

**JOSEPHINE COUNTY AND
GRANTS PASS, OREGON**

**BUSINESS RETENTION AND
EXPANSION PROGRAM**
2014 Visitation Survey



Grants Pass & Josephine County
CHAMBER OF COMMERCE



***We believe our existing firms are our best prospects for future growth.
The purpose of this program is to see how we can help them grow.***

"This Project is staffed and supported in part with staff and funding from Josephine County's Oregon State Lottery funds, the City of Grants Pass, the Grants Pass and Josephine County Chamber of Commerce.

**A PROJECT ORGANIZED BY:
THE GRANTS PASS/ JOSEPHINE COUNTY CHAMBER OF COMMERCE BUSINESS RETENTION &
EXPANSION (BR&E) COMMITTEE.**

Sample Survey

GRANTS PASS/ JOSEPHINE COUNTY BR&E PROGRAM

NOTE to Volunteer Visitors: Do not read items italics in this document; these are notes for your information only.

BACKGROUND (Read entire page aloud)

**“We believe our existing firms are our best prospects for future growth.
The purpose of this program is to see how we can help them grow.”**

1. First, in the interest of legitimizing this meeting and effort, we are (your name) from (your organization) and (co-surveyor name) from (their organization).
2. Your company is very important to this community, and we appreciate the economic contributions you have made. We also greatly appreciate the time you’ve taken to see us today.
3. The BR&E program is sponsored locally by the following organizations: the Grants Pass/ Josephine County Chamber of Commerce, the City of Grants Pass, Josephine County, the Oregon Employment Department, Rogue Community College and The Job Council.
4. The survey is a cooperative effort involving volunteers drawn from other local businesses, local government, educational institutions, workforce development agencies and involved citizens of Grants Pass and Josephine County.
5. The award winning BR&E program has been in existence since 1998, and formal comprehensive surveys occur in a three-year cycle, and have taken place in 1999, 2002, 2005, 2008 and 2011.
6. The objectives of the program are to:
 - a. Demonstrate that Grants Pass and Josephine County care about and appreciate local firms.
 - b. Identify and help solve problems that local businesses are having.
 - c. Identify the employment prospects for the next three years from local businesses.
 - d. Build community capacity to sustain growth.
 - e. Develop key partnerships between businesses, government and the community.
7. **Confidentiality** – Your individual answers to this survey are confidential and will not be released. Your responses will be summarized with those of others to form an overall result in percentages or averages.
8. **“Red Flags”** – A goal of the program is to identify “Red Flags,” or issues that businesses may encounter that require immediate attention. These issues will be handled independently, with confidence, as required and/or requested by you
9. **The “Skip It Rule”** – If there is a question that you feel might be best to skip, we will do that; just let us know. There is no need to explain your reasons.
10. **Copy of Final Report** – Copies of the summary report will be provided to all firms that participate in this survey. They will be e-mailed to the person interviewed, and hard copies will be available at the Chamber and by request from SOREDI, among many other places.
 - a. ****Do you have any questions of us at this point?***

Business Retention and Expansion Program **Firm ID 1234**
Josephine County and Grants Pass, Oregon
2014 Survey Coversheet

Date of Visit: _____

Surveyors: _____

NOTE: AS MUCH INFORMATION AS POSSIBLE ON THIS SHEET SHOULD BE FILLED IN PRIOR TO THE BUSINESS VISIT.

Sample Survey

Business Owner

541-21-2345

tobecontacted@gpsurvey.com

123 Main St

Grants Pass OR 97526

PERSON INTERVIEWED: _____

Job Title: _____

Phone: _____ E-Mail address: _____

OTHER KEY OFFICIALS:

Participated in survey?
Y/N

Owner of Business: _____

Chief Executive Officer: _____

Plant Manager: _____

Personnel Officer: _____

2014 Visitation Survey
Business Retention and Expansion Program
Josephine County and Grants Pass, Oregon



Firm ID 1234

Surveyor 1: _____

Surveyor 2: _____

Survey Date: _____

DEMOGRAPHICS

Now we're going to go through the survey with you and I'd like to briefly outline what we're going to talk about. We'll begin with some demographic questions about the business, then get into some of the products and services your business offers, and some of the innovations that may be happening in your field. We'll talk about buyer/supplier linkages you have, a little about what's happening in your industry, and some ideas about expansion, relocation, and access to capital, then finally some about the current business climate in our community.

1. Is this business or organization a...?

- Sole Proprietorship
- Public Corporation
- Closely Held Corporation
- Partnership
- Not For Profit or Non Governmental Organization

2. What type of facility best describes this business/organization?

- Headquarters
- Branch
- Office Operation
- Division
- Distribution

3. In what year was this business/organization established in the community? _____

4. Is the property owned or leased?

- Owned
- Leased

5. Did your business/organization:

- Startup here?
- Move here ? In what year_____ From where? _____
- Or was it bought from another owner? In what year_____

6. How many people does your business currently employ?

- This year? _____
- Last year? _____
- Next year? _____

7. Which of the following industries best describes your business? (*circle one*)

- | | |
|--|--------------------|
| a. agriculture | h. wholesale trade |
| b. mining | i. retail trade |
| c. construction | j. finance |
| d. manufacturing | k. services |
| e. transportation and public utilities | l. education |
| f. timber | m. Other_____ |
| g. tourism | |

8. What kinds of skills in your labor force are critical to your business/organization's success?

PRODUCTS & SERVICES

9. What are the major products or services offered by this business/organization?
What percentage of your total business do each of those represent?

- a. _____ % = _____
- b. _____ % = _____
- c. _____ % = _____
- d. _____ % = _____

10. Have sales of your products or services increased, decreased, or stayed the same over the last year?

- Increased
- Decreased
- Stayed the same

11. [IF CHANGE:] How much would you say they have:

13a. Increased: _____ %

13b. Decreased: _____ %

12. Do you anticipate sales of your products or services to increase, decrease, or stay the same over the next year?

Increase

Decrease

Stay the same

13. [IF CHANGE:] How much do you expect them to:

15a. Increase: _____ %

15b. Decrease: _____ %

14. Does your business outsource any of its operations outside Southern Oregon?

Yes

No [SKIP TO Q.17]

15. If yes, what do you outsource?

16. If yes, where do you outsource?

17. Does your business/organization have need to do any research and development?

Yes

No [SKIP TO Q.19]

18. If Yes: What kind of R&D do you see your business/organization needing?

19. What percentage of your sales are completed over the internet? _____ %

20. What percentage of your customers make initial contact with you via the internet? _____ %

21. Please describe what net effect the internet use and availability has on your gross sales.

INNOVATION

[INTERVIEWER FIRST READ:] This section may or may not apply to you. Let me begin by reading you the questions and if it does not apply to this organization, we can skip to the next section.

Has your local business/organization made any of the following changes in the past year, or do you anticipate any over the next year?

	<u>Q.22 Past Year</u>		<u>Q.23 Next Year</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. Adopted labor-saving technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Is your business/organization using any innovations that are new to your industry?

- Yes
- No

25. If yes: What area of your business operations does this innovation most affect?

- Production process
- Labor/Management
- Information Management
- Communications
- Transportation
- Product Distribution
- Other: _____

26. What are the biggest challenges to innovating in your business/field?

27. Is there anything you need to reduce the barriers to innovating?

28. Are you aware of any emerging technologies that will change your business/organization's products, services or production?

- Yes
- No **[SKIP TO Q.30]**

29. If yes, how will your business/organization be impacted?

30. Are you aware of any market forces that will change your business/organization’s products, services or production?

- Yes
- No [SKIP TO Q.32]

31. If yes, how will your business/organization be impacted?

BUYER/SUPPLIER LINKAGES

[FOR NON-PROFITS/NGOS:] This section may or may not apply to you. Let me begin by reading you the questions and if it does not apply to this organization, we can skip to the next section.

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

- | | <u>% of Sales</u> |
|---|-------------------|
| a. Locally (Grants Pass/Josephine County) | _____ |
| b. Regionally (Southern Oregon) | _____ |
| c. Statewide | _____ |
| d. Nationally | _____ |
| e. Internationally | _____ |

Total = 100%

33. As a percentage of total purchases, where do you purchase your raw materials and supplies, or in the case of a non-manufacturing business, where do you purchase the items you sell?

- | | <u>% of Purchases</u> |
|---|-----------------------|
| a. Locally (Grants Pass/Josephine County) | _____ |
| b. Regionally (Southern Oregon) | _____ |
| c. Statewide | _____ |
| d. Nationally | _____ |
| e. Internationally | _____ |

Total = 100%

34. What specific goods and services do you purchase locally?

- a. _____
- b. _____
- c. _____
- d. _____

35. Do you have any interest in pursuing government business?

- Yes
- No [SKIP TO Q.37]

36. If yes, what kind of assistance would be useful to you in pursuing government business?

37. What types of new local businesses or specific companies would improve your business/organization's operation and/or profitability?

- a. _____
- b. _____
- c. _____
- d. _____

INDUSTRY ASSESSMENT

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

38. Overall in your industry, would you say that sales or production levels are...

- Increasing
- Unchanged
- Decreasing
- Unknown

39. In general, is your industry moving operations outside of the U.S.?

- Yes
- No
- Unknown

40. Are you and your business/organization being affected by foreign competitors?

- Yes
- No

EMPLOYMENT

42. Does your business/organization provide benefits to its employees?

- Yes
- No

43. Does your business/organization have problems recruiting employees?

- Yes
- No

44. If yes, what are the main issues impacting recruitment:

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

46. What new strategies, if any, will this business/organization put in place to retain workers?

47. Currently, how does this business/organization train its employees?

- 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 [WorkSource Oregon/Job Council])
- Distance learning (web-based, satellite, correspondence, interactive TV)
- Contract with public vendors (community college, etc.)
- Contract with private vendors
- Apprenticeships
- Other: _____

48. In what specific areas do this business/organization’s employees need training?

- 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: _____

49. Do you think your business/organization would be improved if you had training in any of the following areas:

	Yes	No
	<u>1</u>	<u>2</u>
a. Finance	<input type="checkbox"/>	<input type="checkbox"/>
b. Marketing	<input type="checkbox"/>	<input type="checkbox"/>
c. Accounting	<input type="checkbox"/>	<input type="checkbox"/>
d. Human Resources	<input type="checkbox"/>	<input type="checkbox"/>
e. Business Leadership or Management training	<input type="checkbox"/>	<input type="checkbox"/>
f. Consulting	<input type="checkbox"/>	<input type="checkbox"/>
g. Accessing capital	<input type="checkbox"/>	<input type="checkbox"/>
h. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

50. How familiar is your company/organization with the services offered by the following agencies?

	Not Familiar <u>1</u>	Somewhat Familiar <u>2</u>	Very Familiar <u>3</u>
<input type="checkbox"/> Rogue Community College (RCC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Southern Oregon University (SOU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WorkSource Oregon: Employment Department and Job Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> So. Ore. Regional Econ. Dev., Inc. (SOREDI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Small Business Development Centers (SBDC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grants Pass & Josephine County Chamber of Commerce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. Thinking of all these organizations collectively, what could they do to help your business/organization?

EXPANSION, RELOCATION & ACCESS TO CAPITAL

52. Is the ability to expand or relocate important to growing your business/organization?

- Yes
- No

53. Has this business/organization expanded or relocated in the past year?

- Yes
- No

54. If yes, what challenges were encountered?

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Land prices or availability |
| <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 _____ | |

55. Will this business/organization expand or relocate in the next year?

- Yes
- No

56. If yes, what is planned?

57. Is your company/organization considering closing or relocating this business outside of Josephine County within the next three years?

- Relocating
- Closing
- Maybe/Undecided
- Neither

58. [IF RELOCATING, CLOSING, OR MAYBE:] What are the key factors affecting this decision?

- | | |
|---|--|
| a. <input type="checkbox"/> No land for expansion | i. <input type="checkbox"/> Overcrowded building |
| b. <input type="checkbox"/> Changing market conditions | j. <input type="checkbox"/> Lease expiration |
| c. <input type="checkbox"/> Owners are retiring | k. <input type="checkbox"/> Better opportunities elsewhere |
| d. <input type="checkbox"/> Transportation infrastructure | l. <input type="checkbox"/> Crime/vandalism |
| e. <input type="checkbox"/> Low worker productivity | m. <input type="checkbox"/> Environmental concerns |
| f. <input type="checkbox"/> Taxes | n. <input type="checkbox"/> Government regulation |
| g. <input type="checkbox"/> Insufficient labor supply | o. <input type="checkbox"/> Company is restructuring |
| h. <input type="checkbox"/> Distance from customers/suppliers | p. <input type="checkbox"/> Other: specify: _____ |

59. Do you expect any changes in top management or ownership of your business/organization in the next 3-5 years?

- Yes
- No [SKIP TO Q.61]

60. If yes, are there any issues related to those changes where the organizations we've talked about could be helpful?

61. What kind of issues with access to capital have you had for any business purposes?

62. What were those funds needed for?

- Expansion
- Relocation
- Payroll
- General operating expenses
- New product lines
- Debt consolidation

63. During the past three years, has your company/organization used any local, state, or federal programs to assist this business?

- Yes
- No

64. If yes, which programs were used?

BUSINESS CLIMATE & COMMUNITY

65. What are the main advantages this business/organization gains from being located in this community?

66. What are the main disadvantages this business/organization incurs from being located in this community?

67. In the community in which your business/organization is located, how would you rate the following community services and amenities on a scale where 1=Very Poor; 2=Poor; 3=Fair; 4= Good; and 5=Very Good

	<u>Very Poor*</u> 1	<u>Poor*</u> 2	<u>Fair</u> 3	<u>Good</u> 4	<u>Very Good</u> 5	<u>N/A</u> 6
a) Elementary and secondary schools	<input type="checkbox"/>					
b) Post-secondary education (college/univ.)	<input type="checkbox"/>					
c) Vocational schools	<input type="checkbox"/>					
d) Child care	<input type="checkbox"/>					

<i>(continued)</i>	<u>Very Poor*</u> 1	<u>Poor*</u> 2	<u>Fair</u> 3	<u>Good</u> 4	<u>Very Good</u> 5	<u>N/A</u> 6
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) Local government/Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Fire protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Availability of parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Roads, highways and freeways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Telecommunications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Solid waste disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Water/Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Zoning and land use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Building codes and inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Parks and recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) As a place to conduct business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) 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"/>
s) Disposal/Recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68. Which one or two of the above items you rated as good or very good are most important to you, and what needs to happen on these issues?

69. Which one or two of the above items you rated as poor or very poor are most important to you, and what needs to happen on these issues?

70. How would you rate each of the following regional, county, or city governmental services on a scale where 1=Very Poor; 2=Poor; 3=Fair; 4= Good; and 5=Very Good? If no contact, choose number 6.

	<u>Very Poor*</u> 1	<u>Poor*</u> 2	<u>Fair</u> 3	<u>Good</u> 4	<u>Very Good</u> 5	<u>No Contact</u> 6
a. Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Public Safety or Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Code enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Clerk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Assessor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

71. Thinking about the Affordable Care Act, do you expect the impact on your business to be...?

- Beneficial
- Harmful
- Neutral

72. Our local Business Retention and Expansion Task Force cannot promise to solve all problems identified today, but we are fully committed to look into them, as that is our official charge from the Chamber and business community. Can a local business development professional contact this business to assist with any specific issues?

- Yes
- No

73. If yes, what specific issues would you like addressed?

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.	_____	_____	_____	_____
	_____	_____	_____	_____

Signature of Client for follow up: _____



Business Retention and Expansion Strategies Program

“Helping Josephine County and Grants Pass Firms Grow!”

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

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

We cannot promise to solve the concerns you mentioned, but we are committed to addressing every concern expressed by businesses surveyed, and to improving economic conditions in Josephine County.

If we can help you in the future, please call
Colene Martin
Grants Pass & Josephine County
Chamber of Commerce
541-956-4100

This program is sponsored locally by the following organizations:
Grants Pass/ Josephine County Chamber of Commerce, City of Grants Pass, Josephine County,
Oregon Employment Department, Rogue Community College Small Business Development Center

