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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…OP 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…OP 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…OP 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.*