



PRIME COMPANY INTERVIEW GUIDE 2022

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? <i>Comments:</i>	
2. Where is the company's primary product/service in its life cycle ? <i>Comments:</i>	<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 in the last three (3) years? <i>Comments:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where is the R&D or Product Development function located ? <i>Comments:</i>	
4. Are new products/services anticipated in the next two (2) years? <i>Comments:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Product Notes</i>	

MARKET/FACILITIES	
5. Which of the following best describes your company's primary market ? If international, are international sales as a percentage of total sales: What percentage of sales comes from international sales?	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing <input type="checkbox"/> No int'l sales 0% 1-20% 21-40% 41-60% 61-80% 81-100%

Where are your top three (3) international markets ?	
Comments:	
6. Does the company have facilities in other states ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the function of these location(s) ?	
Comments:	
7. 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	
8. What are the top 5 industries your company serves ?	
Comments:	
9. Are total company sales :	<input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing
10. Is the market share of the company's key product(s):	<input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing
<i>If changing:</i>	
11. <i>Do you anticipate your real estate requirements changing?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
12. Does the company plan to expand or modernize in the next three years:	<input type="checkbox"/> Expand <input type="checkbox"/> Modernize <input type="checkbox"/> None
<i>If yes, estimated total investment</i>	\$ _____
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:	
Market/Facility Notes	

MANAGEMENT

13. 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:

14. 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:

15. If private sector ownership, is there a **succession plan** in place for the business?? Yes No Unsure Does not apply

Comments:

Management Notes

SUPPLY CHAIN

16. Who are the **largest supplier in the area** and the **three largest out-of-area suppliers**? Ans No Ans

In area suppliers, product/service, company, and current location?

Comments:

Outside suppliers, product/service, company, and current location?

Comments:

If any **out of area supplier(s) could be located next door**, which would it be?

Comments:

17. Is the percentage of **international outsourcing** by the company: Increasing Stable Decreasing None

Comments:

18. Is the company **experiencing challenges or issues with logistics** (truck, rail, barge, etc.)? Yes No

Comments:

19. Does your company anticipate **bringing any outsourced product/services back** in-house? Yes No

Comments:

Supply Chain Notes

INDUSTRY 4.0

20. What is the status of your company's **implementation of new technologies** in operations and production?
 Comments:

21. Are you considering **automation to address the current labor shortage**? Yes No
 Comments:

22. What is the **top 3 barrier(s) limiting the adaption of new technologies**?
 Comments:

23. If working on adapting new technologies, are there **solution providers** you would recommend to others?
 Comments:

Industry 4.0 Notes

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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:									
25. What is your company's current total employee counts?			<i>Full time</i> _____		<i>Part time</i> _____		<i>Contract</i> _____		
Do you have a remote or hybrid workforce of full-time employees?								<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approximately how many employees are remote/Hybrid ?			<i>Full time</i> _____		<i>Part time</i> _____		<i>Contract</i> _____		
Do you anticipate the remote/hybrid workforce will be				<input type="checkbox"/> Increasing	<input type="checkbox"/> Stable	<input type="checkbox"/> Decreasing			
Comments:									
Is your current staffing level the same as January 2020 ?								<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, previous employee counts ?			<i>Full time</i> _____		<i>Part time</i> _____		<i>Contract</i> _____		
Comments:									
26. Have you recently introduced new programs or incentives to retain your existing workforce ?								<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:									
27. Is the Company experiencing recruitment problems with any employee position or skills?								<input type="checkbox"/> Yes	<input type="checkbox"/> No
When recruiting workers, which employee job titles, positions, or skills are the most difficult to recruit?									
Comments:									

28. Is the number of unfilled positions:	<input type="checkbox"/> Increasing	<input type="checkbox"/> Stable	<input type="checkbox"/> Decreasing
Estimated number of unfilled positions today: _____			
Beyond unfilled positions, do you anticipate adding other new employees in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Approximately how many of these new positions will be added?			Count: _____
Comments:			
29. Is the community attractive for hiring workers from outside the region?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, in your opinion, what are the issues that need to be addressed?			
Comments:			
30. Does your company offer any work-based learning opportunities such as: internships, apprenticeships, and/or co-op positions at this location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, how many and what type?	Interns: _____	Apprentice: _____	Co-op: _____
Comments:			
31. Does your company offer any outside skill enhancement training or tuition reimbursement or other programs/funds to increase the capabilities of employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
Workforce Notes			

COMMUNITY

32. What are the community's strengths as a place to do business?		
Comments:		
33. Are there any barriers to growth in this community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what?		
34. What improvements would you like to see made to the community's infrastructure ?		
Comments:		
35. What improvements would you like to see made to the community's technology infrastructure ?		
Comments:		
36. 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
If yes, what changes?		
How will they affect the company?		
37. Are there any reasons the community may not be considered for future expansion ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain?		

COMMUNITY SERVICES									
38. 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
Essential Services									
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
Health and Personal Care									
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) Elder care services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Educational Services									
G) 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
H) Tech college		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
I) Community college		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
J) 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
Streets and Roads									
K) Downtown streetscape		<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) Traffic control		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
N) 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
Transportation									
O) Trucking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
P) 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
Q) 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
R) Public transportation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Regulatory and Tax Structure									
S) 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
T) 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
U) 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
V) 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
Workforce Services									
W) 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 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	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	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	Low/High Rank Comment 3: (Interviewer: Circle one – Positive, Negative)
Community Service Notes	

UTILITY SERVICES

39 How is the consumption of the following utilities changing?					Please rate your satisfaction with your utility providers							
<u>Type of Utility</u>	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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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, 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 Service 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.