

# Gateway Georgia Avenue Revitalization Corporation Gateway Georgia Avenue Business Owner Survey

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Total Square Footage Leased/Owned: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

## History & Status at Present Location:

1. What year did your firm begin operations on Georgia Avenue? \_\_\_\_\_  
Is this your firm's only location? YES \_\_\_\_\_ NO \_\_\_\_\_  
If not, where are your other locations? \_\_\_\_\_
2. Are you considering expanding your business in the next five (5) years? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, do you expect to expand: On Georgia Avenue \_\_\_\_\_ In the City \_\_\_\_\_ Other \_\_\_\_\_

## Nature of Your Business:

3. What is the nature of your business? \_\_\_\_\_
4. Do you conduct business over the internet? YES \_\_\_\_\_ NO \_\_\_\_\_  
4a. Would you like to conduct internet business? YES \_\_\_\_\_ NO \_\_\_\_\_ Web Address \_\_\_\_\_

## Physical Specifications:

5. Do you own or lease this location? Own \_\_\_\_\_ Lease \_\_\_\_\_ Monthly Rental Rate \_\_\_\_\_
6. If leased, when does your lease expire? \_\_\_\_\_
7. If leased, would you like to purchase the building you are in? YES \_\_\_\_\_ NO \_\_\_\_\_

## Markets, Customers & Competition:

8. Where are most of your customers located? Within City \_\_\_\_\_ Northern Virginia \_\_\_\_\_  
Silver Spring \_\_\_\_\_ Upper Georgia Avenue \_\_\_\_\_ The Surrounding Neighborhood \_\_\_\_\_  
Walter Reed \_\_\_\_\_ Other \_\_\_\_\_
9. Where are your competitors located? Within City \_\_\_\_\_ Silver Spring \_\_\_\_\_ Other \_\_\_\_\_

## Doing Business on Georgia Avenue:

10. Why did you choose an Upper Georgia Avenue location for your business?  
\_\_\_\_\_  
\_\_\_\_\_

11. Please list/ describe how your business was marketed to customers in the last 12 months?

- Newspaper Ads How many \_\_\_\_\_ Which papers \_\_\_\_\_  
 Flyers (distributed weekly/ monthly/ bi-monthly)  
 E-mail Messages  
 Word of Mouth  
 Other: \_\_\_\_\_  
 We did not market our business

12. Please describe your desired improvements to the physical appearance of upper Georgia Avenue.

\_\_\_\_\_  
\_\_\_\_\_

13. Would you be willing to expand your hours / services / goods depending on survey data & market information compiled by Gateway? YES \_\_\_\_\_ NO \_\_\_\_\_

## Future Plans:

14. Do you currently have any plans to move? YES \_\_\_\_\_ NO \_\_\_\_\_

15. If yes, where to? Within City \_\_\_\_\_ Silver Spring \_\_\_\_\_ Northern Virginia \_\_\_\_\_ Other \_\_\_\_\_

16. If yes, when? 3-6 months \_\_\_\_\_ 6-12 months \_\_\_\_\_ 1-2 years \_\_\_\_\_ 3+ Years \_\_\_\_\_

17. If you have considered moving in the past, why did you change your mind? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Do you own or lease enough property to allow for expansion of your business to meet your space requirements for the next 3-5 years? YES \_\_\_\_\_ NO \_\_\_\_\_

## Labor & Manpower Issues:

19. How many employees are currently on your payroll? \_\_\_\_\_

20. How many employees did you have 2 years ago? \_\_\_\_\_

21. What is your annual percentage of employee turnover? \_\_\_\_\_  
Why? \_\_\_\_\_

22. What percentage of your employees reside within city limits? \_\_\_\_\_

23. Do you have problems getting replacement employees? YES \_\_\_\_\_ NO \_\_\_\_\_

## Gateway and Government Services:

Please rate your experience with the following service providers:

	Favorable	Unfavorable	No Opinion	Comments
Police	_____	_____	_____	_____
Fire Protection	_____	_____	_____	_____
Street Maintenance and Drainage	_____	_____	_____	_____
Code Enforcement (Building, Electrical, Plumbing, signage)	_____	_____	_____	_____
Zoning	_____	_____	_____	_____
Parking	_____	_____	_____	_____
Dept. Housing & Community Development	_____	_____	_____	_____
Gateway	_____	_____	_____	_____
reSTORE/DC Main Street	_____	_____	_____	_____

## Overall Trends of the Firm:

24. What are the key issues facing your firm? \_\_\_\_\_  
\_\_\_\_\_
25. What is your present opinion of Upper Georgia Avenue as a place to do business?  
Excellent\_\_\_\_ Good\_\_\_\_ Fair \_\_\_\_ Poor\_\_\_\_ No Opinion\_\_\_\_
26. Why?\_\_\_\_\_
27. Would you be interested in meeting with a Gateway Georgia Avenue representative to discuss issues pertaining to your business? YES\_\_\_\_ NO\_\_\_\_
28. Would you like to join a Gateway Georgia Avenue Main Street Committee? If Yes, indicate;  
Design Cmte.\_\_\_\_ Promotion Cmte.\_\_\_\_ Econ. Restruc.\_\_\_\_ Organization Cmte.\_\_\_\_ I need more information\_\_\_\_
29. Would you like to see a Merchant Association organized for upper Georgia Avenue businesses?  
YES\_\_\_\_ NO\_\_\_\_
30. I can volunteer to help organize the Merchants Association YES\_\_\_\_ NO\_\_\_\_

# GGARC Survey Questionnaire

31. What assistance do you need from Gateway and/or the D.C. Government to be more successful?

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32. What can Gateway do to help your business prosper most?

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33. What do you see as the greatest need for the Gateway business district? (i.e., the Georgia Avenue corridor from Fern to Eastern Ave?)

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34. What can banks/lending institutions do to help your business prosper more?

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35. Please review the proposed 2008 technical assistance workshops being organized by Gateway Georgia Avenue for small businesses. **Please rank each workshop from 5 (best) to 1 (worst) in terms of usefulness to your business.**

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|---|-------|
| <b><i>Organizing A Merchants Association</i></b>                          | _____ |
| <b><i>Marketing Your Small Business Better</i></b>                        | _____ |
| <b><i>Ad Placement with Local Print &amp; Broadcast Media</i></b>         | _____ |
| <b><i>Practical Uses for Information Technology in Small Business</i></b> | _____ |
| <b><i>Promoting Financial Health</i></b>                                  | _____ |
| <b><i>The D.C. Government Permit Process</i></b>                          | _____ |
| <b><i>Accessing Capital Through Loans/Investments</i></b>                 | _____ |
| <b><i>Generating Business Leads</i></b>                                   | _____ |

36. The best time for me to attend a workshop is (a) in the morning before 9am, \_\_\_\_\_  
 (b) mid day during the lunch hour, \_\_\_\_\_ (c) in the evening between 6pm to 8 pm., \_\_\_\_\_  
 (d) other [please indicate]. \_\_\_\_\_

In addition to the above, workshops on the following would be helpful to my business:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Send responses by mail, fax, or e-mail to:  
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 gatewaycdc@aol.com

