

Survey to Determine Interest in Business Incubation Services

Introduction

The City of Iqaluit's CED Committee has formed a working group to explore the feasibility of establishing a Business Incubator/Accelerator Centre in the city. The purpose of such a facility is to help entrepreneurs get their ideas off the ground by providing support in overcoming the many challenges that new businesses face such as lack of affordable rental space, and the high cost or unavailability of advisory/facilitation services. Participants in this type of program are typically eligible to occupy space in an incubation centre and receive advisory services in the areas of accounting/bookkeeping, legal matters, operations, HR management, business administration, marketing, sales, etc.

2 Ways to Fill Out the Survey

The attached survey will be available in both printed and electronic formats at the City of Iqaluit's office and on City of Iqaluit's website respectively. Completed surveys can be returned by mail using the information below, or in person at the City of Iqaluit offices, located on the second floor of the Arnaitok Arena or Building 2425.

For return by mail:

Business Incubator Survey
City of Iqaluit
PO Box 460
Iqaluit, NU X0A 0H0

Results and Analysis

Please note that all questions in this survey are optional. Your feedback will be used to gather information on the need for, and interest in, an incubation centre for Iqaluit. We encourage you to respond as completely as possible and to the best of your ability.

Confidentiality

All information provided in response to this survey will be kept strictly confidential.

For further information on this project, please contact Joamie Egeesiak, Economic Development Officer at 979-6363 ext 230, or by email at j.egeesiak@city.iqaluit.nu.ca.

Disclosure

The aim of this questionnaire is to determine the level and type of interest in business incubation services in Iqaluit. This is not an application form.

Contact	
1. Company name:	2. Individual's name:
3. Main telephone:	4. Web site:
5. Email:	6. Mailing Address:
Personal Profile	
7. Place of residence:	8. Resident since:
9. Skills & expertise:	10. Years of relevant work experience:
11. Relevant education:	
Company Profile	
12. Industry/Sector:	
13. Core Products/Services:	
14. Gross Annual Revenue (actual or expected if your business does not yet exist):	
15. If you have an existing business, what stage is your company at:	<input type="checkbox"/> early-stage <input type="checkbox"/> start-up (beginning operations) <input type="checkbox"/> operating and profitable <input type="checkbox"/> looking at expansion <input type="checkbox"/> looking at going extra-territorial/national
16. If you have an existing business, nature of business operation:	<input type="checkbox"/> sole proprietorship <input type="checkbox"/> partnership <input type="checkbox"/> incorporated <input type="checkbox"/> franchise <input type="checkbox"/> joint venture
17. Do you have a business plan:	yes / no
18. Is your business seasonal:	yes / no
19. If you have an existing business, where do you currently operate from:	<input type="checkbox"/> home <input type="checkbox"/> temporary location <input type="checkbox"/> rented space
20. Does your business require working outside of regular office hours (8:30AM – 5PM):	yes / no Explanation:
21. If you have an existing business, is your business in good standing with the CRA, Nunavut Legal Registries, City of Iqaluit, and WSCC:	yes / no Explanation:

Demand Assessment	
22. Which Business Incubation Services are you interested in:	A) Desk and Facility Space B) A) with supervised clerical staff C) Additional services discussed on a case-by-case basis
23. If the Business Incubator provided the following services would you be interested in making use of:	<input type="checkbox"/> bookkeeping services <input type="checkbox"/> marketing services <input type="checkbox"/> business plan writing services <input type="checkbox"/> web hosting services <input type="checkbox"/> web site development services
24. In what other ways would you make use of the Business Incubator Centre (for example, meet with clients; sell products from; network with other entrepreneurs):	
25. If your business does not yet exist, what is the reason you have not been able to open your business:	Explanation (for example, not having space available, unaffordable rental fee, lack of required skills):
26. When would you like to begin using the Business Incubation Centre:	
27. How long do you anticipate using the Business Incubator Centre and its services:	<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months <input type="checkbox"/> more than 36 months
28. How much space do you need:	_____ ft ² <input type="checkbox"/> 1 room <input type="checkbox"/> 2 rooms <input type="checkbox"/> more than 2 rooms
29. Does your business require special equipment that is either large, noisy, or creates smoke/smell (unpleasant or otherwise intense):	yes / no Explanation:
30. How many people would be working with you on the premises:	<input type="checkbox"/> only myself <input type="checkbox"/> 1 more <input type="checkbox"/> 2-3 more <input type="checkbox"/> more than 3
31. If you have an existing business, does your business currently have an advisor: (for example, accountant, lawyer, business-owner)	yes / no Type of mentoring you are currently receiving:

32. Does/will your business need to display items for sale that requires a front window?	yes / no Explanation:
33. Does/will your business sell products and services mainly to other business?	yes / no Explanation:
34. What economic sector is your business primarily focused on (a) providing services to or (b) selling products to:	<input type="checkbox"/> fishing and hunting <input type="checkbox"/> mining, oil & gas extraction <input type="checkbox"/> construction <input type="checkbox"/> manufacturing <input type="checkbox"/> wholesale trade <input type="checkbox"/> retail trade <input type="checkbox"/> transportation and warehousing <input type="checkbox"/> professional and technical services <input type="checkbox"/> educational services <input type="checkbox"/> health care <input type="checkbox"/> arts & entertainment <input type="checkbox"/> accommodation & food services
35. What are your target markets?	<input type="checkbox"/> individual consumers <input type="checkbox"/> government <input type="checkbox"/> other businesses
36. How do you intend to market your products or services?	<input type="checkbox"/> word of mouth <input type="checkbox"/> direct to consumers <input type="checkbox"/> radio/TV <input type="checkbox"/> local newspaper <input type="checkbox"/> online <input type="checkbox"/> other , Explain:
37. Who are your major competitors?	
38. What is your competitive advantage?	
39. Does/will your business require storage of inventory?	yes / no <input type="checkbox"/> heated <input type="checkbox"/> cold <input type="checkbox"/> non-temperature controlled Explanation:
40. Does/will your business require parking space?	yes / no Explanation:
41. List your business goals for the next 2-5 years:	
42. Is this the first business that you have started or will start?	yes / no Explanation:

If you wish to be contacted when updates are available on the Business Incubator project please put a check mark (✓) in the following box. Yes, I wish to be contacted