

# ON-SITE VISIT FORM 3.01

To be filled out by the interviewer — Information is confidential

4.7.06

Company Information	
Company Name	
Contact Name	City/State/ZIP
Phone (        )        —	
Contact(s)	
Other Interviewer(s)	Date of Visit (mm/dd/yy)
Organization of Interviewer(s)	

Product/Service	
1. What is your company's greatest achievement in the last five years?	
2. Where is the company's primary product/service in its life cycle?	<input type="checkbox"/> Emerging <input type="checkbox"/> Maturing <input type="checkbox"/> Growing <input type="checkbox"/> Declining
3. Has the company introduced new products/services/capabilities during the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are new products/services anticipated in the next two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is there new technology emerging that will substantially change either your company's primary product or how it is produced? <i>If yes, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. As a percent of sales, how much does the company spend on R&D?	<input type="checkbox"/> 0% <input type="checkbox"/> 3%–6% <input type="checkbox"/> Under 3% <input type="checkbox"/> Over 6%
7. As a percentage, approximately how is the R&D budget divided among:	New product development Product improvement Production improvements
8. Where is the R&D facility located?	

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Market				
9. Is the company's <b>primary</b> market:	<input type="checkbox"/> Local	<input type="checkbox"/> Regional	<input type="checkbox"/> National	<input type="checkbox"/> International
10. Are total company sales:		<input type="checkbox"/> Increasing	<input type="checkbox"/> Stable	<input type="checkbox"/> Decreasing
11. Is the market share of the company's <b>key product(s)</b> :		<input type="checkbox"/> Increasing	<input type="checkbox"/> Stable	<input type="checkbox"/> Decreasing
If changing, please explain:				
12. Does the company plan to expand in the next three years:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, Estimated dollar investment \$ _____				
Estimated number of jobs to be created _____				
Estimated facility size increase _____ sq. ft.				
Approximate date of expansion _____				
13. Are export sales as a percentage of total sales:	<input type="checkbox"/> Increasing	<input type="checkbox"/> Stable	<input type="checkbox"/> Decreasing	<input type="checkbox"/> No exports
Where are your export markets?				
14. Is the percentage of products and/or components <b>imported by the company</b> :		<input type="checkbox"/> Increasing	<input type="checkbox"/> Stable	<input type="checkbox"/> Decreasing <input type="checkbox"/> No imports
15. Does the company have <b>overseas production</b> :		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, where is the overseas production located?				
Is it a contract production or a company facility:				
		<input type="checkbox"/> Contract production	<input type="checkbox"/> Company facility	

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Industry		
16. Approximately what percentage of domestic market share do <b>international competitors</b> control for your company's primary product:	<input type="checkbox"/> 0% <input type="checkbox"/> Under 20%	<input type="checkbox"/> 21%–50% <input type="checkbox"/> Over 50%
Where are the international competitors located (country or region)?		
17. Is overseas production by <b>domestic competitors</b> :	<input type="checkbox"/> Increasing	<input type="checkbox"/> Stable <input type="checkbox"/> Decreasing
Please explain:		
18. Is merger, acquisition or divestiture activity in your industry:	<input type="checkbox"/> Increasing	<input type="checkbox"/> Stable <input type="checkbox"/> Decreasing
19. Has the company's ownership changed in the last 18 months, or do you anticipate a change:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
20. In your industry, is production:	<input type="checkbox"/> Under capacity	<input type="checkbox"/> Balanced <input type="checkbox"/> Over capacity
21. Do you anticipate any federal, state, or local legislation changes that will <b>adversely affect</b> your business in the next five years:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what changes?		
How will they affect the company?		
22. Do you anticipate any federal, state, or local legislation changes that will <b>benefit</b> your business in the next five years:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what changes?		
How will they affect the company?		

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Management	
23. Has the company's top management changed or is it expected to change in the next 18 months: <i>If yes, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the projected employment needs for this facility:	<input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing
25. Are projected utility needs for this facility increasing, stable, or decreasing? <i>If increasing, which:</i>	<input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Telecommunications
26. Are the company's current facilities adequate for anticipated future operations: <i>If no, why not?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. What are the community's <b>strengths</b> as a place to do business?	
28. What are the community's <b>weaknesses</b> as a place to do business?	
29. Are there any <b>barriers to growth</b> in this community? <i>If yes, what?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Does the attitude among <b>executives at corporate headquarters</b> toward this community as a place to do business differ from local management: <i>If yes, please explain?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are there any reasons the community may not be considered for future expansion? <i>If yes, please explain?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<b>Workforce</b>	
	Low 1      2      3      4      High 5
32. How do you rate the <b>availability</b> of workers in this area:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
33. How do you rate the <b>quality</b> of workforce in this area:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
34. How do you rate the <b>stability</b> of workforce in this area:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
35. As compared to other company facilities, how would you rate <b>productivity</b> in this facility:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
36. Is the number of unfilled positions:	<input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing
37. Is the company experiencing recruitment problems with any employee positions or skills: <i>If yes, what problems, positions, skills?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Are primary recruitment problems limited to:	<input type="checkbox"/> Community <input type="checkbox"/> Industry
39. Is company investment in employee training:	<input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing <input type="checkbox"/> No company training
40. If investing in employee training, what percentage of the training budget is for:	New job skills training _____% Remedial skills training _____%
Notes:	

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<b>Marketing Information</b>						
41. Are there suppliers or services that would benefit by being located closer to this facility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<i>If yes, company and location?</i>						
42. Are there customers that would benefit by being located closer to this facility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<i>If yes, company and location?</i>						
43. Please rate the quality of the following services provided by the community on a scale of 1 to 5.						
	Low				High	Does Not
	1	2	3	4	5	Apply
Police protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambulance paramedic service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School (K–12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property tax assessment (fair & equitable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory enforcement (fair & equitable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City/Village services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide us with additional information on any items that you have rated a 2 or less.						
Do you have any other comments you would like to share?						

**Thank you for your assistance.**