# 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 the general category under which your business falls.

<table>
<thead>
<tr>
<th>Category</th>
<th>Agriculture, Forestry, Fishing and Hunting</th>
<th>Mining</th>
<th>Utilities</th>
<th>Construction</th>
<th>Manufacturing</th>
<th>Wholesale Trade</th>
<th>Retail Trade</th>
<th>Transportation and Warehousing</th>
<th>Information</th>
<th>Finance and Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Professional, Scientific, and Technical Services</td>
<td>Management of Companies and Enterprises</td>
<td>Waste Management and Remediation Services</td>
<td>Educational Services</td>
<td>Health Care and Social Assistance</td>
<td>Arts, Entertainment, and Recreation</td>
<td>Accommodation and Food Services</td>
<td>Professional, Scientific, and Technical Services</td>
<td>Management of Companies and Enterprises</td>
<td>Other Services (except Public Administration)</td>
</tr>
</tbody>
</table>
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
- _____ $100,001 - $500,000
- _____ $500,001 - $2MM
- _____ $2 MM - $5 MM
- _____ $5 MM - $10 MM
- _____ >$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:
### City of Buffalo
Office of Strategic Planning
Small Business Survey

#### a) Certification has helped me to win more contracts
- [ ] Strongly Disagree
- [ ] Disagree
- [ ] Agree
- [x] Strongly Agree

#### b) Certification has expanded my network of potential business partners and support agencies.
- [ ] Strongly Disagree
- [ ] Disagree
- [ ] Agree
- [x] 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)
- [ ] Female-owned
- [ ] Gay Lesbian Bi-Sexual Transgender (GLBT)
- [ ] Minority-owned (American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, Native Hawaiian or Other Pacific Islander)
- [ ] Family-owned
- [ ] People with Disabilities-owned (PWD)
- [ ] Franchise unit
- [ ] Disability-owned Business Enterprise (DOBE)
- [ ] Home-based
- [ ] Veteran-owned (VBE)
- [ ] Other:
- [ ] Historically Underutilized Business (HUB)

Please select the business owner(s) ethnicity. (OPTIONAL)
- [ ] African American
- [ ] Multi-racial
- [ ] Caucasian
- [ ] Multiple owners with multiple races
- [ ] Hispanic
- [ ] Other:
- [ ] Native American/Native Alaskan
- [ ] 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
- Access to certification assistance
- Awareness of business training opportunities
- Access to business training/resources
- Access to contract opportunities
- Managing cash flow
- Insurance costs
- Access to a qualified workforce
- Navigating government regulations
- Access to affordable commercial space

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

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

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

**Access to Contracts**

*Includes past contract/procurement information*

How do you hear about public or private contract opportunities (please check all that apply):

[ ] Direct Contract Letters
[ ] Trade Shows/Expos
[ ] Regional Meetings/Conferences
[ ] Local Meetings/Conferences
[ ] SBA Procurement Assistance
[ ] Minority Business Development Agency
[ ] Certified Supplier Development
[ ] Other: _________________________________________________
Networking  
Matchmaking events  
Chambers of Commerce  
Trade Associations  
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)
- ______ 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
- ______ >$25,000

### 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.