SURVEY INFORMATION

| 1. Date of meeting* | |
|--|------------------------------------|
| 2. Account executive* | _ |
| 3. Other outreach specialist | _ |
| 4. Contact visited* | _ |
| 5. Secondary contact visited | _ |
| 6. Tertiary contact visited | _ |
| 7. Survey information notes | - |
| | |
| | |
| | |
| BUSINESS CLIMATE | |
| 8. Please rate the local business climate | |
| ○ Poor ○ Fair ○ Good ○ Excellent | |
| 9. Please compare the local business climate t | oday versus 5 years ago |
| ○ No opinion ○ Worse today ○ No chang | ge O Better today |
| 10. Please forecast the condition of the local but | usiness climate 5 years from today |
| O No opinion O Will be worse O No chan | ge O Will be better |



| 11. Would you rate the following Business | Climate Factors Poor, | Fair, Good, or Exce | llent? |
|--|-----------------------|---------------------|--------|
| | Rating | | Notes |
| Workforce quality | | | |
| Workforce availability | | | |
| Municipal government regulation | | | |
| Provincial government regulation | | | |
| Federal government regulation | | | |
| Municipal tax structure | | | |
| Provincial tax structure | | | |
| Federal tax structure | | | |
| Workers compensation rates | | | |
| Recreational/Cultural amenities | | | |
| Housing | | | |
| P - 12 education | | | |
| Universities (degree granting institutions including NSAC & NSCAD) | | | |
| Community college (NSCC campuses) | | | |
| Economic development organizations | | | |
| Provincial highway system/conditions | | | |
| Air access | | | |
| Port facilities | | | |
| Rail services | | | |
| Shipping and transport services | | | |
| Utility/Electricity | | | |
| Phone/Cell phone | | | |
| Internet/Broadband | | | |
| Other | | | |
| If Other, please specify | | | |



| What three business climate facto | rs are most important to your busine | ess today? | |
|--|---|------------------|--|
| □ Air access □ Community college □ Economic development organiz □ Federal government □ Federal tax structure □ Housing □ Internet/Broadband □ Municipal government regulatio □ Municipal tax structure □ P-12 education □ Phone/Cell phone □ Port facilities □ Provincial government □ Provincial highway systems/cor □ Provincial tax structure □ Rail services □ Recreational/cultural amenities □ Shipping and transport □ Universities □ Utility/Electricity □ Workers compensation rates □ Workforce availability □ Workforce quality □ Other | n | | |
| | | | |
| If Other, please specify | | | |
| MUNICIPAL SERVIC | ES | | |
| | | | |
| 14. Would you rate the following Muni | cipal Services Poor, Fair, Good, or Rating | Excellent? Notes | |
| Public water | | | |
| Public sewer | | | |
| Municipal bylaw enforcement | | | |
| Building inspection/permitting | | | |
| Zoning/Land use | | | |
| Local road network/condition | | | |
| | | | |
| Police protection | | | |
| Public transportation | | | |
| Other | | | |



| 5. What three municipal services are most important to your business today? Public water Public sewer Public protection Public transportation Public transportation Public transportation Public transportation Other If Other, please specify 6. Municipal services notes Distribution Distribution Public transportation Pub | lf | Other, please specify |
|--|-----------|--|
| Public sewer Municipal bylaw enforcement Building inspection/permitting Zoning/land use Local road network/condition Police protection Public transportation Other | 5. V | What three municipal services are most important to your business today? |
| 6. Municipal services notes COMPANY INFORMATION 7. Functions located at this location Distribution Engineering/RD Headquarters Manufacturing Primary resource extraction Primary resource processing Retail outlet Tourism Warehousing Other services Other If Other, please specify 8. Does this company have another location that provides a similar product/service as the local operation Yes No | | I Public sewer I Municipal bylaw enforcement I Building inspection/permitting I Zoning/land use I Local road network/condition I Police protection |
| 7. Functions located at this location Distribution Engineering/RD Headquarters Manufacturing Primary resource extraction Primary resource processing Retail outlet Tourism Warehousing Other services Other If Other, please specify 8. Does this company have another location that provides a similar product/service as the local operation Yes O No | lf | Other, please specify |
| 7. Functions located at this location Distribution Engineering/RD Headquarters Manufacturing Primary resource extraction Primary resource processing Retail outlet Tourism Warehousing Other services Other If Other, please specify 8. Does this company have another location that provides a similar product/service as the local operation Yes No | - 6. N | funicipal services notes |
| 7. Functions located at this location Distribution Engineering/RD Headquarters Manufacturing Primary resource extraction Primary resource processing Retail outlet Tourism Warehousing Other services Other services Other If Other, please specify Mending Does this company have another location that provides a similar product/service as the local operation Yes No | _ | |
| 7. Functions located at this location Distribution Engineering/RD Headquarters Manufacturing Primary resource extraction Primary resource processing Retail outlet Tourism Warehousing Other services Other services Other If Other, please specify Mending Does this company have another location that provides a similar product/service as the local operation Yes No | _ | |
| 7. Functions located at this location Distribution Engineering/RD Headquarters Manufacturing Primary resource extraction Primary resource processing Retail outlet Tourism Warehousing Other services Other services Other If Other, please specify Mending Does this company have another location that provides a similar product/service as the local operation Yes No | _ | |
| □ Distribution □ Engineering/RD □ Headquarters □ Manufacturing □ Primary resource extraction □ Primary resource processing □ Retail outlet □ Tourism □ Warehousing □ Other services □ Other If Other, please specify 8. Does this company have another location that provides a similar product/service as the local operation □ Yes □ No | CC | MPANY INFORMATION |
| □ Engineering/RD □ Headquarters □ Manufacturing □ Primary resource extraction □ Primary resource processing □ Retail outlet □ Tourism □ Warehousing □ Other services □ Other If Other, please specify 8. Does this company have another location that provides a similar product/service as the local operation ○ Yes ○ No | 7. F | unctions located at this location |
| 8. Does this company have another location that provides a similar product/service as the local operation • Yes • No | | I Engineering/RD I Headquarters I Manufacturing I Primary resource extraction I Primary resource processing I Retail outlet I Tourism I Warehousing I Other services |
| O Yes O No | lf | Other, please specify |
| | - 8. C | loes this company have another location that provides a similar product/service as the local operation? |
| 9. Notes other location (Note: Risk Assessment) | | O Yes O No |
| | 9. N | lotes other location (Note: Risk Assessment) |
| | _ | |
| | _ | |
| | - | |



| 20. | Has the local location changed owners in the past 5 years? | |
|---|--|--|
| | O Yes O No | |
| 21. | Is an ownership change pending for this location? | |
| | O Yes O No | |
| 22. | Has the local location changed management in the past 5 years? | |
| | O Yes O No | |
| 23. | Does this firm have a 3 to 5 year strategic plan? | |
| | O Yes O No O In progress | |
| 24. | Does this firm have a succession plan? | |
| | O Yes O No | |
| 25. | Company information notes | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Н | UMAN RESOURCES | |
| | | |
| | Total number of employees at this facility | |
| | | |
| | Total number of employees at this facility Full-time employees | |
| | Total number of employees at this facility | |
| | Total number of employees at this facility Full-time employees Part-time employees | |
| | Total number of employees at this facility Full-time employees | |
| | Total number of employees at this facility Full-time employees Part-time employees Seasonal employees | |
| | Total number of employees at this facility Full-time employees Part-time employees | |
| | Total number of employees at this facility Full-time employees Part-time employees Seasonal employees Contract employees | |
| | Total number of employees at this facility Full-time employees Part-time employees Seasonal employees | |
| 26. | Total number of employees at this facility Full-time employees Part-time employees Seasonal employees Contract employees Total employees in this facility (excluding contract) | |
| 26. | Total number of employees at this facility Full-time employees Part-time employees Seasonal employees Contract employees | |
| 26. | Total number of employees at this facility Full-time employees Part-time employees Seasonal employees Contract employees Total employees in this facility (excluding contract) Total number of employees in this economic zone | |
| 26. | Total number of employees at this facility Full-time employees Part-time employees Seasonal employees Contract employees Total employees in this facility (excluding contract) Total number of employees in this economic zone Unionized? | |
| 26.27.28. | Total number of employees Part-time employees Seasonal employees Contract employees Total employees in this facility (excluding contract) Total number of employees in this economic zone Unionized? O Yes O No | |
| 26.27.28. | Total number of employees at this facility Full-time employees Part-time employees Seasonal employees Contract employees Total employees in this facility (excluding contract) Total number of employees in this economic zone Unionized? | |



| 30. How have emplo | oyment levels within your | organization changed ov | er the past year? | |
|-----------------------|-----------------------------|--------------------------|-------------------------------|------------------|
| O Decreased C | Stayed the same O Inci | reased | | |
| 31. How do you exp | ect employment levels wit | hin your organization wi | II have changed one year from | m now? |
| O Decreased | Stayed the same O Inci | reased | | |
| 32. Do you have a | dedicated person for Huma | an Resources? | | |
| O Yes O No | | | | |
| 33. Do you have an | employee benefits packa | ge? | | |
| O Yes O No | | | | |
| 34. What are the top | three occupations that ye | ou employ? | | |
| | 4 Digit NOC | Occupation | Number Employed | Avg. Hourly Wage |
| One | | | | |
| Two | | | | |
| Three | | | | |
| 35. Do you have cha | allenges hiring certain occ | upations? | | |
| ○ Yes ○ No | | | | |
| 36. If Yes, please sp | pecify which occupations | | | |
| | 4 Digit NOC | Occupation | Problem w/ Hiring | Avg. Hourly Wage |
| One | | | | |
| Two | | | | |
| Three | | | | |
| 37. Do you have cha | allenges retaining certain | occupations? | | |
| O Yes O No | | | | |
| 38. If Yes, please sp | pecify which occupations | | | |
| | 4 Digit NOC | Occupation | Reason for Challenges | Avg. Hourly Wage |
| One | | | | |
| Two | | | | |
| Three | | | | |



| 39. Are there particular occup | pations that may be affect | cted by retirements in your workfo | rce? |
|--|-----------------------------|------------------------------------|-----------------|
| O Yes O No | | | |
| 40. If <i>Yes</i> , please specify whi | ich occupations 4 Digit NOC | Occupation | Number Affected |
| One | | · | |
| Two | | | |
| Three | | | |
| 41. Human resources notes | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| IMMIGRATION | | | |
| 42. Does your company curre | ently employ any immigra | ants? | |
| O Yes O No | | | |
| 43. Number of immigrants cu | rrently employed | | |
| 44. Does your company curre | ently employ temporary for | oreign workers? | |
| ○ Yes ○ No | | | |
| 45. Number of temporary fore | eign workers employed | | |
| 46. If <i>Yes</i> , from where do tho | se immigrants originate? | • | |
| ☐ United States ☐ Mexico ☐ Caribbean ☐ South America ☐ Europe ☐ Middle East ☐ Asia | | | |
| □ Africa□ Australia/New Zealand□ Other | | | |



| 47. | If your company currently has immigrants on staff, in what general capacity are they employed? |
|-----|---|
| | □ Accounting / Finance □ Administrative □ Applied / Visual media □ Call Centre management □ Engineering / Production □ Executive □ Healthcare □ Human resources □ Management □ Marketing / Sales □ Skilled trades □ Unskilled labour □ Other |
| | If Other, please specify |
| 48. | If <i>No</i> , has your company considered hiring an immigrant? O Yes O No |
| | What has your experience been, or what would you expect to experience, when integrating immigrant employees into ir workforce? |
| | □ Develop export opportunities □ Fill skill/labour gaps □ Creation of a more diverse workforce □ Enhance customer relations □ Lack of information on recruiting or developing a diverse workforce □ Challenges around immigrant's grasp of English language □ Challenges around immigrant's accent □ Difficulty assessing professional qualification recognition □ Difficulty assessing non-professional credential recognition □ Difficulty assessing non-professional work experience □ Additional time and expense to train □ Unaware of immigrant employment procedures □ Policies: unsure of immigrant eligibility for working in Canada □ Challenges as a result of cultural differences □ Other □ No opinion If Other, please specify |
| | |
| T | RAINING |
| 50. | Would training in the following areas be of interest? If yes please indicate |
| | Workforce |
| | □ Apprenticeship □ Computer skills □ Professional Development □ Reading/Writing/Math □ Safety □ Supervisory Skills □ Technical Skills □ Workplace Communication □ Other (Include certification & training) |



| | If Other, please specify | |
|-----|--|--|
| | Certification | |
| | □ Company Specific □ Continuous Improvement eg. Six Sigma, ISO, Lean Mfg. □ OHS □ WHMIS □ Other (Include certification & training) | |
| | If Other, please specify | |
| | Business Management | |
| | □ External Communication □ Financial □ HR/People Management □ Leadership □ Marketing/Sales/Public Relations □ Operations □ Planning □ Other (Include certification & training) | |
| | If <i>Other</i> , please specify | |
| 51. | . Does your firm have industry certifications? | |
| | ☐ Controlled goods ☐ ISO ☐ ITAR ☐ Other | |
| | If Other, please specify | |
| 52. | . Training notes | |
| | | |
| S | ALES | |
| 53. | . Annual sales at this facility | |
| | ○ \$0 - \$100k ○ \$101k - \$250k ○ \$251k - \$5m ○ > \$5m | |
| | □ Private | |
| 54. | . What is the projected sales growth in the next year at this facility? | |
| | ○ Declining ○ 0% ○ 1 - 9% ○ 10 - 24% ○ 25 - 49% ○ 50 - 99% ○ >= 100% | |



| 55. | Historical sales trend at this facility |
|-----|--|
| | O Declining O Staying the same O Increasing |
| 56. | Historical sales trend at the parent company |
| | O Not applicable O Declining O Staying the same O Increasing |
| 57. | Percent of total sales generated by top 3 customers |
| | ○ Not applicable ○ 1 - 9% ○ 10 - 25% ○ 26 - 50% ○ 51 - 75% ○ 76 - 100% |
| 58. | Do you currently sell any goods or services to government? |
| | ☐ Yes: federal ☐ Yes: municipal ☐ Yes: provincial ☐ No: do not engage |
| 59. | If No, why not? |
| | |
| | |
| | |
| | |
| 60. | Are you registered with Industry Canada – Canadian Company Capabilities (CCC)? |
| | O Yes O No |
| 61. | Are you registered with the Canadian Trade Commissioner Service (DFATD)? |
| | O Yes O No |
| 62. | Are you familiar with Industrial Regional Benefits (IRB)? |
| | O Yes O No |
| 63. | Procurement websites you are registered with |
| | □ Provincial Procurement □ Irving Procurement □ Major Projects Procurement (Shell, BP, Maritime Link) □ Federal Procurement (buyandsell.gc.ca) □ Other |
| | If Other, please specify |
| 64. | Do you have a marketing plan? |
| | O Yes O No O In progress |
| 65. | Which of the following regions do you import or export with? |
| | □ Outside of Nova Scotia (Rest of Canada) □ United States □ Mexico □ Caribbean □ South America □ Europe □ Middle East □ Asia □ Africa □ Australia/New Zealand |



| 66. A | Are you planning or actively considering sales activities in any new markets outside Nova Scotia? | |
|--------------|--|---------------|
| | O Yes O No O Not applicable | |
| 67. If | f Yes, please specify | |
| _ | | |
| _ | | |
| _ | | |
| 68. E | Do you have a website? | |
| | O Yes O No | |
| 69. C | Does your company sell products or services through the Internet? | |
| | O Yes O No | |
| 70. If | f Yes, what is the percent of sales generated via the Internet? | |
| | O No response ○ Not applicable ○ 1 - 9% ○ 10 - 24% ○ 25 - 49% ○ 50 - 99% ○ >= 100% | |
| 71. S | Sales notes | |
| _ | | |
| _ | | |
| _ | | |
| _ | | |
| | | |
| INI | NOVATION AND PRODUCTIVITY | |
| 72. E | During the last three years, did your company/business unit introduce any new or significantly improved goo | ods, services |
| | O Yes O No | |
| 73. If | f <i>Yes</i> , please explain | |
| _ | | |
| _ | | |
| _ | | |
| _ | | |
| 74. [NSE | | |
| | Did your company access government funding or tax credits in order to improve productivity/innovate (e.g. \RC, IRAP, SR&ED, ACOA, Innovacorp Programs)? | WIPSI, CII, |
| | Did your company access government funding or tax credits in order to improve productivity/innovate (e.g. NRAP, SR&ED, ACOA, Innovacorp Programs)? O Yes O No | WIPSI, CII, |
| | RC, IRAP, SR&ED, ACOA, Innovacorp Programs)? | VIPSI, CII, |



| If Other, please specify | |
|--|--|
| 76. Innovation/Productivity notes | |
| | |
| FACILITY AND EQUIPMENT | |
| 77. Status of facility | |
| ○ Owned ○ Leased ○ Home based | |
| 78. If <i>Leased</i> , expiration date | |
| 79. Condition of facility | |
| ○ Poor ○ Fair ○ Good ○ Excellent | |
| 80. Condition of equipment | |
| O Poor O Fair O Good O Excellent | |
| 81. Please indicate this company's satisfaction level with this facility | |
| O Not satisfied O Neutral O Satisfied | |
| 82. Describe the operations at this site | |
| One shift O Multiple shifts O 24 hours | |
| 83. How much of this facility's space are you currently using? | |
| ○ Less than 50% ○ 51 - 75% ○ 76 - 90% ○ More than 90% | |
| 84. How much equipment capacity are you currently using (based on 24 hour operations)? | |
| ○ Less than 50% ○ 51 - 75% ○ 76 - 90% ○ More than 90% | |
| 85. Describe the investment trends over the past 18 months in this facility | |
| O Declining O Staying the same O Increasing | |
| 86. Describe the investment trends over the past 18 months in equipment at this facility | |
| O Declining O Staying the same O Increasing | |
| 87. Is there room for expansion at this site? | |
| O Yes O No | |
| 88. Are you planning to expand locally in the next 12 - 18 months? | |
| O Yes O No | |



| 9. V | falue of investment? |
|----------------------|---|
| J | obs that could be added |
| - Ir | nvestment value |
| _ | Invest value private |
| 0. Is | s financing in place? |
| C | O Yes O No |
| 1. F | acility/Equipment notes |
| _ | |
| | |
| | ELOCATION QUESTIONS Which level of your organization makes relocation/expansion decisions? |
|)2. V | Which level of your organization makes relocation/expansion decisions? |
|)2. W | Which level of your organization makes relocation/expansion decisions? D Local Office O Regional Office O Head Office |
| 02. W C 03. Is | Which level of your organization makes relocation/expansion decisions? D Local Office O Regional Office O Head Office s this company thinking/planning to relocate its local operations? |
| 92. W C 93. Is | Which level of your organization makes relocation/expansion decisions? D Local Office O Regional Office O Head Office S this company thinking/planning to relocate its local operations? D Yes O No |
| 22. W | Which level of your organization makes relocation/expansion decisions? D Local Office O Regional Office O Head Office s this company thinking/planning to relocate its local operations? |
| 92. W | Which level of your organization makes relocation/expansion decisions? D Local Office O Regional Office O Head Office Is this company thinking/planning to relocate its local operations? O Yes O No I Yes, where? I Elsewhere in Nova Scotia I New Brunswick I Newfoundland & Labrador I Elsewhere in Canada I USA I Other International |
| 92. W | Which level of your organization makes relocation/expansion decisions? D Local Office O Regional Office O Head Office Is this company thinking/planning to relocate its local operations? D Yes O No I Yes, where? D Elsewhere in Nova Scotia D New Brunswick D Newfoundland & Labrador D Elsewhere in Canada D USA D Other International Other International, please specify |



| 96. | Relocation Notes | |
|-------------|--|------------|
| | | - |
| | | - |
| С | LOSING QUESTIONS | |
| 97. | What is the biggest issue facing your company today? | |
| | Access to capital Sales leads Opportunities for export Taxation Procurement Federal government Provincial government Municipal government Public services Facilities/equipment Management/planning Workforce availabiltiy/quality Training/R&D Marketing/advertisement Local business climate Other If Other, please specify | |
| 98. | Impact notes: (eg. Lost revenues) | _ |
| | | - |
| 99. | Quantify the impact on your company of resolving your top issue by | - |
| | Jobs that could be added | |
| | Sales that could be realized | |
| 100 Atla | D. Do you know 1) any local firms or 2) any supplier firms or 3) any national firms that are considering an expantic Canada? | oansion in |
| | O Yes O No | |



| 101. Notes - Possible recruitment targets | |
|---|----|
| | |
| 102. Are you interested in receiving occasional updates and invitations for upcoming events from our organization | n? |
| O Yes O No | |
| 103. Could you recommend another company that could benefit from a BRE visit? | |
| ○ Yes ○ No | |
| If Yes, please describe | |
| | |
| | |
| 104. Closing notes | |
| | |
| | |
| | |
| | |
| ASSESSMENT | |
| 105. Life cycle stage of firm's primary product/service | |
| ○ Declining ○ Maturing ○ Emerging | |
| 106. How would you rate this facility's overall health? | |
| ○ Poor ○ Fair ○ Good ○ Excellent | |
| 107. How would you rate the overall health of the parent company? | |
| ○ Not applicable ○ Poor ○ Fair ○ Good ○ Excellent | |
| 108. Describe the wage scale here compared to all other local firms | |
| O Lower than O Same as O Greater than | |
| 109. How would you rate the local management's affinity to the community? | |
| ○ Poor ○ Fair ○ Good ○ Excellent | |
| 110. How would you rate the parent company's affinity to the community? | |
| ○ Not applicable ○ Poor ○ Fair ○ Good ○ Excellent | |



| 111. How would you rate the risk of this facility closing in the next 1 - 3 years? |
|--|
| O Low O Moderate O High |
| 112. How would you rate the risk of this facility downsizing in the next 1 - 3 years? |
| O Low O Moderate O High |
| 113. Is this company export-ready? |
| O Yes O No |
| 114. Is this a hyper growth company? |
| O Yes O No |
| 115. Should this company be re-visited? |
| O Yes O No |
| 116. Revisit month and year |
| Month |
| January February March April May June July August September October November December |
| Year |
| 117. Explain the issues facing this company which the Action Team did not have the tools to resolve. |
| 118. Assessment notes |
| |
| |
| <u> </u> |