



# PRIME COMPANY INTERVIEW 2 FORM

*Information is confidential*

COMPANY	CITY, STATE/ZIP
Date of Visit (MM/DD/YY)	Lead Interviewer
Contact Name	Assisted by
Appointment	Other Participants

PRODUCTS
<p>1. What are the <b>top three (3) business impacts</b> coming out of COVID for your company?</p> <p>#1 <input type="checkbox"/> Positive <input type="checkbox"/> Neutral <input type="checkbox"/> Negative</p> <p>#2 <input type="checkbox"/> Positive <input type="checkbox"/> Neutral <input type="checkbox"/> Negative</p> <p>#3 <input type="checkbox"/> Positive <input type="checkbox"/> Neutral <input type="checkbox"/> Negative</p>
<p>2. What is the current status of your <b>company's operations</b> as a result of COVID-19?</p> <p><input type="checkbox"/> Open - regular hours/normal operating level <input type="checkbox"/> Open - added hours of operation <input type="checkbox"/> Open- operating at _____% capacity/level of operation <input type="checkbox"/> Temporarily closed for _____ weeks <input type="checkbox"/> Closed permanently since _____(Date)</p> <p>Comments:</p>
<p>3. What <b>lessons or insights</b> have you learned about your industry during the COVID-19 crisis?</p> <p>Comments:</p>

<p>4. Is the <b>market share</b> of the company's <b>key product(s)</b>: <span style="float: right;"><input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing</span></p> <p><i>If changing:</i></p> <p>How would you <b>describe the life cycle status</b> of the company's primary product/service? <span style="float: right;"><input type="checkbox"/> Emerging <input type="checkbox"/> Maturing <input type="checkbox"/> Growing <input type="checkbox"/> Declining</span></p> <p><i>Comments:</i></p>	
<p>5. Has the company <b>introduced new products/services/capabilities</b> in the last three (3) years? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><i>Comments:</i></p>	
<p>6. Are <b>new products/services anticipated</b> in the next two (2) years? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><i>Comments:</i></p>	
<p>7. Do you <b>anticipate technology changes</b> to your company's product, production, or operations? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><i>Comments:</i></p>	
<p><i>Product Notes</i></p>	

MARKET/FACILITY	
<p>8. Which of the following best describes your company's <b>primary market</b>?</p>	<p><input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> North American -Canada/Mexico <input type="checkbox"/> International</p>
<p>If <b>international</b>, are <b>international sales</b> as a percentage of total sales:</p>	<p><input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing <input type="checkbox"/> No int'l sales</p>
<p>If international sales, what <b>percentage of sales</b> comes from international sales?</p>	<p>0% 1-20% 21-40% 41-60% 61-80% 81-100%</p>
<p>Where are your <b>top three (3) international markets</b>?</p> <p><i>Comments:</i></p>	

9. **Before COVID, did your company have plan to expand or modernize in the next three years?**  Expand  Modernize  None

If yes, what is the status of the plans to expand or modernize?  Moving Forward  On hold temporarily  
 Cancelled  Uncertain

Approximate scope of the plans, estimated total investment \$ \_\_\_\_\_

Approximate percentage equipment/technology \_\_\_\_\_ %

Approximate percentage real estate \_\_\_\_\_ %

Estimated number of jobs added or lost (-) \_\_\_\_\_

Estimated facility size increase \_\_\_\_\_ sq. ft.

Approximate date of expansion \_\_\_\_\_ (mm/yy)

Comments:

10. Do you anticipate your **real estate requirements changing** as a result of COVID?  Yes  No

Office  Increasing  Stable  Decreasing

Sales  Increasing  Stable  Decreasing

Production  Increasing  Stable  Decreasing

Warehouse/Distribution  Increasing  Stable  Decreasing

Comments:

11. Would your company **consider a merger** with an existing company or **acquiring the assets** of a closed company to grow your business?  Yes  No  Not Sure

If yes, does the company have the financial resources to act?  Yes  No

Comments:

Market/Facility Note

**MANAGEMENT**

12. Has the company's **ownership changed** in the last 18 months, or do you anticipate a change?  Changed  Change Pending  No

If changing, please explain:

13. Has the company's **top management changed** or is it expected to change in the next 18 months?  Changed  Change Pending  No

If changing, please explain:

If private sector ownership, is there a **succession plan** in place for the business??

Yes  No  Unsure  Does not apply

Comments:

Management Notes

**SUPPLY CHAIN**

14. Do you have **customers who are slowing the delivery/acceptance** of product/services that is impacting your business sales or cashflow?

Yes  No

Comments:

15. In the past year, have you experienced or do you anticipate, in the next year, any **supplier/service provider disruptions** slowing delivery of product to your customers?

Yes  No

**Product**

Comment:

Source

Local  Regional  National  Canada/Mexico  International  Not sure

**Assembly**

Comment:

Source

Local  Regional  National  Canada/Mexico  International  Not sure

**Component**

Comment:

Source

Local  Regional  National  Canada/Mexico  International  Not sure

**Raw Material**

Comment:

Source

Local  Regional  National  Canada/Mexico  International  Not sure

**Service**

Comment:

Source

Local  Regional  National  Canada/Mexico  International  Not sure

Comments:

16. Does your company anticipate **bringing any outsourced product/services back** in-house?

Yes  No

Comments:

Supply Chain Notes

**WORKFORCE**

17. What is your company's **current total employee counts**? Full time \_\_\_\_\_ Part time \_\_\_\_\_ Contract \_\_\_\_\_

Is your current staffing level the **same as pre COVID**?  Yes  No

If no, **previous employee counts**? Full time \_\_\_\_\_ Part time \_\_\_\_\_ Contract \_\_\_\_\_

Comments:

18. Has your company lost (or are you at risk of losing) any **high value employees** in the last 6 months?  Yes  No

If yes, what **specific skills** have been lost?

Comments:

19. Is the Company experiencing **recruitment problems** with any employee position or skills:  Yes  No

Administrative/clerical Describe \_\_\_\_\_

Management/marketing/sales Describe \_\_\_\_\_

Scientific/Technical Describe \_\_\_\_\_

Skilled production worker Describe \_\_\_\_\_

Unskilled production worker Describe \_\_\_\_\_

Other Describe \_\_\_\_\_

What **strategies** are you using to recruit workers?

Comments:

20. Does your company offer any type of **mental health advisory service** to help workers with the strain of COVID-19?  Yes  No

Comments:

Workforce Notes

**COMMUNITY BUSINESS CLIMATE**

21. Has the community's **technology infrastructure** been adequate for your company's needs during the COVID-19 crisis?  Yes  No

Comments:

22. Are there any reasons the community **may not be considered for future expansion**?  Yes  No

If yes, please explain?

Community Notes:

**UTILITY SERVICES**

23. How is the consumption of the following utilities changing?					Please rate your satisfaction with your utility providers							
Type of Utility	I*	S*	D*	Low	1	2	3	4	5	6	7	High
A) Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B) Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C) Waste Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D) Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E) Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F) Telecom (voice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G) Cellular service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H) Internet access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I) Internet speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* I = Increasing, S = Stable, D = Decreasing

Please comment on any utility services with low satisfaction (3 or lower) or high (5 or above):	
Utility service comment 1 (circle one) A B C D E F G H I	Low/High Rank Comment 1: (Interviewer: Circle one – Positive, Neutral, Negative)
Utility service comment 2 (circle one) A B C D E F G H I	Low/High Rank Comment 2: (Interviewer: Circle one – Positive, Neutral, Negative)
Utility service comment 3 (circle one) A B C D E F G H I	Low/High Rank Comment 3: (Interviewer: Circle one – Positive, Neutral, Negative)
Utility Notes	

**COMMUNITY SERVICES**

24. Please rate the quality of the following services provided by the community on a scale of 1 to 7, 7 being high.

	Low	1	2	3	4	5	6	7	High
A) Police protection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
B) Fire protection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
C) Ambulance paramedic service		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
D) Health care services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
E) Child care services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
F) School (K–12)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
G) Tech college		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
H) Community college		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
I) College(s) and university(ies)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
J) Public transportation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
K) Traffic control		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
L) Downtown streetscape		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
M) Streets and roads (local)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
N) Highways (State & Federal)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
O) Airline passenger service		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
P) Air cargo service		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
Q) Trucking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
R) Housing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
S) Property tax assessment (fair & equitable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
T) Zoning changes and building permits		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
U) Regulatory enforcement (fair & equitable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
V) Community planning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
W) Community services (not otherwise listed)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
X) County services (not otherwise listed)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
Y) Chamber of Commerce or business association		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
Z) Economic development organization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
a) Downtown/Main Street organization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
b) Visitors bureau		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
c) Workforce Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA

Please comment on any community services with low satisfaction (3 or lower) or high (5 or above):	
Community service comment 1 (circle one) A B C D E F G H I J K L M...N...O P Q R S T U V W X Y Z a b c	Low/High Rank Comment 1: (Interviewer: Circle one – Positive, Negative)
Community service comment 2 (circle one) A B C D E F G H I J K L M...N...O P Q R S T U V W X Y Z a b c	Low/High Rank Comment 2: (Interviewer: Circle one – Positive, Negative)
Community service comment 3 (circle one) A B C D E F G H I J K L M...N...O P Q R S T U V W X Y Z a b c	Low/High Rank Comment 3: (Interviewer: Circle one – Positive, Negative)
Community Service Notes	

<b>RECOVERY</b>	
25. What are your company's greatest barriers for recovery? (Check all that apply)	
<input type="checkbox"/> Capital/Cash flow to continue operations	<input type="checkbox"/> Regaining customers
<input type="checkbox"/> Finding suppliers	<input type="checkbox"/> Finding employees
<input type="checkbox"/> Employee training	<input type="checkbox"/> Employee/Customer health and safety regulations
<input type="checkbox"/> Environmental regulations	<input type="checkbox"/> Economic uncertainty
<input type="checkbox"/> Access to information	<input type="checkbox"/> Not sure
<input type="checkbox"/> Other, please describe	<input type="checkbox"/> None of these
Other and/or Comments:	
26. Which of the following types of assistance would be most helpful to your company? (Check all that apply)	
<input type="checkbox"/> Business strategy or coaching	<input type="checkbox"/> Cash flow management
<input type="checkbox"/> Financial restructuring/mergers & acquisitions	<input type="checkbox"/> Legal
<input type="checkbox"/> Market research & qualified sales leads	<input type="checkbox"/> Networking (social)
<input type="checkbox"/> Product research and development (confidential)	<input type="checkbox"/> Sale of a business (confidential)
<input type="checkbox"/> Sale or purchase of stranded assets (confidential)	<input type="checkbox"/> Supply chain repair and/or resiliency
<input type="checkbox"/> Technology assistance	<input type="checkbox"/> Virtual business development/E-Commerce
<input type="checkbox"/> Employee training	<input type="checkbox"/> Not sure
<input type="checkbox"/> Other, please describe	<input type="checkbox"/> None of these
Other and/or Comments:	
Recovery Notes	

Do you have any final comments you would like to share?



Thank you for sharing your thoughts and concerns with us. Your feedback will provide valuable insight on business in our community and identify support that can be provided.

*Note: Questions in italics are shared with the Synchronist Screening form.*