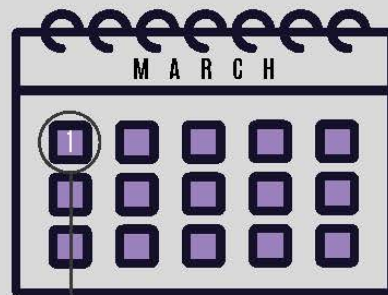


The Rural Grocery Initiative wants to hear from **you!**

KANSAS RURAL GROCERY SURVEY



Please return
your survey
by **March 1, 2021**

- ✓ 1. Receive:
 - Your survey should arrive by mail by early February.
- ✓ 2. Complete:
 - One survey should be completed by the grocery owner or manager.
- ✓ 3. Return:
 - Fold survey and return in provided pre-addressed and postage-paid envelope.

FIND MORE INFO @ ruralgrocery.org

Please continue to the next page to begin this survey.

Kansas Rural Grocery Survey

About this Survey:

The Rural Grocery Initiative at Kansas State University is conducting a research study that will survey all rural and independent grocery stores in Kansas. The purpose of this research is to gather key information on the characteristics, challenges and best practices of rural and independent grocery stores in Kansas. The information will be used to develop helpful resources for rural grocery stores. A similar survey was conducted in 2008 that informed the development of the Rural Grocery Toolkit (www.ruralgrocery.org/resources).



Completing this survey:

This survey should be completed by the grocery store owner or a senior manager, who has primary responsibility for the day-to-day operations of the grocery store. This 20-minute survey asks a series of questions about your grocery store.

There are no right or wrong answers, nor do we anticipate any risk associated with participating in the survey. Your participation is completely voluntary and you can stop at any time without explanation, penalty or loss of benefits. Completion and return of this questionnaire implies informed consent of your participation.

We hope that you choose to share your experiences with us so that the Rural Grocery Initiative can continue to serve rural grocery stores in meaningful ways.

Use of this information:

Responses to this survey will be used to characterize the state of rural and independent grocery in Kansas. A report will be created and shared through the Rural Grocery Initiative's website (www.ruralgrocery.org), the National Rural Grocery Summit and other affiliated outlets. Your survey responses will remain anonymous.

Questions about this project can be directed to the Rural Grocery Initiative:

Dr. David Procter
Rural Grocery Initiative
116 Umberger Hall
Kansas State University
Manhattan, KS 66506
(785) 532-6868

Questions about the Research Study can be directed to the University Institutional Review Board (IRB):

Rick Scheidt
Chair, Committee on Research Involving Human
Subjects
203 Fairchild Hall
Kansas State University
Manhattan, KS 66506
(785) 532-3224

Cheryl Doerr
Associate Vice President for Research Compliance
203 Fairchild Hall
Kansas State University
Manhattan, KS 66506
(785) 532-3224

Please complete the entire survey and return it in the postage-paid envelope provided in this packet by March 1, 2020.

About Your Store: This section of the survey asks about basic characteristics of this store, like ownership model, number of employees, etc.

1. What is your role in the grocery store? Select all that apply.

Owner Senior manager Other, please explain: _____

2. How many years have you owned or operated this grocery store? Select one option.

- a) Less than 5 years
- b) 6 to 10 years
- c) 11 to 20 years
- d) More than 20 years

3. From whom did you purchase the store? Select one option.

- a) The original owner
- b) A family member
- c) Other, please explain: _____

4. How did you learn about the grocery business? Select one option.

- a) Grew up at the store (my family owned the grocery store)
- b) Worked at another grocery store
- c) Learned on the job at this store, no prior training
- d) Other, please explain: _____

5. What is the type of ownership for this grocery store? Select one option.

- a) Privately owned business
- b) Corporate franchise
- c) Cooperatively owned business
- d) Municipality/City-owned
- e) Nonprofit
- f) Other, please specify: _____

6. Do you own or rent the building where your grocery store is located? Select one option.

- a) Owned by you – outright
- b) Owned by you – mortgaged
- c) Rented/leased – privately owned
- d) Rented/leased – municipality/city-owned
- e) Other, please specify: _____

7. To the best of your knowledge, what is the size of your customer base? Select one option.

- a) Less than 2,500
- b) 2,500 to 4,999
- c) 5,000 to 9,999
- d) 10,00 to 19,999
- e) 20,000 to 49,999
- f) 50,000 or more

8. Do you live in the same town or community in which your store is located? Select one option.

Yes No

9. How many hours do you spend working for the store per week? Select one option.

- a) 20 hours or less/week
- b) 21 to 40 hours/week
- c) 41 to 60 hours/week
- d) More than 60 hours/week

10. Do you or your spouse have full or part-time employment outside of this business? Select one option.

- a) Yes, one of us has employment outside the grocery store
- b) Yes, both of us have employment outside the grocery store
- c) No, neither of us have employment outside the grocery store

11. How many people are paid to work at this store per week, including owners?

Full-time adults (35 hours/week minimum) _____(employees)

Part-time adults (less than 35 hours/week) _____(employees)

High school students _____(employees)

12. Do you offer a benefits package to your employees? Check all that apply.

- Retirement plan
- Health insurance
- Paid vacation leave
- Paid sick leave
- No, we do not offer a benefits package for our employees
- Other, please explain: _____

13. How would you rate your employee compensation compared to other businesses in your community? Select one option.

- a) Not at all competitive
- b) Slightly competitive
- c) Moderately competitive
- d) Competitive
- e) Highly competitive

14. How many hours of volunteer help do you receive for your store on a weekly basis? This includes family members, friends and/or community members. Select one option.

- a) 1-5 hours/week
- b) 6-10 hours/week
- c) 11-20 hours/week
- d) More than 20 hours/week

Grocery Store Characteristics: This section asks about the size of your store, infrastructure, and equipment within your store.

15. What is the total square footage of your store? _____ Square Feet

16. What percentage of the building's total footprint makes up the following categories of space?

- Retail Area: _____%
- Dry Storage: _____%
- Cold Storage: _____%

17. What year was your building constructed? _____

18. Has there been a major renovation since your building was construction? Yes No
If so, what year was the renovation: _____

19. Which of the following upgrades were included in the renovation? Check all that apply.

- Heating/cooling and ventilation
- Refrigeration/freezers
- Added department (deli, floral, bakery). Please specify: _____
- Other, please explain: _____

20. What is the age of the equipment in your store? Select one answer for each type of equipment.

	Less than 10 years old	10 to 20 years old	More than 20 years old
Refrigerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freezers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hood (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air conditioning (AC) units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heaters/furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. What brand Point of Sale (POS) system do you use in your stores? (ex: CoPOS, NCR, Loc)

22. How satisfied are you with your current POS system? Select one option.

- a) Highly satisfied
- b) Satisfied
- c) Neither satisfied nor dissatisfied
- d) Dissatisfied
- e) Highly dissatisfied

Please explain: _____

23. What vendor did you work with to purchase and now service your Point of Sale system?

- a) North Country Business Products
- b) Retail Data Systems (RDS)
- c) Other: _____
- d) N/A

24. Do you currently have an online grocery shopping option?

- a) Yes
- b) No, but we have plans to implement online shopping within the next 5 years.
- c) No, and we do not have plans to implement online shopping in the next 5 years.

25. If you have an online grocery shopping option, what do you use? Select all that apply

- On our store's website
- On a multi-vendor marketplace (ex: Instacart)
- On a phone app
- Google form
- Facebook messaging
- Other: _____
- N/A

26. Do you offer curbside pickup?

- a) Yes, our staff picks in the store and customers collect
- b) Yes, a third party picks in the store and customers collect
- c) No

27. Do you offer grocery delivery?

- a) Yes, our staff delivers orders within ____ miles. (If no limit on distance, leave blank.)
- b) Yes, a third party delivers orders within ____ miles
- c) No

28. If you offer grocery delivery, how much do you charge for it?

- a) There is no additional charge for grocery delivery
- b) Less than \$5 per order
- c) \$6-\$10 per order
- d) More than \$10 per order

Store Supply and Offerings: This section asks about your store operations, including details on distributors and services offered in this store.

29. Please describe your relationship with the following programs. Check one option per line.

	This store offers this program.	This store does not offer this program but interested in offering in future.	This store does not currently offer this program and is not interested in offering in future.
Supplemental Nutrition Assistance Program (SNAP)/ Electronic Benefits Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women, Infants and Children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Up Food Bucks (DUFb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Who is your primary grocery supplier? Select one.

- a) Affiliated Foods, Inc.
- b) Associated Wholesale Grocers, Inc.
- c) Cash-Wa Distributing
- d) EVCO Wholesale Food Corp
- e) Kehe Distributors, LLC
- f) Spartan Nash
- g) United Natural Foods (UNFI)
- h) I don't work directly with a grocery distributor.
- i) Other: _____

31. Approximately how many pallets do you receive in a typical delivery? _____ pallets

32. How many secondary distributors/vendors visit your store (ex: bread, soda, chips, local products)?

- a) 1-2
- b) 3-5
- c) 6-10
- d) More than 10

33. Aside from a distributor or vendor, where else do you purchase items to sell at your store? Check all that apply.

- Costco/Sam's Club
- ALDI
- Wal-Mart
- Amazon
- I share an order with another grocery store to meet weekly minimums
- Other: _____

34. If you share an order with another grocery store, how far away is this store? _____ miles

35. What percentage of inventory do you purchase from local farmers or producers? Select one option.

- a) Less than 6%
- b) 6-15%
- c) 16 – 30%
- d) 31% - 50%
- e) More than 50%

36. How do you define "local" purchases? Select one option.

- a) Within the state of Kansas
- b) Within the county
- c) Within a multiple-county region
- d) Within a radius of ___ miles

37. Which of the following products and services does your store offer? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> ATM or bank | <input type="checkbox"/> Grocery Delivery |
| <input type="checkbox"/> Books/cards/gifts | <input type="checkbox"/> Hardware |
| <input type="checkbox"/> Café or restaurant | <input type="checkbox"/> Hunting/fishing/camping supplies |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Locally made crafts |
| <input type="checkbox"/> Curbside Pickup | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Florist | <input type="checkbox"/> Postage stamps and other postal services |
| <input type="checkbox"/> Fuel | <input type="checkbox"/> Other (please specify) _____ |

38. Are any of the products and services (listed above) operated by a separate business/owner?

Yes No

If yes, list businesses (ex: Flint Hills Pharmacy)? _____

39. What does your store do with fresh food items that are past their prime (ex: bruised fruits, wilted lettuce, etc.)? Rank from most frequent (1) to least frequent (6).

- Use them in deli/prepared foods
- Sell them to local residents/institutions at discounted prices
- Donate them to a food shelf/charitable organization
- Give them to a local farmer to feed to animals
- Discard them
- Other, please specify: _____

Store Performance: This section asks about performance measures for your store.

40. What are your average weekly gross sales? Select one option.

- a) Less than \$5,000
- b) Between \$5,000 and \$10,000
- c) Between \$10,000 and \$20,000
- d) Between \$20,000 and \$30,000
- e) Between \$30,000 and \$40,000
- f) Greater than \$40,000

41. What percentage of your sales are fresh produce? Select one option.

- a) Less than 6%
- b) 6% to 10%
- c) 11% to 15%
- d) More than 15%

42. Over the past year, how did the annual revenue for your store compare to previous years? Select one option.

- a) Much higher
- b) Slightly higher
- c) About the same
- d) Slightly lower
- e) Much lower

43. The average net profit for grocery stores is 1.1% after taxes. Does your store have a higher or lower net profit than the average? Select one option.

- a) Higher net profit than average
- b) Average net profit
- c) Lower net profit than average
- d) Unsure of net profit

Succession Planning: This section asks about your plans for the store's future.

44. Do you have any transition plans for the future management of this grocery store? Yes No

Please explain: _____

45. Do you have any transition plans for the future ownership of this grocery store? Yes No

Please explain: _____

46. For how many more years do you plan to continue to own this grocery store? Select one option.

- a) Less than one year
- b) 1 to 5 years
- c) 5 to 10 years
- d) More than 10 years
- e) I'm not sure at this time

Your customers and community: This section asks about your perceptions of the store's customers.

47. Who are your customers? Please list the estimated percentage of sales to each type of customer. Enter 0% if you do not sell to a particular type of customer.

	Estimated Percentage of Sales
Individuals and families	_____ %
Restaurants	_____ %
Local businesses, other than restaurants	_____ %
Schools	_____ %
Charitable food organization (food pantry, food bank)	_____ %
Nursing home or care center	_____ %
Hospitals	_____ %
Other institutions (<i>please specify</i>)	_____ %

48. What types of ethnic or cultural foods (Ex: Asian, Hispanic, Amish/Mennonite, German, Polish) do you offer in your store?

49. How do you learn what your customers would like added to the offerings in your store? Check all that apply.

- Suggestion box
- Social media posts
- Personal conversations
- Survey
- Other, please explain: _____

50. How do you share information about your store (weekly ads, menus at the deli, events, etc.) with your customers? Check all that apply.

- Mail ads
- Email
- Phone calls
- Text
- Social Media
- Other, please explain: _____

51. How does your store support the local community? Check all that apply.

- Provide physical space for gathering, such as deli with tables, conference room, etc.
- Provide grocery options specific to community needs/preferences
- Purchase from local producers and businesses
- Provide in-kind contributions (food) to charitable organizations, civic groups, schools, etc.
- Sponsor local events and sports teams
- Participate in community events, such as homecoming parade, canned food drive, etc.
- Other, please explain: _____

52. What do you think is most important to offer at your store? Please rank 1-7. 1 as most important, 7 as least important.

What do you think you do best in your store? Please rank 1-7. 1 as most important, 7 as least important.

____ Quality of food	____ Quality of food
____ Adequate variety of choices	____ Adequate variety of choices
____ Affordable prices	____ Affordable prices
____ Customer service	____ Customer service
____ Expanded business hours	____ Expanded business hours
____ Buying locally	____ Buying locally
____ Fully stocked shelves	____ Fully stocked shelves

53. In what ways do you work with other rural grocery stores? Check all that apply.

- Cooperative advertising/marketing
- Grocery distribution
- Sharing concerns/ideas
- Meeting minimum buying requirements
- Other: _____
- I do not collaborate with other grocery stores.

54. Are there other businesses that sell groceries within your community? If so, how far are they from your store? Select one answer for each type of business and enter a number if yes.

Convenience store or gas station that sells food	Yes	No	_____ mile(s)
Another full-service grocery store	Yes	No	_____ mile(s)
Supercenter (Walmart, Target, etc.)	Yes	No	_____ mile(s)
Drug store	Yes	No	_____ mile(s)
Dollar store	Yes	No	_____ mile(s)
Other (please specify) _____	Yes	No	_____ mile(s)

55. Has a discount retailer (dollar store) moved into your community in the past 5 years? Yes No

56. Is a discount retail store (dollar store) being planned for your community? Yes No

Challenges: This section asks you to share your perspectives on challenges that you face at this store.

57. How much of a current challenge are each of the following issues for your store? Circle the number.	Not a challenge				Very significant challenge
	1	2	3	4	5
Availability of grocery wholesale/distributors	1	2	3	4	5
Minimum buying requirements from vendors/distributors	1	2	3	4	5
Availability of satisfactory labor	1	2	3	4	5
Competition with large chain grocery stores	1	2	3	4	5
Competition with dollar stores	1	2	3	4	5
Competition with convenience stores/gas stations	1	2	3	4	5
Competition with online purchasing	1	2	3	4	5
Debt and/or high payments	1	2	3	4	5
High inventory costs/ low turnover	1	2	3	4	5
High operating costs (utilities, building lease, maintenance, etc.)	1	2	3	4	5
Keeping up with emerging shopping trends	1	2	3	4	5
Lack of community support	1	2	3	4	5
Low sales volume	1	2	3	4	5
Narrow profit margins	1	2	3	4	5
Shoplifting/theft	1	2	3	4	5
Shortage of working capital	1	2	3	4	5
Other (please specify) _____	1	2	3	4	5

58. How concerned are you about the following? Select one answer per line.

	Very Concerned	Somewhat Concerned	Neutral	Not Very Concerned	Not At All Concerned
That your store will go out of business in the next year	1	2	3	4	5
That your store will go out of business in the next 5 years	1	2	3	4	5

COVID-19: This section asks how you responded and continue to respond to the COVID-19 pandemic.

59. What changes did you make to your business operations as a result of COVID-19? Select all that apply.

- Shut down for a period of time
 - Altered business hours
 - Implemented online shopping
 - Implemented curbside pickup
 - Implemented grocery delivery
 - Partnered with community organizations (explain below)
 - Other, please explain: _____
-
-
-

60. What additional safety precautions did you implement inside your store? Check all that apply.

- Made hand sanitizer available to staff and customers
 - Built plexiglass barriers at check-out counters
 - Required mask-wearing
 - Reconfigured aisles and inventory to accommodate distancing
 - Created one-way aisles
 - Closed store to walk-in shopping – online open through online or phone orders.
 - N/A
- Other, please explain: _____
-

61. How did COVID-19 affect your sales?

- a) Experienced a boost in sales
 - b) Experienced a drop in sales
 - c) Sales have remained the same
- Please explain: _____
-

62. How has the pandemic impacted your plans for the future of the store?

- a) No impact.
- b) Previously planned projects for this year were put on hold.
- c) Previously planned projects for the future were completed this year.
- d) Adjusted timeline for retirement
- e) Other, please explain: _____

63. Please share how, if at all, customer and/or community relations have changed during the pandemic?

64. Please share how, if at all, distributor and/or vendor relations have changed during the pandemic?

65. What has been the greatest challenge for your store during the pandemic?

About You: This section asks about you and your level awareness about the Rural Grocery Initiative.

What year were you born? ____ _

Are you male or female, or do you prefer to self-describe?

Male Female Prefer to self-describe (*please specify*) _____

What is your total annual household income, before taxes?

- a) Less than \$34,999
- b) \$35,000 - \$69,000
- c) \$70,000 - \$99,000
- d) \$100,000 - \$129,000
- e) More than \$130,000

What is the highest level of school you have completed?

- a) Less than high school
- b) High school graduate or equivalent
- c) Some college, no degree
- d) Associate’s degree
- e) Bachelor’s degree
- f) Graduate degree

What is your race? Select all that apply.

- a) Asian
- b) American Indian or Alaskan Native
- c) Native Hawaiian or Pacific Islander
- d) Black or African American
- e) White or Caucasian
- f) Other, please specify: _____

Are you of Hispanic, Latino, or Spanish origin?

Yes No

Have you used or participated in any of the following Rural Grocery Initiative resources? Select one answer for each program/effort.

	Yes	No
Rural Grocery Toolkit	Yes	No
Events (Rural Grocery Summit, Workshops, etc.)	Yes	No
Communication with RGI staff (phone, email, in-person meeting)	Yes	No
RGI social media pages (facebook, twitter)	Yes	No
Other, please specify _____		

What else would you like to share with us?

Thank you for completing the Kansas Rural Grocery Survey!

Please fold this survey in half and place in provided
postage-paid envelope.

[Fold here]

SAVE THE DATE!

UPCOMING WEBINAR SERIES

Keeping Groceries Alive: Successful Ownership Transitions for Rural Grocery Stores

This eight-part webinar series will present the steps for completing a successful grocery business transition. In many cases, some form of community or shared ownership model provides a viable opportunity for maintaining a vibrant rural grocery store. Each webinar will explore a different topic pertinent to successful business transitions.

Schedule:

- Jan 28 Grocery Business Transition Planning: An Overview
- Feb 4 Understanding Grocery Ownership Models
- Feb 11 Preparing for Business Transition
- Feb 18 Assessing Markets & Community Needs
- Feb 25 Planning your Business
- Mar 4 Funding the Transition
- Mar 11 Recruiting Store Managers
- Mar 18 Mastering Grocery Store Nuts & Bolts

THURSDAYS AT 1:30PM CT
JANUARY 28 - MARCH 18

For more information, visit www.ruralgrocery.org

This webinar series is sponsored by the Ewing Marion Kauffman Foundation. Presented by the Rural Grocery Initiative, in partnership with Kansas State Research and Extension, NetWork Kansas, the Kansas Rural Center, the Food Co-Op Initiative, and the Kansas Center for Business Transition.