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|  |  | Synchronist Screening Survey 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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| --- |
| *1. What is the current status of your company's operations as a result of COVID-19 (all that apply)?* |
| *[ ]  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:*  |
| *2. Has the company introduced new products/services/capabilities in the last three (3) years?* |  *[ ]  Yes [ ]  No* |
| *Comments:*  |
| 1. *Which of the following best describes your company's* ***primary market?****?*
 | *[ ]  Local [ ]  Regional [ ]  National**[ ]  North American -[ ]  Canada/Mexico [ ]  International* |
| *4. Before COVID, did your company have plan to expand or modernize in the next three years?* | [ ]  Expand [ ]  Modernize [ ]  None |
|  *If yes, what is the status of the plans to expand or modernize?* | *[ ]  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:* |
| *5. 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*  |
|  | *Wearhouse/Distribution* |  *[ ]  Increasing [ ]  Stable [ ]  Decreasing* |
| *Comments:* |
| 6. Which one of the following ownership types best describes your company? |
|  | For Profit (check all that apply): | [ ]  Publicly owned [ ]  Privately owned [ ]  Foreign owned[ ]  Family owned [ ]  Minority owned [ ]  Native American owned[ ]  Veteran owned [ ]  Woman owned [ ]  Employee owned[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Non-Profit | [ ]  Local [ ]  National [ ]  International |
|  | Government | [ ]  Local [ ]  State [ ]  Federal |
| 1. How do you describe your company's primary product/service?
 |
| Describe: |
| 1. What is your company's primary 2/3-digit NAICS code / industry classification \_\_\_\_\_ or pick one.
 |
| 1. *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:* |
| *10. 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:* |
| *11. 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:* |

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| --- | --- |
| *12. Is the Company experiencing recruitment problems with any employee position or skills:* |  *[ ]  Yes [ ]  No* |
| *If yes, what problems, positions, or skills?* |
|  | *Administrative/clerical* | *Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  | *Management/marketing/sales* | *Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  | *Scientific/Technical* | *Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  | *Skilled production worker* | *Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  | *Unskilled production worker* | *Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  | *Other* | *Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *13. Are there any reasons the community may not be considered for future expansion?* |  *[ ]  Yes [ ]  No* |
| *If yes, please explain?* |
| *14. 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* |
| *Other and/or Comment:* |
| **Optional** |
| 15. Would you like someone to contact you **confidentially** about any of the barrier or other issues? |
| Describe: |
| Name: |
| Title: |
| Company: |
| Phone: |
| Email: |

**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 full Synchronist Prime Interview tool.*