



**Introduction**

*The City of Buffalo would like your support and expertise in understanding the needs of small business owners within the region. Findings from the survey will be used to inform future support and initiatives targeting small businesses in Buffalo. All of the information and perspectives that we collect will remain anonymous, with our findings representing collective rather than individual views.*

*Please take a few minutes to complete the survey below. For questions, contact Rebecca Gandour at (716) 851-4029. Thank you for your support!*

**Business Information**

*In this section, please provide us with background information on the location, size, and certification status of your business.*

**Please identify in which of the following neighborhoods your business is located.**

- |  |   |
|--|---|
| <input type="checkbox"/> A - Allentown           | <input type="checkbox"/> HP - Humboldt Park       |
| <input type="checkbox"/> BL - Bailey-Lovejoy     | <input type="checkbox"/> K - Kaisertown           |
| <input type="checkbox"/> BR - Black Rock         | <input type="checkbox"/> KE - Kensington          |
| <input type="checkbox"/> CP - Central Park       | <input type="checkbox"/> KH - Kensington Heights  |
| <input type="checkbox"/> C - Cold Springs        | <input type="checkbox"/> LWS - Lower West Side    |
| <input type="checkbox"/> DD - Delaware District  | <input type="checkbox"/> MP - Masten Park         |
| <input type="checkbox"/> D - Downtown            | <input type="checkbox"/> NB - North Buffalo       |
| <input type="checkbox"/> ES - East Side          | <input type="checkbox"/> NP - North Park          |
| <input type="checkbox"/> E - Elmwood Village     | <input type="checkbox"/> P - Parkside             |
| <input type="checkbox"/> FL - Fillmore-Leroy     | <input type="checkbox"/> PO - Polonia             |
| <input type="checkbox"/> FW - First Ward         | <input type="checkbox"/> R - Riverside            |
| <input type="checkbox"/> FB - Fruit Belt         | <input type="checkbox"/> S - Schiller Park        |
| <input type="checkbox"/> H - Hamlin Park         | <input type="checkbox"/> SB - South Buffalo       |
| <input type="checkbox"/> HH - Hospital Hill      | <input type="checkbox"/> UD - University District |
| <input type="checkbox"/> UH - University Heights | <input type="checkbox"/> WS - West Side           |
| <input type="checkbox"/> V - Vernon Triangle     | <input type="checkbox"/> W - Willert Park         |

**Please identify the general category under which your business falls.**

- |   |   |
|---|---|
| <input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting | <input type="checkbox"/> Professional, Scientific, and Technical Services |
| <input type="checkbox"/> Mining                                     | <input type="checkbox"/> Management of Companies and Enterprises          |
| <input type="checkbox"/> Utilities                                  | <input type="checkbox"/> Waste Management and Remediation Services        |
| <input type="checkbox"/> Construction                               | <input type="checkbox"/> Educational Services                             |
| <input type="checkbox"/> Manufacturing                              | <input type="checkbox"/> Health Care and Social Assistance                |
| <input type="checkbox"/> Wholesale Trade                            | <input type="checkbox"/> Arts, Entertainment, and Recreation              |
| <input type="checkbox"/> Retail Trade                               | <input type="checkbox"/> Accommodation and Food Services                  |
| <input type="checkbox"/> Transportation and Warehousing             | <input type="checkbox"/> Professional, Scientific, and Technical Services |
| <input type="checkbox"/> Information                                | <input type="checkbox"/> Management of Companies and Enterprises          |
| <input type="checkbox"/> Finance and Insurance                      | <input type="checkbox"/> Other Services (except Public Administration)    |



\_\_\_\_\_ Real Estate Rental and Leasing

\_\_\_\_\_ Public Administration

\_\_\_\_\_ Other:

**Which of the following classifications does your business fit into?**

\_\_\_\_\_ B2B (Business-To-Business)

\_\_\_\_\_ B2C (Business-To-Consumer)

\_\_\_\_\_ Both

**How many years has your business been continuously operating?** \_\_\_\_\_

**Please describe your business stage.**

\_\_\_\_\_ Pre- Start Up (not operating)

\_\_\_\_\_ Start Up (<1 year in operation)

\_\_\_\_\_ Operating/Expanding (>1 year in operation)

**Please indicate your 2014 revenue range.**

\_\_\_\_\_ <\$100,000

\_\_\_\_\_ \$2 MM - \$5 MM

\_\_\_\_\_ \$100,001 - \$500,000

\_\_\_\_\_ \$5 MM - \$10 MM

\_\_\_\_\_ \$500,001 - \$2MM

\_\_\_\_\_ >\$10 MM

**How many full-time (40+ hour/week) employees do you currently have?** \_\_\_\_\_

**How many part-time employees (<40 hour/week) do you currently have?** \_\_\_\_\_

**Please check all of the following certifications that you currently hold.**

\_\_\_\_\_ WBE (State)

\_\_\_\_\_ WBE (City)

\_\_\_\_\_ MBE (State)

\_\_\_\_\_ MBE (City)

\_\_\_\_\_ DBE (State)

\_\_\_\_\_ SBE (Federal)

\_\_\_\_\_ 8A (Federal)

\_\_\_\_\_ HUB (Federal)

\_\_\_\_\_ Other: \_\_\_\_\_

**If you do hold certification(s), please identify to what degree you agree or disagree with the following statements:**



**a) Certification has helped me to win more contracts**

Strongly Disagree     Disagree     Agree     Strongly Agree

**b) Certification has expanded my network of potential business partners and support agencies.**

Strongly Disagree     Disagree     Agree     Strongly Agree

**If you do not hold certification(s), are you interested in becoming certified?**

Yes     No     Not sure/I need more information

**Demographic Information**

*In this section, please provide us with information that helps us understand background information about your business ownership. Information in this section is OPTIONAL.*

**Please check all that apply to your business. (OPTIONAL)**

- |  |   |
|--|---|
| <input type="checkbox"/> Female-owned  | <input type="checkbox"/> Gay Lesbian Bi-Sexual Transgender (GLBT) |
| <input type="checkbox"/> Minority-owned (American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, Native Hawaiian or Other Pacific Islander) | <input type="checkbox"/> Family-owned                             |
| <input type="checkbox"/> People with Disabilities-owned (PWD)  | <input type="checkbox"/> Franchise unit                           |
| <input type="checkbox"/> Disability-owned Business Enterprise (DOBE)   | <input type="checkbox"/> Home-based                               |
| <input type="checkbox"/> Veteran-owned (VBE)   | <input type="checkbox"/> Other:                                   |
| <input type="checkbox"/> Historically Underutilized Business (HUB)   |   |

**Please select the business owner(s) ethnicity. (OPTIONAL)**

- |   |  |
|---|--|
| <input type="checkbox"/> African American               | <input type="checkbox"/> Multi-racial                        |
| <input type="checkbox"/> Caucasian                      | <input type="checkbox"/> Multiple owners with multiple races |
| <input type="checkbox"/> Hispanic                       | <input type="checkbox"/> Other:                              |
| <input type="checkbox"/> Native American/Native Alaskan |  |
| <input type="checkbox"/> Asian/Pacific Islander         |  |



### Business Needs

*In this section, please provide us with responses that help us understand your business challenges*

**Please rank the following challenges that you face as a small business owner from 1-10, with 1 being the least-difficult challenge and 10 being the most difficult.**

- |  |   |
|--|---|
| _____ Access to capital                            | _____ Managing cash flow                    |
| _____ Access to certification assistance           | _____ Insurance costs                       |
| _____ Awareness of business training opportunities | _____ Access to a qualified workforce       |
| _____ Access to business training/resources        | _____ Navigating government regulations     |
| _____ Access to contract opportunities             | _____ Access to affordable commercial space |

**Which of the following business services are you interested in receiving?**

- |   |   |
|---|---|
| _____ Procurement Assistance (“How to win contracts”) | _____ Marketing Assistance                |
| _____ Mentoring and Support/Coaching                  | _____ Navigating Government               |
| _____ Recruitment Support                             | _____ Strategic Planning (“How to scale”) |
| _____ Business Education                              | _____ Organizational Design/Development   |
| _____ Networking                                      | _____ Financial Management                |
| _____ Certification Assistance                        | _____ Operations Management               |
| _____ Legal Assistance                                | _____ Commercial/Incubator Space          |
| _____ Accounting Assistance                           | _____ Other:                              |

**If you indicated commercial/incubator space, what amount of monthly rent would you be willing to pay per square foot?**

- \_\_\_\_\_ <\$5
- \_\_\_\_\_ \$5-10
- \_\_\_\_\_ \$11-15
- \_\_\_\_\_ \$16-20
- \_\_\_\_\_ >\$20



**Business Assistance**

*In this section, please provide us with information that helps us understand the types of business assistance you have received in the past.*

**Please check each of the following support programs and/or resources that you have used in the past.**

- University/Campus-Based Program** (e.g. UB Center for Entrepreneurial Leadership, Small Business Development Center at Buffalo State, Women’s Business Center at Canisius College)
- Mentoring Program** (e.g. SCORE)
- Non-Profit Organization** (e.g. Buffalo Urban League, Buffalo Employment and Training Center, Westminster Economic Development Initiative)
- Economic Development Corporation** (e.g. ECIDA)
- Business Association** (e.g. WNY Venture Association, Local Business Association)
- Library** (e.g. Buffalo Public Library)
- Chamber of Commerce** (e.g. Buffalo Chamber of Commerce, Black Chamber of Commerce, Urban Chamber of Commerce)
- Government Program** (e.g. SBA, Empire State Development, Entrepreneurial Assistance Program, Government Technical Assistance Center)
- Commercial/Incubator Space** (e.g. Z80 Labs, d!g)
- Other:** \_\_\_\_\_

**Which of the following business services have you received from Buffalo service providers and programs in the past?**

- |  |  |
|--|--|
| <input type="checkbox"/> Procurement Assistance (“How to win contracts”) | <input type="checkbox"/> Marketing Assistance                |
| <input type="checkbox"/> Mentoring and Support/Coaching                  | <input type="checkbox"/> Navigating Government               |
| <input type="checkbox"/> Recruitment Support                             | <input type="checkbox"/> Strategic Planning (“How to scale”) |
| <input type="checkbox"/> Business Education                              | <input type="checkbox"/> Organizational Design/Development   |
| <input type="checkbox"/> Networking                                      | <input type="checkbox"/> Financial Management                |
| <input type="checkbox"/> Certification Assistance                        | <input type="checkbox"/> Operations Management               |
| <input type="checkbox"/> Legal Assistance                                | <input type="checkbox"/> Commercial/Incubator Space          |
| <input type="checkbox"/> Accounting Assistance                           | <input type="checkbox"/> Other:                              |

**Access to Contracts**

*Includes past contract/procurement information*

**How do you hear about public or private contract opportunities (please check all that**



apply)?

- |                            |                                     |
|----------------------------|-------------------------------------|
| _____ Networking           | _____ Online resources              |
| _____ Matchmaking events   | _____ Vendor fairs                  |
| _____ Chambers of Commerce | _____ Business Associations         |
| _____ Trade Associations   | _____ Construction Management Firms |
| _____ Other                |                                     |

If other selected above, please specify here \_\_\_\_\_

Have you bid on a contract with a public institution (i.e. City, County, State, or Federal, etc.):

- as a **prime contractor?** Yes  No
- as a **sub-contractor?** Yes  No

Have you successfully won on a contract with a public institution (i.e. City, County, State, or Federal, etc.):

- as a **prime contractor?** Yes  No
- as a **sub-contractor?** Yes  No

Have you bid on a contract with a private institution (i.e. hospitals, educational institutions, etc.):

- as a **prime contractor?** Yes  No
- as a **sub-contractor?** Yes  No

Have you successfully won on a private institution (i.e. hospitals, educational institutions, etc.):

- as a **prime contractor?** Yes  No
- as a **sub-contractor?** Yes  No

### Access to Capital

*In this section, please provide us with response to the questions below, which will help us understand whether you have been successful in accessing capital funding for your business.*



Have you applied for capital (funding) for your business? Yes  No

If you selected yes above, please specify at which type(s) of institution you have applied:

\_\_\_\_\_ Traditional Bank  
\_\_\_\_\_ Credit Union  
\_\_\_\_\_ Alternative Lender (e.g. community based organization, grant funder, crowd funding)  
\_\_\_\_\_ Government  
\_\_\_\_\_ Other:

Were you awarded the funds for which you applied? Yes  No

If you were successfully awarded capital, please specify what type(s) of capital you secured.

\_\_\_\_\_ Term loan  
\_\_\_\_\_ Grant  
\_\_\_\_\_ Line of credit  
\_\_\_\_\_ Award Money  
\_\_\_\_\_ Business credit card  
\_\_\_\_\_ Other:

What amount of funds did you receive?

\_\_\_\_\_ <\$5,000  
\_\_\_\_\_ \$5,001-\$10,000  
\_\_\_\_\_ \$10,001-\$25,000  
\_\_\_\_\_ \$25,001-\$50,000  
\_\_\_\_\_ \$50,000-\$100,000  
\_\_\_\_\_ >\$100,000

For what purpose did you use the funds?

\_\_\_\_\_ Working capital  
\_\_\_\_\_ Equipment  
\_\_\_\_\_ Space  
\_\_\_\_\_ Other:  
\_\_\_\_\_ Insurance costs

**Thank you very much for your feedback!**  
**We look forward to engaging with you in the future.**