

Value Adding Agricultural Processing Facility / Commercial Kitchen Incubator Needs Survey - For Prospective Tenants

Please complete the following questionnaire about the proposed facility and return it to:

Small Business Development Center

975 Industrial Dr.; Suite 1

Madison, IN 47250

PHONE: (812) 265-3135 Ext. 221

FAX: (812) 265-9784

Attn: Helen Cope

EMAIL: helen@madisonchamber.org

1. What type of company or group do you have now or want to be?

Value added farm producer

Caterer

Specialty/Gourmet Food Producer

Church/School /Civic Group

(i.e., mustard, barbecue sauce, salsa, jams, cheesecakes, etc.)

Other _____

2. What food item(s) are you now or would you be interested in preparing?

| | Are now preparing | Interested in preparing | How Interested? | | | | |
|--------------------------------|--------------------------|----------------------------|-----------------|-----------|------|---|---|
| | | | Low... | Medium... | High | | |
| 1. Bakery Items | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |
| 2. Catered Meals | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |
| 3. Sauces / Salsa / Condiments | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |
| 4. Value added produce | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |
| 5. Pasta | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |
| 6. Dry Mixes | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |
| 7. Herbal supplements | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |
| 8. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |
| 9. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |

Comments:

3. What facilities or services are you currently using to meet your food service needs (e.g., church kitchen, rental kitchen, home kitchen)?

4. What type of equipment would you need to prepare your food product?

| | How Important? | | | | |
|--|----------------|--------|------|---|---|
| | Low | Medium | High | | |
| <input type="checkbox"/> Standard range/oven | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Steam jacketed kettle | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Commercial mixer | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Filling and Packaging equipment | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Walk-in cooler | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Food processor | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Walk-in freezer | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Dish washer | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Stainless steel table | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Dehydrator / drying equipment | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Convection oven | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Other _____ | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Other _____ | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Other _____ | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Other _____ | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Other _____ | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Other _____ | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Other _____ | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Other _____ | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Other _____ | 1 | 2 | 3 | 4 | 5 |

5. What ingredients are essential to your products?

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

6. How many times and hours per week might you be interested in using this facility?

- Daily Hours per week:_____ Time of Day: ____AM / PM to ____AM /PM
- Weekly Hours per week:_____ Time of Day: ____AM / PM to ____AM /PM
- Monthly Hours per week:_____ Time of Day: ____AM / PM to ____AM /PM
- Holidays Hours per week:_____ Time of Day: ____AM / PM to ____AM /PM
- Occasionally Hours per week:_____ Time of Day: ____AM / PM to ____AM /PM

Total hours per week of estimated usage:_____

7. Who are your customers, or what type of customers are you targeting?

8. What type of a business are you looking to run?

- Part Time
- Full Time
- Supplemental Income
- Hobby/Gifts
- Non-profit Fundraising

9. What is your annual sales goal?

10. How do you plan to market your product?

11. Do you have a business plan available for review?

- Yes No

12. Would you be interested in sharing services in addition to the kitchen facilities? Such as:

- Phone answering Secretarial
- Copy machine Fax
- Personal computer Postage meters
- Office space High speed Internet connection
- Other _____

12. Would any of the following seminars or classes be of interest to you?

(Check as many as apply.)

- Preparing a business plan for a food-related business.
- Marketing assistance for a food-related business.
- Microenterprise and self-employment opportunities.
- Meeting local, state and federal health regulations for food preparation and food product distribution.
- Nutritional considerations for prepared meals or food products.
- Starting a business legally.
- Obtaining and using credit.

13. Respondent Information

Name: (Mr./Mrs./Ms): _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Would you be interested in attending a meeting to discuss future plans for the proposed shared-use value added food center? Yes No

Thank you for your time and interest. Please return your completed questionnaire to:

**Linda Wood
Small Business Development Center
975 Industrial Dr.; Suite 2
Madison, IN 47250
PHONE: (812) 265-3127 Ext. 228 FAX: (812) 265-5544
Attn: Linda Wood EMAIL: lwood@isbdc.org**

This questionnaire was designed for entrepreneurs, companies and organizations, which might be prospective tenants of the proposed facility. If you have other suggestions or comments regarding the need for such a facility in our community, please use the space below:

Comments:
