



CONFIDENTIAL INFORMATION NIAGARA COUNTY BUSINESS RETENTION QUESTIONNAIRE

*All information is considered **confidential** and will only be used for economic development purposes in aggregate form*

Date:

Company Name and Address:

Chief Executive Officer:

Contact (phone, email, fax):

Business Description:

Current number of employees:

Number of employees 5 years ago:

Have you experienced sales/production growth in the past 3 years? Yes No

Do you anticipate sales/production growth in the next 3 years? Yes No

Do you export? Yes No / Are you considering exporting? Yes No

Is your company interested in learning more about assistance with exporting? Yes No

What % of your total sales are: Within Niagara County: %

Within the U.S. (excluding Niagara Co.): %; To Canada: %; Foreign: %

Is your company interested in learning about workforce development resources and / or On-The-Job or Customized Training funds? Yes No

Is your company interested in learning about low cost power? Yes No

Where are your top 3 **suppliers** located. (Optional to identify your supplier)?

(1) (2) (3)

Where are your top 3 **customers** located?

(1) (2) (3)

What are Niagara County's top 3 **attributes** for your business?

What are the top 3 **constraints** to operating a business in Niagara County?

Currently, what is your company's biggest challenge?

Please mail, email or fax your completed questionnaire to:

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