Merchant Outreach Survey

Business Name: _____________________________  Business Address: _____________________________

Phone: _____________________________  Email: _____________________________

CONTACT PERSON Name: ____________________________________________________________

Phone: _____________________________  Email: _____________________________

Are you a:
☐ Business Owner  ☐ Manager
☐ Employee  ☐ Other: ________________  Do you live in this neighborhood?  ☐ Yes  ☐ No

1. What types of goods and services do you provide?

2. How many years have you been in business at your current location? ________

3. Are you a minority or woman-owned business?  ☐ Yes  ☐ No
   a. If yes, are you certified as an M/WBE?  ☐ Yes  ☐ No

4. Over the past year have your business sales:
   ☐ Improved  ☐ Stayed the same  ☐ Decreased  ☐ N/A

5. What kinds of resources or support would help you stabilize and grow your business?

6. Does your business currently have a website?  ☐ Yes  ☐ No
   a. If yes, do you sell online (e-commerce)?  ☐ Yes  ☐ No
   b. If you do not sell online, are you interested in resources to help you start selling online?  ☐ Yes  ☐ No

7. Does your business currently use social media?  ☐ Yes  ☐ No

8. What are the 3 biggest challenges facing your business?
   ☐ Access to Government Contracts  ☐ Low foot traffic
   ☐ Access to Loans / Credits / Financing  ☐ Labor Costs
   ☐ Commercial Rent / Lease  ☐ Lack of Parking / Transit
   ☐ Crime / Safety  ☐ Legal Costs / Business Insurance
   ☐ Electric / Water / Utility Bills  ☐ Marketing / Advertising Costs
   ☐ Finding Skilled Workers  ☐ Property Taxes
   ☐ Storefront Improvements  ☐ PPE
   ☐ Health Insurance / Medical Costs
   ☐ Government Regulations / Fines / Tickets  ☐ Other ___________________________

9. Is there anything else you would like to share?
