



BASIC BUSINESS INFORMATION

All responses to the survey are voluntary and will be kept confidential.

Contact Information

Business Name: _____

Name: _____

Title: _____

Business Address: _____

City: _____ ST: _____ ZIP: _____

Phone: _____ Ext: _____

Email: _____

How long has your business been in operation at this location? _____

Current Annual Revenue: _____

ADDITIONAL BUSINESS INFORMATION

- Target Sector:
- Aerospace
 - Automotive
 - Advanced Logistics
 - Bioscience
 - Marine
 - Technology & Design
 - Other: _____

Over the past 3 years, have the following factors increased, stayed the same, or decreased?

	Increased	Stayed the Same	Decreased
Number of customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales (total revenue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Profits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size of facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you experiencing any problems with your supply chain that are limiting your growth?

- Yes No

If yes, please explain: _____



Are you satisfied with your current turnaround times on orders?

Yes No

If no, please explain: _____

Are you currently operating under any local or state incentives, including FILOT, SSRC, Tax Credits, etc.

Yes No

If yes, please explain: _____

FACILITY INFORMATION

What is your current main facility size (in estimated square feet)? _____

Do you own or lease your facility?

Own Lease

If lease, what is your lease expiration date? _____

Have you integrated automation into your equipment? Yes No

Are you interested in resources to assist with adding automation? Yes No

Are you currently considering moving, closing, selling, acquiring, or merging with another company?

Moving Closing

Selling Acquiring or merging with another company

None of the above

How would you rate your current relationship with your utility providers?

Extremely Satisfied Satisfied

Neutral Unsatisfied

I do not know who my local service reps are

Please share any utility issues you are experiencing with

Electric: _____

Water/Sewer: _____

Fiber: _____

Other: _____



MARKET INFORMATION

What is your primary market area? (Check all that apply)

- Local Regional
 National North America
 International

Who are your biggest customers? _____

Are you interested in joining our B2B events? yes No

WORKFORCE RECRUITMENT & RETENTION

How many employees does your business currently have?

Full-time: _____ Part-time: _____
Temp: _____ Seasonal: _____

Do you have difficulty finding qualified employees? yes No

Do you currently have, or are you interested in, training programs for youth/students? yes No

Do you currently have unfilled positions? yes No

What are the primary skills needed to fill any open positions? _____

What is the minimum education needed to fill any open positions? _____

FOLLOW-UP

Do you have any concerns that require immediate attention? _____

BRE SURVEY

BUSINESS RETENTION AND EXPANSION



**Dorchester
County**
ECONOMIC DEVELOPMENT

What is the biggest challenge to the overall operations of your business? _____

Are you interested in scheduling a call or in-person visit to discuss your business needs? yes No

Please select the best way to contact you for survey follow-up: Email Phone

Are you receiving newsletters from Dorchester County Economic Development? yes No

Have you attended any Dorchester County Economic Development events?

- DCIC
- Industry Appreciation Golf Tournament
- Annual Job Fair
- Industry Appreciation Sporting Clays
- Christmas Gathering

Why or why not? _____

Do you have any questions or comments for Dorchester Economic Development? _____

Thank you for taking the time to complete this form.
Please email your survey to Michelle McDonald at mmcdonald@dorchestercountysc.gov.