

BUSINESS OPINION QUESTIONNAIRE

ABOUT

MONTANA'S LEWIS & CLARK BICENTENNIAL COMMEMORATION

1. In your opinion, what goals should be emphasized as we plan for the Bicentennial? (rate the level of importance, with 1=Very Important, 2=Important, 3=Not Very Important)

- | | |
|---|--|
| <input type="checkbox"/> Maximize Business Opportunities | <input type="checkbox"/> Protect Montana's Natural Resources |
| <input type="checkbox"/> Ensure Historical Accuracy | <input type="checkbox"/> Keep Tourists in Developed Urban Areas |
| <input type="checkbox"/> Incorporate Tribal Perspectives | <input type="checkbox"/> Disperse Tourists to Rural Areas (If Desired) |
| <input type="checkbox"/> Build Business in Off-Peak Seasons | <input type="checkbox"/> Other: _____ |

2. What types of projects should be Montana's top Bicentennial priorities? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Tourism Development in <i>Urban</i> Areas | <input type="checkbox"/> Promotion of Montana Products |
| <input type="checkbox"/> Tourism Development in <i>Rural</i> Areas | <input type="checkbox"/> Educational Programs for Montanans |
| <input type="checkbox"/> Infrastructure Improvements | <input type="checkbox"/> Events & Reenactments |
| <input type="checkbox"/> Customer Service Training | <input type="checkbox"/> Historic Preservation (Trail, Sites, etc.) |
| <input type="checkbox"/> Projects that Leave a Lasting Legacy | <input type="checkbox"/> Involvement of Montana's Youth |
| <input type="checkbox"/> Other: _____ | |

Please circle the project type above that would be your highest priority.

3. What concerns do you have, if any, about the Bicentennial commemoration? (use reverse side if necessary)

4. a. Is your company interested in Bicentennial participation?

- Yes Maybe No (skip to question 8)

- b. If Yes or Maybe, in what way? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Serve on Board of Corporate Advisors | <input type="checkbox"/> Bicentennial Marketing/Promotion |
| <input type="checkbox"/> Sponsor of Event | <input type="checkbox"/> Sponsor of a Lasting Legacy Project |
| <input type="checkbox"/> Licensed Bicentennial Products | <input type="checkbox"/> Participation in Educational Programming |
| <input type="checkbox"/> Provide Supplies or Tourist Services | <input type="checkbox"/> Historic Preservation Projects |
| <input type="checkbox"/> Community-oriented Grants Program | <input type="checkbox"/> Other _____ |

5. What type of marketing or public relations benefits (in exchange for your participation) would be most valuable to your company? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Direct business referrals | <input type="checkbox"/> Major Sponsor Designation in Promotions |
| <input type="checkbox"/> Official Supplier or Vendor designation | <input type="checkbox"/> Preferred Seats/Access to Bicentennial Events |
| <input type="checkbox"/> Company Recognition for Legacy Projects | <input type="checkbox"/> Recognition for Preservation/Restorat'n Efforts |
| <input type="checkbox"/> Recognition at Bicentennial Events | <input type="checkbox"/> Internet Product Catalog, Tourist Info or Links |
| <input type="checkbox"/> Other _____ | |

(OVER)

6. **What level of investment in Bicentennials programming might your company consider?**
(check all that apply)

Monetary Investment:

- Under \$5,000
- \$5,000 - \$10,000
- \$10,000 - \$50,000
- \$50,000 - \$100,000
- \$100,000 - \$500,000
- \$500,000 or more

Inkind Services Investment:

- Professional Staff Support
- Other Staff Support (Administrative, etc.)
- Supplies or Materials
- Labor or Equipment
- Marketing or Promotion
- Other_____

7. **In which part(s) of the State are you most interested in being involved?** (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Northeast | <input type="checkbox"/> Southeast |
| <input type="checkbox"/> North Central | <input type="checkbox"/> South Central |
| <input type="checkbox"/> Northwest | <input type="checkbox"/> Southwest |
| <input type="checkbox"/> All (Statewide) | <input type="checkbox"/> Other/Specific_____ |

8. **Company Information:**

Company Name_____

Contact Name_____

Mailing Address_____

Telephone_____ Fax_____

E-mail_____ Web Site_____

9. **Do you have further comments to share with us?** (attach additional sheets if necessary)

Thank you for your help – your insights are extremely valuable to us!

Please fax or mail this survey by July 14, 2000 in the enclosed envelope to:

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