



PRIME COMPANY INTERVIEW FORM

Information is confidential

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

PRODUCTS

1. What is your company's greatest achievement in the last three (3) years?

2. Where is the company's primary product/service in its life cycle?

☐ Emerging ☐ Maturing
☐ Growing ☐ Declining

Comments:

3. Has the company introduced new products/services/capabilities in the last five (5) years?

☐ Yes ☐ No

Comments:

4. Are new products/services anticipated in the next two (2) years?

☐ Yes ☐ No

Comments:

5. As a percent of sales, how much does the company spend on R&D?

☐ None ☐ 3%–6%
☐ 1%–2% ☐ Over 6%

As a percentage, approximately how is the R&D budget divided among:

New product development _____ %
Product improvement(s) _____ %
Production improvement(s) _____ %
Total 100%

Where is the R&D facility located?

Product Notes

MARKET

6. Is the company's primary market:	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International
7. Are total company sales:	<input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing
8. Is the market share of the company's key product(s) : <i>If changing:</i>	<input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing
9. Are key customers at risk of moving overseas, merging, or closing: <i>If yes:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the company plan to expand in the next three years:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, estimated total investment</i>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">\$</div>
Approximate percentage equipment/technology	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">%</div>
Approximate percentage real estate	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">%</div>
Estimated number of jobs added or lost (-)	<div style="border-bottom: 1px solid black; width: 100%;"></div>
Estimated facility size increase	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">sq. ft.</div>
Approximate date of expansion	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">(mm/yy)</div>
Comments:	
11. Are international sales as a percentage of total sales:	<input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing <input type="checkbox"/> No int'l sales
<i>If international sales, what percentage of sales comes from international sales?</i>	<div style="display: flex; justify-content: space-between; font-size: small;"> 0% 1-20% 21-40% 41-60% 61-80% 81-100% </div>
Where are your international markets?	
12. Is the percentage of international outsourcing by the company:	<input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing <input type="checkbox"/> None
13. Does the company have facilities outside the country ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, are they contract production or a company facility:</i>	<input type="checkbox"/> Contract production <input type="checkbox"/> Company facility
What is the function of the international location(s)	
Where are international facilities located	
<i>Market Notes</i>	

INDUSTRY

14. Is merger, acquisition or divestiture activity in your industry:	<input type="checkbox"/> Increasing	<input type="checkbox"/> Stable	<input type="checkbox"/> Decreasing
15. In your industry, is production:	<input type="checkbox"/> Under capacity	<input type="checkbox"/> Balanced	<input type="checkbox"/> Over capacity
16. Do you anticipate any federal, state, or local legislation changes that will adversely affect your business in the next five years:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>If yes, what changes?</i></p> <p>How will they affect the company?</p>			

MANAGEMENT

17. Has the company's ownership changed in the last 18 months, or do you anticipate a change:	<input type="checkbox"/> Changed	<input type="checkbox"/> Change Pending	<input type="checkbox"/> No
<p><i>If changing, please explain:</i></p> <p>Has the company's top management changed or is it expected to change in the next 18 months:</p> <p><input type="checkbox"/> Changed <input type="checkbox"/> Change Pending <input type="checkbox"/> No</p> <p><i>If changing, please explain:</i></p> <p><i>If changed, what impact will this/these changes have on the local operation?</i></p>			
18. What are the community's strengths as a place to do business?			
19. What are the community's weaknesses as a place to do business?			
20. Are there any barriers to growth in this community?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>If yes, what?</i></p>			
21. Does the attitude among executives at corporate headquarters toward this community as a place to do business differ from local management:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>If yes, please explain?</i></p>			

22. Are there any reasons the community may not be considered for future expansion ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain?</i>	
23. Who are the largest supplier in the area and the three largest out-of-area suppliers?	<input type="checkbox"/> Ans <input type="checkbox"/> No Ans
<i>If Ans, product/service, company, and current location?</i>	
<i>Management Notes</i>	

WORKFORCE

	Low	1	2	3	4	5	6	7	High
24. How do you rate the availability of workers in this area:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How do you rate the quality of workforce in this area:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How do you rate the stability of workforce in this area:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
As compared to other company facilities, how would you rate productivity in this facility:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Is the Company experiencing recruitment problems with any employee position or skills:									<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, what problems, positions, or skills?</i>									
26. Is the number of unfilled positions:									
<input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing									
Estimated number of unfilled positions today: _____ Approximately when will these jobs be filled? _____ (mm/yy) Current employment: Full time _____ Part time _____ Contract _____									
27. Have you experienced or do you anticipate any significant changes in the make-up of your workforce?									<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hiring <input type="checkbox"/> Replacing <input type="checkbox"/> Releasing									
<i>If yes, how did/will you deal with this change?</i>									
28. Are primary recruitment problems limited to:									
<input type="checkbox"/> Community <input type="checkbox"/> Industry <input type="checkbox"/> None									
29. Is company investment in employee training:									
<input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing <input type="checkbox"/> None									
<i>If investing in employee training, what percentage of the training budget is for:</i>									
						New job skills training _____%			
						Proficiency training _____%			
						Remedial skill training _____%			
<i>Workforce Notes</i>									

TECHNOLOGY

30. Is there new technology emerging that will substantially change either your company's primary product/service or how it is produced?

☐ Yes

☐ No

Explain new technology: (Interviewer: Circle one – Positive, Negative, Both)

31. Is the community's technology infrastructure adequate for your company's growth plan?

☐ Yes

☐ No

Comments:

Technology Notes

UTILITY SERVICES

32. 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 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"/>	
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, 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, 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, Negative)

Utility Notes

COMMUNITY SERVICES

33. 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) 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
M) 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
N) 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
O) 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
P) Trucking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
Q) 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
R) 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
S) 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
T) 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
U) 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
V) 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
W) 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
X) 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
Y) 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 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 J K L M
N O P Q R S T U V W X Y

Low/High Rank Comment 1: (Interviewer: Circle one – Positive, Negative)

Utility 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

Low/High Rank Comment 2: (Interviewer: Circle one – Positive, Negative)

Utility service comment 3 (<i>circle one</i>) 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	Low/High Rank Comment 3: (<i>Interviewer: Circle one – Positive, Negative</i>)
Utility Notes	

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

Thank you for your assistance.