Retailer Re-entry Worksheet

This worksheet has been sent to you by a supplier or sales representative that you work with. The goals are to help you share your store's current reality more easily and plan for the future with those who can potentially offer assistance.

By sharing this information with your sales reps and suppliers, they will be able to study it and put forward meaningful ways in which they can help you accomplish your goals.

This is not a survey, nor will it be used to aggregate data. It is meant as a tool for your use and to be shared at your discretion.

All questions, of course, are optional.

**Retailer Re-entry Worksheet**

How can your sales reps and suppliers help you?

**SECTION 1 – General Information**

|  |  |
| --- | --- |
| **Date:**  |  |
| **Name of Store:** |  |
| **Contact Name:**  |  |
| **Address:**  |  |
| **City, State, Zip:** |  |  |  |
| **Phone:** |  |
| **E-mail:**  |  |
| **Normal Store Hours (days & times):** |  |
| **Did the COVID-19 crisis force you to close your store’s operations?** | YES | NO |
| **If Yes, on what date?** |  |
| **If No, why not?** *(no shelter in place mandate, sell essential items, etc.):* |  |

|  |
| --- |
| **What is your current store situation?** |
| Open with in-store customers | YES | NO |
| In-store traffic by appointment only | YES | NO |
| No in-store traffic, but offering curbside pick-up | YES | NO |
| No in-store traffic, but offering delivery or shipped products | YES | NO |
| Closed | YES | NO |

|  |  |
| --- | --- |
| **What is your general store category?***(florist, gift, baby, home, kitchen, hardware, tourist, seasonal, gourmet food, bookstore, etc..)* |  |
| **If seasonal, what is your peak season?**  |  |
| **How would you describe your core customer?***(parents, grandparents, men, women, age range, students, tourists, etc…)* |  |
| **Why do customers visit your store?***(store located in a consumer shopping area, destination retail, attached/nearby other attraction, located in downtown or business center, other)*  |  |

**SECTION 2 - Activities**

**For the following activities, please indicate your current status and/or future plans**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Utilizing** | **Plan to utilize** | **NOT planning to utilize** | **Not Sure** |
| **Messaging and Marketing** |
| Shop Local Messaging |  |  |  |  |
| Cause Marketing*(wellness message, local support, etc.)* |  |  |  |  |
| Blogging |  |  |  |  |
| E-mail Campaigns |  |  |  |  |
| Mailings *(flyer, etc..)* |  |  |  |  |
| Print advertisements |  |  |  |  |
| Social Media |  |  |  |  |
| Other (please list): |  |  |  |  |

|  |
| --- |
| **Promotions** |
| Gift with donation |  |  |  |  |
| Contests |  |  |  |  |
| Giveaways |  |  |  |  |
| Gift with Purchase |  |  |  |  |
| Full store discount |  |  |  |  |
| Other (please list): |  |  |  |  |

|  |
| --- |
| **Live Events** |
| Product related*(story time, how-to)* |  |  |  |  |
| Fun/Social |  |  |  |  |
| Craft/Cooking presentations |  |  |  |  |
| Decorating tips |  |  |  |  |
| Suggestions for family activities |  |  |  |  |
| Other (please list): |  |  |  |  |

|  |
| --- |
| **On-Line E-Commerce** |
| Own e-commerce site |  |  |  |  |
| Facebook, Instagram, etc |  |  |  |  |
| Amazon, Ebay, other 3rd Party |  |  |  |  |
| Other (please list): |  |  |  |  |

**SECTION 2 – Activities cont.**

**For the following activities, please indicate your current status and/or future plans**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Utilizing** | **Plan to utilize** | **NOT planning to utilize** | **Not Sure** |
| **Streaming/Live Shopping** |
| Virtual In-store Shopping Experience |  |  |  |  |
| Shopstreaming (live store webcam) |  |  |  |  |
| Other (please list): |  |  |  |  |

|  |
| --- |
| **Sales Programs** |
| Gift Baskets |  |  |  |  |
| Gift Registry/wish list  |  |  |  |  |
| Home parties  |  |  |  |  |
| FB Live event, or other |  |  |  |  |
| Sidewalk sale  |  |  |  |  |
| Gift box/Mystery box subscriptions |  |  |  |  |
| Gift wrapping, gift giving options |  |  |  |  |
| Personal shopping |  |  |  |  |
| Lay-away |  |  |  |  |
| Loyalty Programs |  |  |  |  |
| Gifting Calendar Program *(reminders set for birthdays, etc)* |  |  |  |  |
| Bundling with nearby retailers *(florists w/jewelry, games w/pizza)*  |  |  |  |  |
| Vendor drop shipping |  |  |  |  |
| Gift Cards |  |  |  |  |
| Other (please list): |  |  |  |  |

|  |
| --- |
| **Product Delivery Options** |
| In-person walk-in business |  |  |  |  |
| Curbside pick-up |  |  |  |  |
| Sidewalk sales |  |  |  |  |
| Direct delivery |  |  |  |  |
| Delivery through partnerships with nearby retail *(pizza parlors, etc..)*  |  |  |  |  |
| Shipping (USPS, UPS, etc.)  |  |  |  |  |
| Other (please list): |  |  |  |  |

**SECTION 3 - Resources**

**Rank your store's proficiency**

|  |  |  |  |
| --- | --- | --- | --- |
| **(LOW = not our strong suit, HIGH = we're great)** | **LOW** | **MED** | **HIGH** |
| Employee product knowledge |  |  |  |
| Information technology ability |  |  |  |
| E-mail marketing |  |  |  |
| Social Media presence |  |  |  |
| Social Media ability |  |  |  |
| Events |  |  |  |
| E-Commerce |  |  |  |

**Rank these Supplier/Brand Resources by importance**

|  |  |  |  |
| --- | --- | --- | --- |
| **(LOW = not very important, HIGH = very important)** | **LOW** | **MED** | **HIGH** |
| Drop shipping |  |  |  |
| Staff training |  |  |  |
| Promotions |  |  |  |
| COVID-19 related supplies for opening & operating |  |  |  |
| Product data files |  |  |  |
| Image library |  |  |  |
| Social media content |  |  |  |
| Printed catalogs |  |  |  |
| Digital catalogs |  |  |  |
| Free samples |  |  |  |
| Gifts for sales clerks |  |  |  |
| **Which promotion do you prefer? Please choose ONE:** |
| Discount | Free Freight | Free Product | Extended Terms |

**What is an area(s) of assistance that you'd like most from your Sales Reps?**

**What is an area(s) of assistance that you'd like most from your Suppliers?**

**Would you provide a supplier with your current inventory of their product? YES NO**

|  |
| --- |
| **For the rest of 2020, how do you think you will work with Sales Reps & Suppliers**  |
| In person appointments with Sales Reps: | YES | NO |
| Virtual/remote appointments with Sales Reps: | YES | NO |
| Attending trade shows: | YES | NO |
| Ordering on-line: | YES | NO |
| Other (please list):  | YES | NO |

**SECTION 4 – Big Picture**

**Are there any major changes that you foresee in terms of the profile of your target customer?**

**Please list new product categories you plan to concentrate on going forward.**

**Are there any major changes that you foresee in terms of your product mix?**

**Additional Notes:**

(This space is meant for you to share whatever additional ideas and/or plans you have that you'd like your sales reps and suppliers to know)