

OMDP Marketing Tool Kit: Business Information and Follow-up

Thank you for participating in the OMDP Marketing Toolkit program. After you have used the toolkit for about 30 days, we will ask you to answer some questions about your business and your success in marketing OMDP. This information is strictly for internal use by the New Mexico Green Chamber to judge the effectiveness of the Toolkit and the impact of OMDP to local business. It will not be used for any other purpose. Please be prepared to answer the following questions.

1. What is the nature of your business? (pick a category)

Hotel/Lodging Clothing Spa/Salon/Personal Services Water Sports

Restaurant Grocery Retail Goods Other: _____

Outdoor Recreation (please check all that apply below):

Hiking Horseback Riding Biking Guided Tours Hunting

Water Sports Other: _____

2. How many employees does your business have? _____

3. What are the approximate annual sales for your business?

<\$50,000 \$50,000-\$100,000 \$100,000-\$150,000 \$150,000-\$200,000 more than \$200,000

4. What percentage of your sales is due to tourism?

0% 1-15% 15-30% 30-45% 45-60% 60-75% 75-90% 90-100%

5. Do your customers ask you about the new Organ Mountains-Desert Peaks National Monument (OMDP)?

Never Rarely Sometimes Often Always

6. Do you think the OMDP has increased your business sales?

Yes No Not Sure

7. Please explain why you answered yes or no in question 6? _____

8. Have you made investments in your business because of the increase in tourism and/or directly as a result of the OMDP designation?

Yes No

9. If you answered yes, can you quantify this investment? (Please check any that apply)

____ Dollar Amount: _____

____ Additional employees: _____

____ More equipment/ inventory: _____

____ Longer business hours: _____

10. Did you use the new OMDP in your business' promotional and marketing information before receiving this toolkit?

Yes

No

11. How have you used the OMDP Marketing kit in your business? _____

12. What sort of response has this approach generated? _____

13. Would you like more of the below listed promotional materials? (Please circle all that apply).

Buttons

Brochures

Magnets

Stickers

Posters

None

14. What would you like to see added to the toolkit or the training experience?

15. Please provide any other information on your views about the Monument impacting your business and community: _____

Optional:

Business Name: _____

Person Completing this Form: _____

Title: _____

Date: _____