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|  | PRIME COMPANY INTERVIEW 2 FORM *Information is confidential* |
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| company | City, State/zIP |
| Date of Visit (MM/DD/YY) | Lead Interviewer |
| Contact Name | Assisted by |
| Appointment | Other Participants |

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| Products |

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

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| 4. Is the **market share** of the company’s **key product(s):** | Increasing  Stable  Decreasing | | | |
| *If changing*: | | | | |
| How would you **describe the life cycle status** of the company’s primary product/service? | | Emerging  Maturing  Growing  Declining | | |
| *Comments:* | | | | |
| *5. Has the company* ***introduced new products/services/capabilities*** *in the last three (3) years?* | | | *Yes  No* | |
| *Comments:* | | | | |
| 6. Are **new products/services anticipated** in the next two (2) years? | | | Yes  No | |
| *Comments:* | | | | |
| 7. Do you **anticipate technology changes** to your company’s product, production, or operations? | | | | Yes  No |
| *Comments:* | | | | |
| *Product Notes* | | | | |

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| Market/Facility |

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| *8. Which of the following best describes your company's* ***primary market?*** | *Local  Regional  National  North American -Canada/Mexico  International  Not sure* | |
| If **international, are international sales** as a percentage of total sales: | Increasing  Stable  Decreasing  No int’l sales | |
| If international sales, what **percentage of sales** comes from international sales? | | 0% 1-20% 21-40%  41-60% 61-80% 81-100% |
| Where are your **top three (3) international markets**? | | |
| *Comments:* | | |

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| *9.* ***Before COVID****, did your company have* ***plan to expand******or renovate*** *in the next three years?* | | | Expand  Renovate  None | |
| *If yes, what is the status of the plans to expand?* | | *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* | | | | |

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| management |

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| *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* | | |

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| Supply Chain |

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| 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* | | | |

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| Workforce |

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| *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* | | | | |

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| COMMUNITY Business Climate |

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| 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?* | |

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| utility services |

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| 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 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | B) Sewer |  |  |  |  |  |  |  |  |  |  |  |  |
|  | C) Waste Removal |  |  |  |  |  |  |  |  |  |  |  |  |
|  | D) Natural Gas |  |  |  |  |  |  |  |  |  |  |  |  |
|  | E) Electric |  |  |  |  |  |  |  |  |  |  |  |  |
|  | F) Telecom (voice) |  |  |  |  |  |  |  |  |  |  |  |  |
|  | G) Cellular service |  |  |  |  |  |  |  |  |  |  |  |  |
|  | H) Internet access |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I) Internet speed |  |  |  |  |  |  |  |  |  |  |  |  |
| \* I = Increasing, S = Stable, D = Decreasing | | | | | |  | | | | | | | |

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| 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* | |

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| COMMUNITY services |

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

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| 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* | |
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| Recovery |

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

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| **Custom Questions - BEST** |
| A. What has your company or workplace done to foster diversity, equity and inclusion in the past few years? (Select all that apply)  * Creation of a diversity, equity and inclusion plan * Development of hiring policies or programs to attract and retain diverse employees * Conduct seminars, retreats or training programs on diversity, equity and inclusion * Support for community nonprofits that promote diversity, equity and inclusion * None of these * Prefer not to answer * Other, please describe: |
| B. What would be the most effective actions the broader business community in Iowa could take to promote diversity, equity and inclusion? (Select up to three)  * Support policies and organization impacting education resources for underserved populations * Support scholarships and financial aid to help support diverse students receive higher education * Implement training to educate management and/or employees on diversity equity and inclusion * Institute management training programs focused on employee diversity * Actively partner with educational infrastructure to develop and support training programs to provide tools and resources for underserved populations * Implement policies and programs to support diverse businesses and startups * None of these * Prefer not to answer * Other, please describe: |
| C. Which of the following statements describe what sustainability (social, environmental, governance) means to your company? (Select all that apply)  * Developing a more inclusive work environment * Developing products and services using sustainability metrics * Economic stability of the organization * Employee health and well being * An active philanthropic program * Improving the quality of life in local communities * Reducing carbon footprint * Reducing your organization’s environmental impact * None of these * Prefer not to answer * Other, please describe: |
| D. Through which of the following ways is sustainability integrated into your company? (Select all that apply)  * Strategic planning * Organization’s culture, mission and/or purpose * Employee training programs * Company goals or Key Performance Indicators * Integrated into products and services * Employee committee focused on policies or activities * None of these * Prefer not to answer * Other, please describe: |
| E. What would be the most effective actions the broader business community in Iowa could take to promote sustainability? (Select up to three)  * Institute management training programs * Increase use of vendors * Educate employees and communities * Promote utility conservation * Establish internal recycling programs * Encourage employees to participate in the community development efforts (i.e. volunteering, charitable donations, etc.) * Develop work policies (i.e. power down equipment at the end of the day, enable energy savings settings on all computers and desktops, etc.) * None of these * Prefer not to answer * Other, please describe: |
| *Custom Notes* |

**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.*