

Northeast Ohio Shared Commercial Kitchen / Incubator

NEEDS SURVEY

For Prospective Users

Definition: Kitchen incubator/ Shared Commercial Kitchen - From Wikipedia, the free encyclopedia - A kitchen incubator is a business incubator dedicated to early-stage catering, retail and wholesale food businesses. Kitchen incubators are mostly found in those countries with significant levels of food safety regulation where capital investment in commercial kitchen equipment can be prohibitive for a new business. By covering the capital cost of shared kitchen facilities which are lent on a timeslot basis to incubatees, the kitchen incubator enables a business to develop to the stage where it can invest in its own kitchen facilities.

Kitchen incubators share the wider business ideals operated within business incubators and will usually assist their tenants with business planning, access to finance, mentoring, and other business facilities.

Users can include vegetable growers, meat processors, fruit growers, cheese makers, grape growers, etc.

Please complete the following questionnaire about the proposed facility and mail or fax it by March 1, 2010 (or as soon as possible thereafter) to:

City of Geneva
 44 N. Forest St. Geneva, OH 44041
 PHONE: 440-466-4675 FAX: 440-466-5027
asstcitymgr@genevaohio.com Attn: Jennifer Brown

1. What type of company or group do you have now or want to be?

- | | |
|--|--|
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Value added Farm Producer |
| <input type="checkbox"/> Specialty/Gourmet Food Producer
(i.e., mustard, barbecue sauce, salsa,
jams, cheesecakes, etc.) | <input type="checkbox"/> Church/School/Civic Group |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Cart/Street Vendor |
| | <input type="checkbox"/> Restaurant |

2. What food item(s) are you now or would you be interested in preparing?

	Are now preparing	Interested in preparing	How Interested?				
			Low	Medium	High		
1. Bakery Items	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
2. Catered Meals	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
3. Sauces / Salsa / Condiments	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
4. Value Added Produce	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
5. Pasta	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
6. Dry Mixes	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5

- | | | | | | | | |
|-----------------------|--------------------------|--------------------------|---|---|---|---|---|
| 7. Herbal Supplements | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |
| 8. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |
| 9. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 |

Comments:

3. What facilities or services are you currently using to meet your food service needs (e.g., church kitchen, rental kitchen, home kitchen)?
-
-

4. What type of equipment would you need to prepare your food product?

	How Important?				
	Low	Medium	High		
<input type="checkbox"/> Standard Range / Oven	1	2	3	4	5
<input type="checkbox"/> Steam Jacketed Kettle	1	2	3	4	5
<input type="checkbox"/> Commercial Mixer	1	2	3	4	5
<input type="checkbox"/> Filling and Packaging Equipment	1	2	3	4	5
<input type="checkbox"/> Walkin Cooler	1	2	3	4	5
<input type="checkbox"/> Food Processor	1	2	3	4	5
<input type="checkbox"/> Walkin Freezer	1	2	3	4	5
<input type="checkbox"/> Dishwasher	1	2	3	4	5
<input type="checkbox"/> Stainless Steel Table	1	2	3	4	5
<input type="checkbox"/> Dehydrator /Drying Equipment	1	2	3	4	5
<input type="checkbox"/> Convection Oven	1	2	3	4	5
<input type="checkbox"/> Deep Fryer	1	2	3	4	5
<input type="checkbox"/> Labeling Equipment	1	2	3	4	5
<input type="checkbox"/> Packaging Equipment	1	2	3	4	5
<input type="checkbox"/> Storage Space	1	2	3	4	5
<input type="checkbox"/> Smoker	1	2	3	4	5
<input type="checkbox"/> Sterilizer	1	2	3	4	5
<input type="checkbox"/> Grinder / Blender	1	2	3	4	5
<input type="checkbox"/> Thermal Bottle	1	2	3	4	5
<input type="checkbox"/> Flash Freezer	1	2	3	4	5
<input type="checkbox"/> Other _____	1	2	3	4	5
<input type="checkbox"/> Other _____	1	2	3	4	5
<input type="checkbox"/> Other _____	1	2	3	4	5

5. What ingredients are essential to your products?

- Meat
- Dairy
- Low Acid
- High Acid
- Seafood
- Other _____

6. How often might you be interested in using this facility?

- Daily
- Weekly
- Monthly
- Occasionally

What volume of product/production do you envision?

Total hours per week of estimated usage: _____

7. Do you need help to market your product? Yes No

8. Would you purchase frozen or canned produce throughout the year if it were available?
What products would you be interested in purchasing?

Yes No _____

9. Would you be interested in sharing services in addition to the kitchen facilities? Such as:

- | | |
|---|---|
| <input type="checkbox"/> Phone Answering | <input type="checkbox"/> Secretarial |
| <input type="checkbox"/> Copy Machine | <input type="checkbox"/> Fax Machine |
| <input type="checkbox"/> Personal Computer | <input type="checkbox"/> Postage Meters |
| <input type="checkbox"/> Office Space | <input type="checkbox"/> High Speed Internet Connection |
| <input type="checkbox"/> Web Development | <input type="checkbox"/> Shared Marketing |
| <input type="checkbox"/> Shared Packaging | <input type="checkbox"/> Group Purchasing |
| <input type="checkbox"/> Food Safety Consultant | <input type="checkbox"/> Kitchen Manager |

Comments:

10. Would any of the following seminars or classes be of interest to you?
(Check as many as apply.)

- Preparing a business plan for a food-related business
- Marketing assistance for a food-related business
- Microenterprise and self-employment opportunities
- Meeting local, state and federal health regulations for food preparation and food product distribution
- Nutritional considerations for prepared meals or food products
- Starting a business legally
- Obtaining and using credit
- Food safety education

11. Is there something that you'd like to do that we haven't asked about?

Respondent Information (optional)

(Mr./Mrs./Ms.): _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Would you be interested in attending a meeting to discuss future plans for the proposed shared-use value added food center? Yes No

**Thank you for your time and interest.
Do you have questions?**

Jennifer Brown: (440) 466-4675 e-mail:asstcitymgr@genevaohio.com

This questionnaire was designed for entrepreneurs, companies and organizations, which might be prospective tenants of the proposed facility. If you have other suggestions or comments regarding the need for a kitchen incubator, please use the space below:
