BUSINESS NEEDS ASSESSMENT

By: Date: How did you hear about Build?

Contact Name: _____ Title: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (_____)_____ Ext. _____ Fax # (_____)_____

E-mail: _____ Web Site: _____

Federal Tax ID #: Standard Industry Code (SIC or NAICS):

Company's product or service: _____

Years in business: _____ ❑ Corporate/headquarters ❑ Branch # of Employees at this location_____

What is the most significant factor affecting your business? _____

Current *BUSINESS ASSISTANCE* needed (that could be provided through our partners or collaborators):

❑ Marketing ❑ Financing/Access to capital ❑ Labor Market Information ❑ Relocation Incentive
❑ Business counseling ❑ Import/Export information ❑ Tax Credit information ❑ Entrepreneurial information
❑ Other _____

What changes do you foresee in the next year?

_____

Do you have any particular hiring needs at this time? ❑ Yes ❑ No *If YES may we contact you to get details?* ❑ Yes ❑ No

If no hiring needs, do you anticipate any over the next 6 months? ❑ Yes ❑ No which one: _____

What are the main issues when considering hiring? _____

Do you have any difficulty finding qualified employees? ❑ Yes ❑ No Any difficulty retaining qualified employees? ❑ Yes ❑ No

Do you provide benefits? ❑Yes ❑ No (If YES wha): _____

What type of training do you provide your employees? _____

Current *STAFFING, TRAINING and HUMAN RESOURCES assistance needed:*

❑ Lay off/Downsizing services ❑ Job applicants ❑ Retention assistance ❑ Interview/Conference room
❑ New hire training:
❑ Current employee training (topics):

OFFICE USE ONLY (Steps recommended, referral and follow up):

Date: By:

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