Small Business Needs Assessment Survey

# Business Contact Information

Business Name:

Business Owner(s):

Completed by (if different than owner):

Mailing Address:

Phone: Email:

# About the Business

## How would you categorize your business? (Select all that apply)

|  |  |  |
| --- | --- | --- |
| * Agribusiness
 | * Wholesale
 | * Finance/Insurance/Real Estate
 |
| * Construction
 | * Retail
 | * Restaurant/Food & Beverage
 |
| * Manufacturing
 | * Service
 | * Transportation
 |
| * Health Care
 | * E-Commerce
 | * Communication
 |
| * Other (please specify):
 |

## How many years has your business been in operation?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Less than 1 year
 | * 1 to 2 years
 | * 3 to 5 years
 | * 6 to 10 years
 | * Over 10 years
 |

## Which of the following best describes your business?

|  |  |  |  |
| --- | --- | --- | --- |
| * New/Emerging
 | * Growing/Expanding
 | * Stable/Mature
 | * Struggling/Declining
 |

## Which of the following describes you as a business owner? (Select all that apply)

|  |  |  |
| --- | --- | --- |
| * New
 | * Stable/Mature
 | * Seeking Transition (e.g. sell, retire)
 |
| * Learning/Growing
 | * Struggling
 |

## Has the business’ ownership changed in the past year, or do you anticipate a change?

|  |  |  |
| --- | --- | --- |
| * No Change
 | * Changed
 | * Change Pending
 |

## Including the business owner(s), how many employees do you have? Please enter numbers.

Full time (20+ hours/week): Part time (< 20 hours/week):

## Has the number of employees changed in the last year?

|  |  |  |
| --- | --- | --- |
| * No Change
 | * Increased Employees
 | * Decreased Employees
 |

## In the next year, do you expect the number of employees to change?

|  |  |  |
| --- | --- | --- |
| * No Change
 | * Expect an increase in employees
 | * Expect a decrease in employees
 |

## Describe the breakout of your customer base by percentage:

|  |  |  |
| --- | --- | --- |
| Local (within the county): |  | % |
| Regional (within surrounding counties): |  | % |
| Statewide: |  | % |
| Midwest: |  | % |
| National: |  | % |
| International: |  | % |
| *Total* | 100 | % |

## Have you noticed any changes within your key customer base in the last 1-2 years?

|  |  |
| --- | --- |
| * Yes
 | * No
 |
| If yes, please describe: |

## Over the past year, how would you describe your business’ profitability?

|  |  |  |
| --- | --- | --- |
| * Increasing
 | * Decreasing
 | * Stable
 |

## What is the outlook for your business over the next 1 to 3 years?

|  |  |  |  |
| --- | --- | --- | --- |
| * Improving
 | * Getting worse
 | * Remaining the same
 | * Don't know
 |

## Are you currently considering relocating your business outside of the area or closing?

|  |  |
| --- | --- |
| * No
 | * Yes, closing
 |
| * Yes, relocating, to:
 |  |

## What are the area’s strengths as a place to do business?

## What are the area’s barriers as a place to do business?

## What issues have you encountered in retaining employees?

## What issues have you encountered in attracting or recruiting employees?

## Do you anticipate changes to local laws or ordinances and/or state or federal legislation that will positively or negatively affect your business over the next five years? If yes, please describe the legislation and the affect.

|  |  |
| --- | --- |
| * Yes
 | * No
 |
| If yes, please describe: |

## What are the greatest needs or obstacles for your business? (Select all that apply)

|  |  |
| --- | --- |
| * Access to capital
 | * Market awareness/information
 |
| * Business succession planning
 | * Business financial knowledge
 |
| * Strategic planning
 | * Marketing/advertising
 |
| * Written business plan
 | * E-commerce/internet competition
 |
| * Recruiting or retaining employees
 | * Customer service improvement
 |
| * Information on exporting
 | * Improved community aesthetics
 |
| * Business to Business (B2B) networking
 | * Improved community support
 |
| * HR requirements and laws
 | * Expensive or unavailable utilities
 |
| * Space/location for business expansion
 | * Restrictive business regulations
 |
| * Other (please specify):
 |  |  |

## What types of resources, programs or assistance would help you grow your business?

## Would you like to be notified of future business trainings or workshops?

|  |  |
| --- | --- |
| * Yes
 | * No
 |
| If yes, please provide your email: |

## Would you be interested in one-on-one business counseling to discuss any issues you might be experiencing? (*Counseling typically involves 1 to 3 sessions with a business counselor and you doing homework on, and for, your business in between sessions*)

|  |  |
| --- | --- |
| * Yes
 | * No, not at this time
 |
| If yes, please tell us how to contact you: |