say that sales or production levels are...*Check one*

- Increasing Unchanged Decreasing Unknown

15. In general, is your industry moving operations outside of the U.S.? *Check one*

- Yes No Unknown

16. Is market share of your industry's non-U.S. competitors ... *Check one*

- Increasing Unchanged Decreasing No non-U.S. competitors

Employment

17. How many people does your business currently employ? 3 years ago? Expect in 3 years?

	<u>Currently</u>	<u>3 Years Ago</u>	<u>In 3 Years</u>
# Employees	_____	_____	_____

18. What number or percentage of your employees are: *Circle # or %*

	<u>Currently</u>	<u>3 Years Ago</u>	<u>In 3 Years</u>
Full-Time	_____ # or %	_____ # or %	_____ # or %
Part-Time	_____ # or %	_____ # or %	_____ # or %
Staffing Agency/contract labor	_____ # or %	_____ # or %	_____ # or %
Seasonal	_____ # or %	_____ # or %	_____ # or %

19. Does your business have a peak season for employment? YES NO
If YES, when is that season? _____

20. Does your business outsource any of its business operations outside Northeastern Oregon?
Circle one

YES NO → Go to next question (22.)

21. *If YES* to Q-20, Where do you outsource? _____

22. Now let's consider your employees by occupation. What number or percentage of your employees, at this business, work in the following occupations *Circle # or %*

	<u>Currently</u>	<u>In 3 Years</u>
1) Production (Unskilled/Entry)	_____ # or %	_____ # or %
2) Production (Semi-skilled/skilled)	_____ # or %	_____ # or %
3) Clerical/Office	_____ # or %	_____ # or %
4) Sales/Marketing	_____ # or %	_____ # or %
5) Professional/Management/Technical	_____ # or %	_____ # or %
6) Other _____	_____ # or %	_____ # or %

23. What are starting wages in unskilled and skilled production occupations?

	<u>Starting Wage</u>
a) Production (Unskilled/Entry)	\$_____ hourly
b) Production (Semi-skilled/skilled)	\$_____ hourly
c) Clerical/Office	\$_____ hourly

24. Has this business performed a wage analysis within the past 1-2 years? *Circle one*

YES → Describe below NO

25. Does your company provide benefits to its employees? *Circle one*

YES → Indicate & describe below NO → Go to next question (27.)

26. If YES to Q-25, identify the benefits provided: → Check all mentioned and/or list below:

- Sick Leave Vacation Leave Holidays Health Insurance Retirement Benefits
 Other Paid Time Off or Benefits → Please identify below

27. Does your company have any plans to add employee benefits or to change your employees' compensation package?

Circle one

YES → Describe below NO

28. Does your business have any problems associated with employee transportation or commuting? *Circle one*

YES → Describe below NO

29. Does your business have problems recruiting employees? *Circle one*

YES → Describe below (note occupational category): NO → Go to next question (32.)

30. IF YES to Q-29, are any of these issues related to housing availability and/or price?

Circle one

YES → Describe below NO

31. IF YES to Q-29, are any of these issues related to substance abuse? *Circle one*

YES → Describe below NO

32. Do you have a drug and alcohol policy in place? *Circle one*

YES → Describe below NO → Go to next question (34.)

33. Is your drug and alcohol policy effective?

YES NO

34. Would you be interested in attending a training or workshop to learn about how to develop a drug and alcohol policy? *Circle one*

YES NO

35. Does this business anticipate problems with recruiting employees in the future? *Circle one*

YES → Describe below NO

36. What new strategies, if any, will this business put in place to attract new workers?

37. Is employee turnover a problem for this business? *Circle one*

YES → Describe below (*note occupational category*): NO → Go to next question (40.)

38. *If YES* to Q-37, are any of these turnover issues related to housing availability and/or price?

Circle one

YES → Describe below NO

39. *If YES* to Q-37, are any of these issues related to substance abuse? *Circle one*

YES → Describe below NO

40. Does this business anticipate problems with employee turnover in the future? *Circle one*

YES → Describe below NO

41. What new strategies, if any, will this business put in place to retain your workers?

42. Currently, how does this business train its employees? *Open-ended (Do not read list): Check all mentioned*

- Do not provide any employee training
- In-house training (one-on-one by supervisor or co-worker; training depart. classes, etc.)
- Send employees to workshops
- Self-taught (manuals, videos, training materials)
- On-the-job training (a government-supported program [Job Council])
- Distance learning (web-based, satellite, correspondence, interactive TV)
- Contract with public vendors (community college, etc.)
- Contract with private vendors
- Apprenticeships
- Other: _____

43. In what specific areas do this business's employees need training? *Open-ended: Check all mentioned, list specifics*

- Customer service: _____
- Basic computer skills (keyboarding, software): _____
- Advanced computer skills (programming): _____
- Management/Supervisory skills: _____
- Basic workforce skills (writing, communication, punctuality, team playing, diversity): _____
- Basic technical skills (measurement, tool usage, safety): _____
- Apprenticeship programs (extensive training and skill development): _____
- Sales: _____
- Utilizing new machinery or technology: _____
- Other: _____

44. Does this business need any business leadership or management training, consulting or assistance? If so, in what specific areas? *Circle one*

YES → List below NO

If YES → List Training areas:

45. Please describe this local business's relationship with one or more of the following institutions of higher education, learning and training: Eastern Oregon University, including its Small Business Development Center; the Training and Employment Consortium; or either of the Community Colleges in Pendleton or Ontario:

[We'd like to have them describe their connections, perceived value, usage, knowledge, etc. – Question to determine what disconnects might exist between the business and these institutions. What stands in the way? What could be improved?]

Changes of the Past and in the Future

46. Has this business made any of the following changes in the past three years or do you anticipate any over the next three years? Check YES or NO

	<u>Past 3 Years</u>		<u>Over next 3 Years</u>	
	YES*	NO	YES**	NO
a) Added or subtracted product lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Entered new markets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Made production or market adjustments due to:				
Domestic competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Expanded use of telecommunications technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Adopted new/improved technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Added a new innovation that is not yet industry-wide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Adopted labor-saving technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Adopted "green" or sustainability technologies or practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** If Past YES → What challenges were encountered as these changes were made?**

**** If Future YES → What challenges might be expected with these changes over the next 3 years?**

47. Does your company currently own or lease sufficient property at this site for expansion?

Circle one: YES NO

48. Does your company currently own or lease sufficient property within Union County for future expansion?

Circle one: YES NO (Please go to Question (50.))

49. If YES to Q-48, how many Acres or Square Feet: _____; and, what is the present Zoning: _____

50. Does your company currently own surplus property or building space that it would be willing to sell?

Circle one: YES NO

51. Does your company have any plans to modernize or expand its present building(s)?

Circle one:

YES → Answer A) and B) below NO → Go to next question (52)

A) If YES → What is planned? _____

B) If YES → When will the work begin? Year: _____

52. Within the past five years and in this community, has this local business: Circle one

a) Physically Expanded? YES → Date: _____ NO
Describe: _____

b) Remodeled? YES → Date: _____ NO
Describe: _____

c) Relocated? YES → Date: _____ NO
Describe: _____

53. ***If YES to any in Q-52 above → What challenges were encountered?*** *Open-ended: Check any*

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Land/Building prices or availability
Lease_____ Purchase_____ |
| <input type="checkbox"/> Financing/ access to capital | <input type="checkbox"/> Availability of existing building |
| <input type="checkbox"/> Zone variances | <input type="checkbox"/> County or City Planning requirements or timing |
| <input type="checkbox"/> Permits | <input type="checkbox"/> Labor skills or availability |
| <input type="checkbox"/> Other _____ | |
| _____ | |
| _____ | |

54. **Is your company considering closing this local business within the next three years?**
Circle one

YES

NO

55. ***If YES to Q-54, what are the key factors affecting this decision?***

Open-ended: Check any mentioned

- | | |
|--|---|
| <input type="checkbox"/> No land for expansion | <input type="checkbox"/> Overcrowded building |
| <input type="checkbox"/> Changing market conditions | <input type="checkbox"/> Lease expiration |
| <input type="checkbox"/> Owners are retiring | <input type="checkbox"/> Better opportunities elsewhere |
| <input type="checkbox"/> Transportation infrastructure | <input type="checkbox"/> Crime/vandalism |
| <input type="checkbox"/> Low worker productivity | <input type="checkbox"/> Environmental concerns |
| <input type="checkbox"/> Taxes | <input type="checkbox"/> Government regulation |
| <input type="checkbox"/> Insufficient labor supply | <input type="checkbox"/> Company is restructuring |
| <input type="checkbox"/> Distance from customers/suppliers | <input type="checkbox"/> Other: specify: _____ |

Explanation:: _____

56. **Is your company considering relocating this local business within the next three years?**

YES

NO

57. ***If YES*** to Q-56, where is your **company** considering relocating the local business?

- Within same Community
- Within Union County
- To another city in the region. Specify: _____
- Outside the region. What city and state: _____
- Undecided

58. During the past three years, has your **company** used any local, state, or federal programs to assist this **business**? *Circle one*

YES

NO

If YES → Which programs were used and what was your experience with these programs?

Business Climate and Community

59. What are the main **advantages** this **business** gains from being located in this community?

60. What are the main **disadvantages** this **business** incurs from being located in this community?

61. In the community in which your business is located, how would you rate the following community services and amenities on a scale where 5= Excellent; 3=Fair; and 1=Very Poor
 Check rating. *Note: For "Very Poor" and "Poor" ratings Explain further on next page

	<u>Excellent</u> 5	<u>Good</u> 4	<u>Fair</u> 3	<u>Poor*</u> 2	<u>Very Poor*</u> 1	<u>N/A</u>
a) Elementary and secondary schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Post-secondary education (college/univ.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Vocational schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Fire protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Availability of parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Roads, highways and freeways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Telecommunications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Solid waste disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Water/Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Zoning and land use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Building codes and inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Parks and recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) As a place to conduct business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) As a place in which to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Workforce housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. For responses in Q-61 where Ratings are “Poor” or “Very Poor,” Please Explain

63. Our local Business Retention and Expansion Task Force cannot promise to solve problems identified today, but we are willing to look into them. Can a local business development professional contact this business to assist with any specific issues? *Circle one*

YES NO →

If YES → *List specific issues:*

64. Do you have any summary comments you would like to make about your ability to sustain or grow this business in this community? *Let them talk. Record what is said, but don't Question further unless you identify a “Red Flag” issue that has not been mentioned before. Continue in NOTES section, if needed.*

BUSINESS RETENTION AND EXPANSION STRATEGIES PROGRAM

“Helping Union County and La Grande area Firms Grow!”

Thank you for your cooperation with our Business Retention and Expansion Strategies visitation program.

We cannot promise to solve the concerns you mentioned, but we will promise to try. If we can help you in the future, please call BR&E coordinator: Dan Stark, 541-963-0926.

We appreciate the time you’ve given us and the contribution your firm is making to our local economy.

This program is sponsored locally by the following organizations:
The Union County Economic Development Corporation (UCEDC), the City of La Grande,
Union County, and the Union County Chamber of Commerce.

Notes

SAMPLE

FIRM ID: _____

“RED FLAG” ALERT SHEET

Follow-up Suggestions

1. Please complete this short form in your car immediately after the interview. Both visitors should discuss this.
 - a. According to the firm’s representative, what are the key concern(s) or information request(s) that require follow-up?
 - b. Write the number of the question(s) related to the concern(s).
 - c. Rank the urgency of scheduling follow-up with this business. For example, if a firm is considering relocation, closing or expanding, follow-up is urgent. If, however, the only real need expressed by the firm is to receive information about labor training or financial programs, then the urgency is lower. Rank the urgency of follow-up from 1-5, with 5 being most urgent.
 - d. Suggest type of follow-up (letter, phone call, visit, etc.).

	Key Concern or Information	See Question	Urgency Rank	Suggested Follow-up
1.	_____	_____	_____	_____
	_____	_____	_____	_____
2.	_____	_____	_____	_____
	_____	_____	_____	_____
3.	_____	_____	_____	_____
	_____	_____	_____	_____
4.	_____	_____	_____	_____
	_____	_____	_____	_____