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## Business centre audit

Name of the Business Association \_\_\_\_\_

Name of the BID Manager \_\_\_\_\_

Email address \_\_\_\_\_

Phone \_\_\_\_\_

Do you have a current?

Strategic plan	Yes	No
Business plan	Yes	No
Communications plan	Yes	No
Marketing and promotion plan	Yes	No
Budget	Yes	No
Cash flow forecast	Yes	No
Website	Yes	No
Key performance indicators	Yes	No
Employment agreements for staff	Yes	No

Auditing of the business centre is conducted in phases:

### Consumer survey

1. Do you do most of your shopping locally Yes      No

If no, reasons for shopping elsewhere?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are you happy with the variety of shops and services in this area? Yes      No

3. Do you live in this area? If no, where do you live? Yes      No

\_\_\_\_\_

4. For each of the following items can you tick up to four reasons that influence you when you buy:

**Most shopping items**

- Price
- Range (variety)
- Quality
- Shopping Hours
- Parking
- Transport
- Attitude of Staff
- Speed of service
- Atmosphere
- Convenience

**Groceries**

- Price
- Range (variety)
- Quality
- Shopping Hours
- Parking
- Transport
- Attitude of Staff
- Speed of service
- Atmosphere
- Convenience

**Meat**

- Price
- Range (variety)
- Quality
- Shopping Hours
- Parking
- Transport
- Attitude of Staff
- Speed of service
- Atmosphere
- Convenience

**Clothing**

- Price
- Range (variety)
- Quality
- Shopping Hours
- Parking
- Transport
- Attitude of Staff
- Speed of service
- Atmosphere
- Convenience

**Hardware**

- Price
- Range (variety)
- Quality
- Shopping Hours
- Parking
- Transport
- Attitude of Staff
- Speed of service
- Atmosphere
- Convenience

**Appliances**

- Price
- Range (variety)
- Quality
- Shopping Hours
- Parking
- Transport
- Attitude of Staff
- Speed of service
- Atmosphere
- Convenience

5. From your own experience, how would you rate staff in local shops in terms of the following? Comments ranging from extremely good to bad

**Helpfulness**

- Extremely good
- Good
- OK
- Bad
- Extremely bad

**Product knowledge**

- Extremely good
- Good
- OK
- Bad
- Extremely bad

**Friendliness**

- Extremely good
- Good
- OK
- Bad
- Extremely bad

Comments

Comments

Comments

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.....  
.....

6. What changes should local shops make to get more of your business?

- |                          |                          |                         |                          |
|--------------------------|--------------------------|-------------------------|--------------------------|
| More competitive pricing | <input type="checkbox"/> | More variety            | <input type="checkbox"/> |
| Better quality of goods  | <input type="checkbox"/> | Longer opening hours    | <input type="checkbox"/> |
| Better parking           | <input type="checkbox"/> | Better customer service | <input type="checkbox"/> |
| Day/weekend parking      | <input type="checkbox"/> | More special events     | <input type="checkbox"/> |
| More advertising         | <input type="checkbox"/> |                         |                          |

Any other suggestions:

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7. Are there any existing shops or services in this area that you would use more if some things were changed?

Yes  No

If "yes", what would you change and why?

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8. Are there any businesses or services which you believe are missing in this area: If so, which?

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9. Are there any final comments you would like to make about services or businesses in this area:

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**Thank you for your co-operation**

## Community survey

The following survey should be filled in by each member of the local leadership team prior to our first team meeting. It's aim is to assist with formulating thoughts about the strengths, limitations and opportunities of our community, and its preparedness for economic development. It will provide some valuable thoughts for our initial discussions.

Community: \_\_\_\_\_

Date : \_\_\_\_\_

1. What is your perception of the community's future?

Progressive       conservative       middle of the road       other

Positive       negative

Comment:

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2. How do you perceive the economic status of your community?

Growing       declining       stable

3. What are your community's strengths?

1.

2.

3.

4.

5.

4. What do you consider to be the best two advantages of living in your community?

1.

2.

5. What do you consider to be the five main weaknesses in your community, in order of severity?

1.

2.

3.

4.

5.

6. Do you feel your local council is supportive and proactive in terms of economic development?

Yes  No

7. Does your community have a focus and organisation for local economic development?

Yes  No

8. What businesses/industries has your community lost in the last three years?

9. What major community improvements have been completed in the last three years?

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10. What do you feel is needed to stimulate your community economy?

More attractive BID area  more jobs  more businesses   
Better housing  better infrastructure  more services   
Other

11. Does your community have an action plan for the future?

Yes  No

12. Do you feel you are involved in local decision-making? In what way or why?

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13. Do local development groups (council, service clubs, tourism department, etc) plan together and cooperate in terms of future development?

Comment:

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14. Does your community and neighbouring communities collaborate together to achieve a positive economic future, or see each other as rivals?

Comment:

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15. What changes would you like to see in your community/region in the next three years?

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**Resident survey**

Resident of \_\_\_\_\_

We are looking for your input. How about starting by sharing some of your thoughts about our community?

1. Tell us what it is like to reside in our community?

Your street

Shopping centre

Community facilities

Other aspects

2. What has either brought you to live in our community or kept you here?

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3. Tell us your best experience living in our community?

What happened?

What did you do?

What made it a good experience?

4. If there were one thing you could change in the community, what would it be?

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5. What assets or strengths does our community have as a community to build on?

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6. What is the one aspect about our community that you want to make sure we retain?

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**Thank you for taking the time to fill out this survey. Please return this form to:**

\_\_\_\_\_ (person) at \_\_\_\_\_ (address) by

## Visitor survey

Dear Visitor,

The \_\_\_\_\_ is developing a development plan for the community and we would be very grateful if you would take part in this short survey since the most important aspect of any strategy plan is to know what our customers feel about the community.

1. For what purpose are you currently visiting \_\_\_\_\_ (please tick one of the following)?

Day trip          Staying overnight          If so, how many nights? \_\_\_\_

Business          Passing through          If so, to where? \_\_\_\_\_

Other (please specify)

2. Have you visited our community before?

No, this is my first visit

Yes, I have been here \_\_\_\_ times?

If yes, what attracted you to visit again?

3. What will you be seeing/doing during your current visit?

4. What do you think are the main attractions/destinations for visitors in \_\_\_\_\_?

5. Do you have any comments to make about \_\_\_\_\_ from a visitor's perspective?

6. What are the attractions/events/improvements required to attract more visitors, which are currently not available?

7. Do you have any ideas or suggestions for the development of our community?

## First impressions

The First impressions exercise provides a simple and inexpensive mechanism to gain valuable feedback and insights from a neutral source with no local vested interests. It is a simple tool to provide feedback to a community from a “first time” visitor.

### Process

1. Two communities (preferably similar in nature about size and socio-economic factors and features) agree to visit each other’s communities and provide feedback on their impressions.
2. Three to five residents/businesses/volunteers form a visiting team and using the attached survey form, visit the other community and record their impressions.
3. Each team compile a team report and forward it to the other community.
4. The feedback is shared with the community and stakeholders of the visited community.

The survey covers the following sections:

1. The First Five Minutes initial impressions
2. Drive about impressions
3. A walking tour
4. Sensory impressions
5. Overall impressions

### 1. THE FIRST FIVE MINUTE IMPRESSION

(As you drive towards the community record your thoughts on such things as appearance, landscaping, signage, what stood out, etc)

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**Neatness (graffiti, litter, etc)**

1 2 3 4 5 6 7 8 9 10

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**Does the community have any heritage buildings? Are they well maintained?**

1 2 3 4 5 6 7 8 9 10

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**Condition of heritage buildings (if any)**

1 2 3 4 5 6 7 8 9 10

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**Is there a common architectural theme in the community?**

1 2 3 4 5 6 7 8 9 10

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### 3. A WALKING TOUR

**BID businesses / Services**

**Variety of shopping**

1 2 3 4 5 6 7 8 9 10

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**Variety of merchandise**

1 2 3 4 5 6 7 8 9 10

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**Quality of merchandise**

1 2 3 4 5 6 7 8 9 10

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**Customer service (greeting, assistance, information)**

1 2 3 4 5 6 7 8 9 10

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**Store hours (consistent? convenient?)**

1 2 3 4 5 6 7 8 9 10

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**Are banks and ATMs conveniently located?**

1 2 3 4 5 6 7 8 9 10

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**What other professional services are available (accounting, legal, etc)? Are any missing?**

1 2 3 4 5 6 7 8 9 10

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**Social services (seniors, day care, schools, hospitals, employment, non-government organisations, etc)**

1 2 3 4 5 6 7 8 9 10

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**Residential**

**Describe the residential housing in the community (type, mix, quality, etc.)**

1 2 3 4 5 6 7 8 9 10

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**Is the community a desirable place to live?**

1 2 3 4 5 6 7 8 9 10

**Local Government services**

Are local bodies located in the community?

1 2 3 4 5 6 7 8 9 10

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Visitor's centre: services/facilities

1 2 3 4 5 6 7 8 9 10

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Community brochure/ guide/information board/maps:

1 2 3 4 5 6 7 8 9 10

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Business directory

1 2 3 4 5 6 7 8 9 10

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**Public infrastructure**

Public transit

1 2 3 4 5 6 7 8 9 10

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Sidewalks

1 2 3 4 5 6 7 8 9 10

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Public space for community events

1 2 3 4 5 6 7 8 9 10

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Parking (quality, availability, signage, etc)

1 2 3 4 5 6 7 8 9 10

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Streets (condition, configuration, etc.)

1 2 3 4 5 6 7 8 9 10

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Public washrooms

1 2 3 4 5 6 7 8 9 10

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Pay phones, benches, etc.

1 2 3 4 5 6 7 8 9 10

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Are all land uses appropriate (commercial, residential, green space, etc)?

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Did you see any conflicting land uses (e.g. liquor shop next to the school)?

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Did you experience traffic or pedestrian congestion? If yes, please specify location.

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Accessibility of facilities and infrastructure for people with disabilities? Please comment.

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**Tourism**

Does the community have a tourism function?

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Does the community/BID have a brand/slogan?

Is the community/BID well known for an attraction, event or festival? Are there any annual events/festivals?

Quality/appearance of existing tourist attractions  
1 2 3 4 5 6 7 8 9 10

Are there any existing community/BID events that could be expanded/developed to appeal to tourists?

**Arts and Culture**  
Cultural attractions (library, museum, heritage)  
1 2 3 4 5 6 7 8 9 10

Visual arts (gallery, sculpture, murals, etc.)  
1 2 3 4 5 6 7 8 9 10

**Faith/Religion**  
Dramatic arts (theatre, etc.)  
1 2 3 4 5 6 7 8 9 10

Music (concerts, bandstand, etc.)  
1 2 3 4 5 6 7 8 9 10

**Accommodation and Food**  
Availability of overnight accommodation

Are there facilities to accommodate a conference and/or a large number of visitors?

Quality of restaurants  
1 2 3 4 5 6 7 8 9 10

Variety/mix of restaurants  
1 2 3 4 5 6 7 8 9 10

Where did residents recommend to eat? Were these restaurants in the BID area?

What restaurant, speciality shop or attraction would bring you back to this community in the near future?

Number / variety / appearance of religious buildings; note the quality of any heritage features

**Recreation facilities**  
Public recreation facilities (availability and appearance)  
1 2 3 4 5 6 7 8 9 10

Private recreation facilities (availability and appearance)

1 2 3 4 5 6 7 8 9 10

#### 4. SENSORY IMPRESSIONS

**Taste** – Was there any speciality food item, bakery, restaurant or candy store that you will remember?

**Smell** – Is there a smell characterizing the community?

**Sight** – Was there any colourful or striking feature in the community that made an impression on you?

**Sound** – What sounds did you hear? Noise?

**Environmental health (air quality, litter, pollution)?**

**Did you feel safe? Would you feel safe at night?**

**Did you have any strongly negative or positive experiences in the community? Be specific**

#### 5. OVERALL IMPRESSIONS

**Mix of facilities and services in the community**

**Most outstanding feature of the community?**

**Would you consider locating your business here?**

**On a scale of 1 to 10, to what extent does the community fulfil the following functions?**

FUNCTION RATING

Retail	
Commercial	
Restaurants/Entertainment	
Visitor Accommodation/Services	
Community meeting place	
Residential	
Arts and culture	
Institutional services (govt, etc)	
Non-profit organisations	

**List five positive things about the community:**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

**List five shortcomings (if any) of this community:**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

**What will you remember most about this community six months from now (positive or negative)?**

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