



SURVEY TO DETERMINE THE DEMAND FOR A BUSINESS INCUBATOR/SHARED SPACE

Background

Invest Saint Lucia (ISL) - the official agency responsible for investment generation, promotion and facilitation - is seeking to improve on the entrepreneurship landscape on Saint Lucia.

In supporting this drive, ISL is considering a new initiative - the use of an ISL factory shell as a dedicated shared incubator space to encourage the growth of micro and small businesses.

In this regard, ISL invites you to complete the form below in order to help us determine the demand for such an initiative.

Confidentiality

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

For further information on this project, please contact Mr. Dave Headley, Research and Development Officer at 457-3411 or dheadley@investstlucia.com

Please answer all questions that are applicable

Contact

1. Company name:

2. Individual Name

3. Main Telephone:

4. Email:

5. Website:

6. Mailing Address:

Company Profile

7. Industry or Sector:

8. Core Products/Services:

9. Please select the category your business falls in:

- Micro Business
- Small Business

10. How many people would be working with you on the premises?

- Only myself
- 2-5 employees
- More than 5 employees _____ (Specify)

11. Gross Annual Revenue range **(EC\$)** (actual or expected if your business does not yet exist):

- Less than \$50,000
- \$50,000- \$75,000
- \$75,000 - \$100,000
- \$100,000- \$200,000
- Greater than \$200,000

12. If you have an existing business, what stage is your company at?

- Start-up (beginning operations)
- Early stage
- Operating and profitable
- Looking at expansion
- Looking at going extra-territorial/national
- _____ (How many years of operating if applicable)

13. If you have an existing business, what's the nature of your operation?

- Sole proprietorship
- Partnership
- Incorporated
- Franchise
- Joint Venture

14. Do you have a business plan? (If you are **Not** a Startup Company go to the next question)

- Yes
- No

15. Is your business seasonal?

- Yes
- No

16. If you have an existing business, where do you currently operate from:

- Home
- Temporary location
- Rented space

Please provide a physical address: _____

17. Does your business require working outside regular office hours (8:00am-4:30 pm)?

- Yes
- No
- Further explanation:

18. If you have an existing business, is it registered or certified with any of the following? Select all that apply.

Registry of Companies and Intellectual Property (ROCIP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
National Insurance Corporation (NIC)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Small Business Development Centre/Department of Commerce	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inland Revenue Department (IRD)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Saint Lucia Bureau of Standards (SLBS)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

19. Which business incubation services or amenities would you be interested in? (Select all that apply)

- Desk and facility space
- Backup power access
- Solar power
- Running water
- Low cost electrical supply
- Clerical staff
- Reception service
- Loading dock
- Bookkeeping services
- Security service
- Marketing services
- Accounting assistance/advice
- Legal assistance/advice
- Access to finance
- Training room
- Business plan writing service
- Web hosting services
- Website development services
- Training room
- Flexible lease terms
- Shared office equipment
- Shared conference room with professional call and video conferencing
- 24-7 access to the facility
- Lunch/break room
- Warehouse storage
- Networking
- Access to business partners
- Human resource management (help finding qualified partners)
- IT Support
- Waste management
- Other _____

20. If your business does not yet exist, what is the reason you have not been able to open your business:

21. How soon would you like to use the entrepreneurship space?

22. How long do you anticipate using the entrepreneurship space?

- 6 months
- 12 months
- 24 months
- 36 months
- More than 36 months

23. How much space do you need?

- 1 room
- 2 rooms
- More than 2 rooms
- _____ Sq. ft. (Indicate the amount of space needed)

24. Does your business require special equipment that is either large, noisy or creates smoke/ smell?

- Yes
- No
- Please explain:

25. If you have an existing business, does your business currently have an advisor? (for example, an accountant, lawyer or business-owner)

- Yes
- No
- If yes, please specify the type of mentoring you are currently receiving:

26. Any additional comments:

Thanks for Participating!