# *Leadtime Leader* *Awards* Competition

# Questionnaire

(Please complete and return to [cfuges@gardnerweb.com](mailto:cfuges@gardnerweb.com).)

*Key criteria considered: technology investment, workforce development, customer service, continuous improvement strategy, sales & marketing effort and industry involvement.*

|  |  |
| --- | --- |
| **Name of Operating Company** |  |
| **Contact Name(s)** |  |
| **Headquarters Address** |  |
| **Phone number** |  |
| **e-mail address** |  |
| **Website** |  |
| **Number of locations** |  |
| **Physical size (sq. ft. per location)** |  |
| **TOTAL number of employees across all buildings/facilities with molds activity (e.g. designed; built; maintained; repaired) (***select one only)* | 1-49 50-249 250+ |
| **Number of employees directly associated with molds activity (e.g. designed; built; maintained; repaired)**  **(***select one only)* | 1-49 50-249 250+ |

**Company Profile**

**As you complete this survey, please think of your entire company, including all locations and buildings. Use additional space as needed to provide your responses.**

**Please select all that apply to your company in each column**

|  |  |
| --- | --- |
| **Services offered** | **Industries served** |
| Additive manufacturing | Automotive/transportation |
| CAD/CAM | Consumer products |
| Grinding | Packaging |
| Milling | Medical |
| EDM | Electronics/Computer |
| Tool maintenance & repair | Other |
| Mold finishing |  |
| Injection molding |  |
| Other |  |

**What percentage of your company’s unit work in 2017 represents…**

**(***please enter a percentage between 0 and 100 for each type of work. Your 4 percentages should total 100%***):**

* Original work for *your* company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Rework of *your* company’s original work\_\_\_\_\_\_\_\_\_\_\_\_\_
* Rework of *another* company’s original work \_\_\_\_\_\_\_\_\_\_
* Other type of work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please be specific in completing the 2 lists below for your company:**

|  |  |
| --- | --- |
| **Types of molds built**  (*include number of cavities.)* | **Equipment owned**  (*include types and brands.)* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**History of company: (***please be specific, including how started in the moldmaking business, when;*

*owners/executives/backgrounds, etc.)*

**Performance Measures**

*For the following questions, use a separate page if necessary; and feel free to submit any relevant images, links to videos, etc. that may assist with telling your story.*

***The Operations***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Measure** | **Rate in 2017**  **(Write in)** | **Rate in 2017 compared to 2016**  **(select one only for each measure)** | | |
| **Higher** | **About the same** | **Lower** |
| First pass quality rate  (i.e. no re-work) |  |  |  |  |
| Average on-time delivery rate  (i.e. meeting customers’ expectations) |  |  |  |  |

* What was your company’s average lead time in 2017 (*please enter in ‘weeks’ as a whole number)*

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

* How does your company’s 2017 lead time compare to 2016?

*(select one only and follow the direction associated with your response)*

Shorter – *answer the next question and skip the one directly following it*

About the same - *skip the next 2 questions*

Longer – *skip the next question and answer the one directly following it*

* For what reasons was your company’s 2017 lead time shorter vs. 2016? (*please be specific)*
* For what reasons was your company’s 2017 lead time longer vs. 2016? (*please be specific)*

***The Business***

* Please write in each number for your company in the format requested

|  |  |
| --- | --- |
| **Measure** | **Number** |
| Average time (in days/weeks) from quote to close in 2017  (*enter in days/weeks as a whole number)* |  |
| Quoted dollar volume converted into sales in 2017  *(enter as a percentage between 0 and 100)* |  |
| % sales growth in 2017 compared to 2016?  *(enter as a percentage between 0 and 100, representing the degree to which sales in 2017 were higher than 2016; if sales were not higher in 2017, enter ‘0’.)* |  |

* There are many ways companies innovate. Rate **each** type of innovation on a 5-point scale*, ‘does not describe at all’ to ‘describes very well,’* for how well it describes your company’s innovation

*(put an ‘x’ in one rating box for each statement.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **My company innovates using…** | **Does not describe at all**  **(1)** | **(2)** | **(3)** | **(4)** | **Describes very well**  **(5)** |
| New technologies, processes, capabilities |  |  |  |  |  |
| Optimized current technologies, processes, capabilities |  |  |  |  |  |
| Craftsmanship |  |  |  |  |  |
| Workforce development/training |  |  |  |  |  |
| Service |  |  |  |  |  |
| Sales & marketing |  |  |  |  |  |
| Employee compensation, benefits, ‘perks’ |  |  |  |  |  |

* For **each** type of innovation that describes your company ‘very well’ according to the rating you gave it in the previous question, please provide at least one specific example that demonstrates it.

|  |  |
| --- | --- |
| **Describes my company’s innovation ‘very well’** | **Specific example(s) of ways my company uses for innovation** |
| New technologies, processes, capabilities |  |
| Optimized current technologies, processes, capabilities |  |
| Craftsmanship |  |
| Workforce development/training |  |
| Service |  |
| Sales & marketing |  |
| Employee compensation, benefits, ‘perks’ |  |

***The Business (continued)***

* What % of 2017 sales was invested in technology related to each area

*(please enter a percentage between 0 and 100 for each area):*

|  |  |
| --- | --- |
| **Technology Area** | **Percentage** |
| Design & Engineer |  |
| Build |  |
| Maintenance & Repair |  |
| Molding |  |

* Which specific technology invested in in 2017 has had the most impact on your operation, and how/why? *(please be specific)*
* How does your company’s current 2017 order backlog compare to expectations? *(select one only)*

Higher than expected

About as expected

Lower than expected

* How does your company’s 2017 profit margin compare to goal? *(select one only)*

Higher than goal

On track with goal

Lower than goal

***The Competition***

* What **one** feature or characteristic sets your company apart from other mold manufacturers **the most**?

*(please be specific)*

***The Workforce***

* Please write in each number for your company in the format requested

|  |  |
| --- | --- |
| **Measure** | **Number** |
| What percentage of your 2017 shop floor personnel is under age 25?  *(please enter a percentage between 0 and 100)* |  |
| What percentage of your 2017 employees were employees in 2014?  *(please enter a percentage between 0 and 100)* |  |
| What was your company’s ratio of apprentices to journeymen moldmakers in 2017? *(please enter a percentage between 0 and 100)* |  |
| What’s your company’s regretted turnover rate in 2017, that is, what percentage of your total employees left the company despite having satisfactory performance?  *(please enter a percentage between 0 and 100)* |  |

* How did your company’s 2017 hiring in terms of number of new employees compare to target?

*(select one only)*

Above target

At target

Below target

* What is your company’s single most effective strategy for **recruiting** new employees?

*(please be specific)*

* What is your company’s single most effective strategy for **retaining** new employees?

*(please be specific)*

***The Customers***

* Please write in each response for your company in the format requested

|  |  |
| --- | --- |
| **Measure** | **Response** |
| What percentage of your company’s 2017 customers are new customers, that is, the percentage of 2017 customers who were not customers in 2016?  *(please enter a percentage between 0 and 100)* |  |
| What percentage of your company’s 2017 revenue represents increased business from customers you supplied beginning before 2017?  *(please enter a percentage between 0 and 100)* |  |
| What percentage of your company’s **new** customer base in 2017 was referred by other customers? *(please enter a percentage between 0 and 100)* |  |
| What are your company’s service hours, in terms of days of the week and hours per day, when someone is typically available to address issues customers may be having?  *(please be specific)* |  |

* What are your company’s means of assessing customer satisfaction? *(please be specific)*
* In which ONE area is a customer mostly likely to experience **tradeoffs** when working with your company? This is an area where a tradeoff may or may not occur, but the likelihood is highest.

(*select one only)*

Delivery timing

Service

Price

Quality

Flexibility

Relationship

Proximity

Other *(please specify)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What are your reasons for choosing the area you did at the previous question as the one in which a customer is most likely to experience a tradeoff working with your company? (*please be specific)*

***The Strategies***

* Please describe **your company’s** strategies for building and/or staying on top of each area listed below.

**The organization (e.g. training; school connections). *(please be specific)***

**The company brand (e.g. community citizenship, sales & marketing.) *(please be specific)***

**Competitive advantage (e.g. innovation, continuous improvement). *(please be specific)***

**Industry involvement (e.g. leading; informing; networking). *(please be specific)***

**Technology developments (e.g. investment plans, research). *(please be specific)***

*Information on this form will NOT be published. It is used strictly for internal judging purposes.*

*All feature stories on winner and honorable mentions will be approved by company.*