

# River Valley Agriculture Commission Shared-Use Commercial Kitchen Survey

## What is a Shared Use Kitchen?

The concept of a Shared Use Kitchen is to help food entrepreneurs by providing access to commercial kitchen equipment in a shared space, to prepare and process food for consumer marketing. The facility would meet all state and federal regulations and requirements. It would also provide a supportive environment in which information and support can be accessed easily.

## Survey Questionnaire

**Directions:** Thank you for taking the time to complete this survey. The information you provide will be important in determining the need for a shared-use commercial kitchen in the River Valley area. This survey is designed for current producers/businesses as well as potential ones, so it is important that you answer as many questions as possible, even if you are not currently producing a product. After completion of this survey, **please return it to the River Valley Agriculture Commission at the following address: River Valley Growth Council, 60 Lowell Street, Rumford, ME 04276. The survey should be returned by August 1, 2008.**

*This survey is part of a project to establish a shared use commercial kitchen at the River Valley Technology Center as a community resource. The survey should take approximately 15 minutes to complete. Thank you for your participation.*

### A. Client and Product Information

1) Please indicate your type of business or potential business.

- |   |  |
|---|--|
| <input type="checkbox"/> home-based processor   | <input type="checkbox"/> farmer/grower                   |
| <input type="checkbox"/> caterer                | <input type="checkbox"/> specialty/gourmet food producer |
| <input type="checkbox"/> restaurant             | <input type="checkbox"/> other: _____                    |
| <input type="checkbox"/> community organization |  |

2) Are you currently producing a processed food product?  Yes  No (If no, proceed to question #15)

3) Are you working with a co-packer (someone else who processes and packs your product)?  Yes  No (If no, proceed to question #15)

4) In the following space, please provide the following: the product(s) that you are currently producing, how long you have been producing them, the current volume produced, and the frequency of production (e.g. daily, weekly, etc.) and whether you intend to expand production.

Product	Producing Since	Volume/Freq.	Expand(Y/N)?
_____	_____/_____	_____	_____
_____	_____/_____	_____	_____
_____	_____/_____	_____	_____

5) Is your production seasonal or year-round? \_\_\_ seasonal \_\_\_ year-round

If seasonal, please circle months in which you produce your product.

Jan Feb Mar April May June July Aug Sept Oct Nov Dec

6) Are you planning to introduce new products? \_\_\_ Yes \_\_\_ No

7) If yes, please list the product(s) that you plan to produce, when you would like to begin production, and anticipated volume of production.

Product	Begin Production	Anticipated Volume
_____	_____	_____
_____	_____	_____
_____	_____	_____

8) Do you work with fresh ingredients? \_\_\_ Yes \_\_\_ No

9) Is your product molded? \_\_\_ Yes \_\_\_ No

10) How is your product packed? \_\_\_ dry-packed \_\_\_ wet packed \_\_\_ other: \_\_\_\_\_

11) Is your product \_\_\_ organic? \_\_\_ kosher? \_\_\_ vegan? \_\_\_ other: \_\_\_\_\_

12) Do you have a license to produce your product in the state of Maine? \_\_\_ Yes \_\_\_ No \_\_\_ Unsure

13) How many people are involved in processing your product? \_\_\_\_\_

14) Do you have a business plan available for review? \_\_\_ Yes \_\_\_ No

### B. Service Needs

15) Please prioritize your service needs by putting a "1" next to those items that are most important and a "2" next to those services that would be useful, but not essential to your business or potential business.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Finding markets                | <input type="checkbox"/> Labeling                 | <input type="checkbox"/> Financial assistance            |
| <input type="checkbox"/> Assistance w/ distribution     | <input type="checkbox"/> Pricing products         | <input type="checkbox"/> Sale of business                |
| <input type="checkbox"/> Estimating the size of markets | <input type="checkbox"/> Packing                  | <input type="checkbox"/> Insurance (business, liability) |
| <input type="checkbox"/> Awareness of market trends     | <input type="checkbox"/> Business planning        | <input type="checkbox"/> Access to funding/credit        |
| <input type="checkbox"/> Assessing competition          | <input type="checkbox"/> Sourcing ingredients     | <input type="checkbox"/> Familiarity with regulations    |
| <input type="checkbox"/> Forming strategic alliances    | <input type="checkbox"/> Scaling up your business | <input type="checkbox"/> Bookkeeping                     |
| <input type="checkbox"/> Sales projections              | <input type="checkbox"/> Managing employees       | <input type="checkbox"/> Faxing/Copier/Phone             |
| <input type="checkbox"/> Product development            | <input type="checkbox"/> Hiring additional labor  | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Batch consistency              | <input type="checkbox"/> Mentoring                |  |

### C. Potential Use of Shared-Use Commercial Kitchen

The following questions refer to your projected use of the kitchen space of a shared-use commercial kitchen if one were to become available in the River Valley area.



retail, direct to consumers                       mail-order (retail or wholesale)  
 direct wholesale (to other businesses, such as restaurants)                       other: \_\_\_\_\_

26) What do you feel are the greatest obstacles to increasing the volume of your sales or potential sales?

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

27) What do you feel are the greatest obstacles to increasing the profit from your sales or potential sales?

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

### **E. Other Questions**

28) Do you have a food processing facility with excess capacity?  Yes  No

29) If yes, would you consider letting someone else use your facility for food-processing?  
 Yes  No

30) Would you consider being a co-packer (someone who processes and packs a product for someone else)?  Yes  No

**If you are willing, please provide the following information so that we may contact you as the project moves forward.**

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

**Name:** (Mr./Mrs./Miss): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

**Name of Your Business:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Do you know of anyone else who might be interested in using a shared-use commercial kitchen?**

Name: (Mr./Mrs./Miss): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

**If you have any questions, please call Beverly Crosby at 369-0396 or email at**

**[rvgc@rvgc.org](mailto:rvgc@rvgc.org)**

**Thank you for taking the time to fill out this survey.**