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EVERGREEN
Your North Brooklyn Business Exchange

IBSP- Business Engagement Survey

The information collected from the Business Engagement Survey will help Evergreen, the Department of Small Business Services (SBS) and other City Agencies understand the changing needs of the industrial business community, and assist the SBS develop policies and services to help industrial businesses grow, expand, and continue operations in New York City. . Please fax survey to Karen Nieves, Manager, Business Expansion & Retention at 718-963-1905 or email knieves@evergreenexchange.org. If you have any questions please call 718-388-7287 ext 160.

Individual Information

FIRST NAME		LAST NAME	
BOROUGH		NEIGHBORHOOD	
PRIMARY PHONE #	PRIMARY PHONE TYPE	<input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Other
EMAIL ADDRESS			
PREFERRED LANGUAGE FOR ASSISTANCE			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Chinese	<input type="checkbox"/> Arabic
<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Korean	<input type="checkbox"/> Bengali	<input type="checkbox"/> Russian
ENGLISH PROFICIENCY			
<input type="checkbox"/> Native Speaker	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner
HOW DID YOU HEAR ABOUT US			
<input type="checkbox"/> 311	<input type="checkbox"/> Internet/Social Media	<input type="checkbox"/> Community Organization(s)	
<input type="checkbox"/> Newspaper/Magazine/Radio/TV	<input type="checkbox"/> Elected Official(s)	<input type="checkbox"/> Outreach Activities/Events	
<input type="checkbox"/> City Agencies _____	<input type="checkbox"/> Family/Friends/Colleagues	<input type="checkbox"/> Other (please specify): _____	

Business Information

BUSINESS NAME:			
POSITION/ TITLE:			
BUSINESS DESCRIPTION:			
BUSINESS STAGE			
<input type="checkbox"/> Pre-Startup (No sales)	<input type="checkbox"/> Startup (Sold goods/provide services for less than 1 year)	<input type="checkbox"/> Operating (Sales for 1+ year)	
BUSINESS ADDRESS (if pre-startup, please fill the business owner's home address)			
APT/SUITE/FLOOR	CITY	STATE	ZIP CODE
BOROUGH		COUNTY	
<i>*COMPLETE AFTER INTERVIEW</i>		BLOCK	LOT
PRIMARY PHONE # FOR BUSINESS*		WEBSITE (if applicable)	
NUMBER OF FULL-TIME EMPLOYEES* _____	BEGAN OPERATIONS DATE (DD/MM/YYYY, or if pre-startup, please fill <i>expected</i> opening date)* _____		
NUMBER OF PART-TIME EMPLOYEES* _____	_____		

If Yes, why?

Over the past year, has your business:

- Renovated
 Purchased Equipment
 Improved Energy Efficiency
 Downsized
 Stayed the Same

In the coming year, do you plan to:

- Expand
 Close
 Stay
 Relocate, If so, where?

If you plan to renovate, please provide a description of building features needed (eg. High power, loading dock, ceiling height etc.)

Demographic Information

In order to provide you with the best service, we would like to ask you some demographic questions. **Answering these questions is entirely optional and will have no impact on benefit eligibility decisions. Instead, this information may be helpful in referring you to programs designed for minority/women/veteran/worker-cooperative/immigrant-owned businesses.** Please answer the following questions to the best of your ability.

IS/WILL YOUR BUSINESS BE:

MINORITY OWNED? Yes No Unknown

WOMAN OWNED? Yes No Unknown

VETERAN OWNED? Yes No Unknown

SERVICE DISABLED VETERAN OWNED? Yes No Unknown

WORKER OWNED (I.E. WORKER COOPERATIVE)? Yes No Unknown

BUSINESS OWNER'S COUNTRY OF BIRTH (optional)

Business Assistance

Have you ever received services through the Department of Small Business Services or Evergreen? Yes or No? If yes, please indicate and describe experience.

*Please select services below that you would like to learn more about and/or receive business assistance:

- | | | |
|---|--|--|
| <input type="checkbox"/> Financing Assistance | <input type="checkbox"/> Incentive Support | <input type="checkbox"/> M/W/LBE Certification |
| <input type="checkbox"/> Govt Regulation Guidance | <input type="checkbox"/> Marketing | <input type="checkbox"/> Street Main/Sign/Fixture |
| <input type="checkbox"/> License/Permit/Insp. Support | <input type="checkbox"/> Utility Support | <input type="checkbox"/> Real Estate/ Site Selection |
| <input type="checkbox"/> Startup/Launch Support | <input type="checkbox"/> Facility Disruption | <input type="checkbox"/> Selling to Government |
| <input type="checkbox"/> Recruitment | <input type="checkbox"/> Business Planning | <input type="checkbox"/> Other* |
| <input type="checkbox"/> Training | <input type="checkbox"/> Legal Assistance | |



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*Other Issue not listed above:

Additional Questions

How is business in general?

What do you like about where your business is located/ what would you like to change?

What would you say are the most pressing needs of businesses in your area?

Is there any additional information you would like to provide?



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Service Area:	<input type="checkbox"/> B R	<input type="checkbox"/> B E	<input type="checkbox"/> B N	<input type="checkbox"/> B S	<input type="checkbox"/> M	<input type="checkbox"/> Q C	<input type="checkbox"/> Q E	<input type="checkbox"/> Q W	<input type="checkbox"/> S I
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