

PRIME ONSITE VISIT FORM

To be filled out by the interviewer — Information is confidential

8.15.17

Company:		City/State/Zip: Justice, IL 60458	
Date of Visit (mm/dd/yy):		Lead Interviewer:	
Contact Name:		Assisted By:	
Company Email:		Other Participants:	

Products

1. What is your company's greatest achievement in the last three (3) years? _____

2. Where is the company's primary product/service in its life cycle? Emerging Maturing
 Growing Declining

Comments: _____

Product Notes

Market

6. Is the company's **primary** market: Local Regional National International

7. Are total company sales: Increasing Stable Decreasing

8. Is the market share of the company's **key product(s)**: Increasing Stable Decreasing
 If changing: _____

9. Are key customers at risk of moving overseas, merging, or closing: Yes No
 If yes: _____

If No, using a scale of 1 to 7, where 1 means not at all likely and 7 means very likely, if in the future you were to expand or relocate your business, how likely would you be to select the State of Illinois for your location?

Highly Unlikely	1	2	3	4	5	6	7	Very Likely
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Market Notes



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Industry			
14. Is merger, acquisition or divestiture activity in your industry:	<input type="checkbox"/> Increasing	<input type="checkbox"/> Stable	<input type="checkbox"/> Decreasing
15. In your industry, is production:	<input type="checkbox"/> Under capacity	<input type="checkbox"/> Balanced	<input type="checkbox"/> Over capacity
16. 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	
<i>If yes, what changes?</i> _____			
How will they affect the company? _____			

17. Do you anticipate any federal, state, or local legislation changes that will benefit your business in the next five years:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, what changes?</i> _____			
How will they affect the company? _____			

<i>Industry Notes</i>

Management			
18. Has the company's ownership changed in the last 18 months, or do you anticipate a change:	<input type="checkbox"/> Changed	<input type="checkbox"/> Change Pending	<input type="checkbox"/> No
<i>If changing, please explain:</i> _____			

Has the company's top management changed or is it expected to change in the next 18 months:	<input type="checkbox"/> Changed	<input type="checkbox"/> Change Pending	<input type="checkbox"/> No
<i>If changing, please explain:</i> _____			

<i>If changed, what impact will this/these changes have on the local operation?</i> _____			

19. What are the community's strengths as a place to do business?

20. What are the community's weaknesses as a place to do business?



21. Are there any **barriers to growth** in this community? Yes No
 If yes, what? _____

23. Are there any reasons the community **may not be considered for future expansion**? Yes No
 If yes, please explain? _____

24. Who are the largest suppliers in the area and the three largest out-of-area suppliers? Answer No Answer
 If Answered, product/service, company, and current location? _____

Management Notes

Workforce									
	Low	1	2	3	4	5	6	7	High
25. 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"/>
26. 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"/>
27. 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"/>
28. As compared to other company facilities, how would you rate productivity in this facility:	<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"/>
29. Is the Company experiencing recruitment problems with any employee position or skills: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what problems, positions, or skills? _____ _____									
30. Is the number of unfilled positions: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing Estimated number of unfilled positions today: _____ Approximately when will these jobs be filled? _____ (mm/yy)									
31. Have you experienced or do you anticipate any significant changes in the make-up of your workforce? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hiring <input type="checkbox"/> Replacing <input type="checkbox"/> Releasing If yes, how did/will you deal with this change? _____ _____									
32. Are primary recruitment problems limited to: <input type="checkbox"/> Community <input type="checkbox"/> Industry									



33. Is company investment in employee training: Increasing Stable Decreasing None

If investing in employee training, what percentage of the training budget is for:

New job skills training	_____ %
Proficiency training	_____ %
Remedial skill training	_____ %

Workforce Notes

Technology

34. Is there new technology emerging that will substantially change either your company's primary product/service or how it is produced? Yes No

Explain new technology: (Interviewer: Circle one – Positive, Negative, Both) _____

35. Investments in last (3) years to increase productivity: Office Sales/Marketing R&D

Production Distribution

Comments: _____

36. Is the community's technology infrastructure adequate for your company's growth plan? Yes No

Comments: _____

Technology Notes

Utility Services

Type of Utility	37. How is the consumption of the following utilities changing?			Please rate your satisfaction with your utility providers								
	I*	S*	D*	Low							High	
				1	2	3	4	5	6	7		
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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) Cellular service	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
H) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

* NOTE: 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 (check one) A B C D E F G H	Low/High Rank Comment 1: (Interviewer: Circle one – Positive, Negative) _____ _____ _____
Utility service comment 2 (check one) A B C D E F G H	Low/High Rank Comment 2: (Interviewer: Circle one – Positive, Negative) _____ _____ _____
Utility service comment 3 (check one) A B C D E F G H	Low/High Rank Comment 3: (Interviewer: Circle one – Positive, Negative) _____ _____ _____
Utility Notes	

Quality of Life/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						High
	1	2	3	4	5	6	7
A) Police protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Fire protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>
F) School (K–12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) Tech college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H) Community college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I) 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"/>
J) Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K) Traffic control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
M) Highways (State & Federal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N) Airline passenger service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O) Air cargo service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P) Trucking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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38. Continued	1	2	3	4	5	6	7
Q) Property tax assessment (fair & equitable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R) Zoning changes and building permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S) Regulatory enforcement (fair & equitable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T) Community planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U) Community services (not otherwise listed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V) County services (not otherwise listed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W) Chamber of Commerce or business association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X) Economic development organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y) Workforce Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on any community services with low satisfaction (3 or lower) or high (5 or above):

Service comment 1 (check one) A B C D E F G H I J K L M N O P Q R S T U V W X Y	Low/High Rank Comment 1: (Interviewer: Circle one – Positive, Negative) _____ _____ _____
Service comment 2 (check one) A B C D E F G H I J K L M N O P Q R S T U V W X Y	Low/High Rank Comment 2: (Interviewer: Circle one – Positive, Negative) _____ _____ _____
Service comment 3 (check one) A B C D E F G H I J K L M N O P Q R S T U V W X Y	Low/High Rank Comment 3: (Interviewer: Circle one – Positive, Negative) _____ _____ _____
Community Service Notes 	

Do you have any final comments you would like to share?

Thank you for your assistance.

