



CFIG/FMS
CANADIAN INDEPENDENT GROCERS FINANCIAL SURVEY
2017



Please use the results from your 2016 Year-End Financial Statements. If you have any questions regarding this survey please contact Eric Wronsky at FMS at ericw@fmssolutions.com

In which provinces do you operate?

How many years has your company been in business?

How many stores did you operate as of your fiscal year end of 2016?

Did you open any stores in 2016? If yes, how many?

☐ Yes ☐ No # _____

Did you close any stores in 2016? If yes, how many?

☐ Yes ☐ No # _____

Did you undertake any major* store remodels in 2016? If so, how many?

☐ Yes ☐ No # _____

* Major: expenses exceed \$500,000

Who is your primary wholesaler?

Have you changed primary wholesalers in the past 15 months?

☐ Yes ☐ No

If yes, who was your previous primary wholesaler?

Do your company offer a loyalty rewards program?

☐ Yes ☐ No

How much were your total Capital Expenditures in 2016?

\$ _____

How did Capital Expenditures change in 2016 over 2015?

☐ Increased ☐ Decreased ☐ About the same

How did the budget for Capital Expenditures for 2017 change over actual 2016?

☐ Increased ☐ Decreased ☐ About the same

What is the biggest factor in deciding how you make your capital investment decisions?
(select one)

- ☐ Return on investment
☐ Right for the business
☐ Tax benefits
☐ Generating or protecting sales
☐ Cost savings

What percentage of your capital expenditures were spent on repair or maintenance of existing pieces of equipment or facility?

_____ %

Did your same store sales increase or decrease in 2016 over 2015?
(Exclude remodels of \$500,000+, gasoline, new stores, and closed stores)
By what percentage?

☐ Increased ☐ Decreased ☐ About the same

_____ %

What initiatives, if any, did your company take to drive or improve sales in 2016?

How many of your stores generate sales in the following sales categories:

Number of stores across categories should add to total stores in operation:

Weekly, per store sales of less than \$100,000

Weekly, per store sales of \$100,001-\$200,000

Weekly, per store sales of \$200,001-\$300,000

Weekly, per store sales of \$300,001 or more

What was the average number of transactions per store, per week in 2016?

What was the average transaction size in 2016?

\$ _____

What is your approximate **annual** customer count for all stores?

Which of the following e-commerce/online orders, if any, do you accept?

- ☐ Online order for home delivery
☐ Online order for in-store pickup
☐ Other (please explain): _____
☐ None

In terms of consumer payments, what percentage of sales are paid via the following:

Cash _____ %

Credit _____ %

Debit _____ %

cheques _____ %

Mobile payments _____ %

Online orders _____ %

Other (please explain) _____ %

(should add to 100%)



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For your typical store, what is the selling space and total square footage?

Selling square footage _____ Total square footage _____

Of the following formats, rank your competitors with 1 being the most and 5 being the least competitive.

_____ Supercentre
_____ Conventional
_____ Gourmet
_____ Limited assortment and dollar stores
_____ Other _____

List the number of full time employees and part time employees:

Full time #: _____ Part time #: _____

On average, how many hours per week do your part-time employees work?

What was the turnover rate in 2016 for store level employees?

Full-time %: _____ Part time %: _____

What is the lowest hourly wage paid to any of your employees?

\$ _____

Is this your state's minimum wage?

☐ Yes ☐ No

What is your average cashier's scans per productive minute?

#: _____ (scans when actively ringing up customers)

How many cases per hour do you expect your day and night crews to stock?

Day #: _____ Night #: _____

Please assign a score 1 through 10, where 10 is the highest impact on your company for each of the following:

_____ Competition from other retailers
_____ Consumer diversity (ethnic, age, income, marital status, etc)
_____ Consumer health and wellness
_____ Consumer privacy concerns
_____ Credit/debit card interchange fees/costs
_____ Data security
_____ Energy costs
_____ Environmental concerns
_____ Food inflation
_____ Food safety
_____ Local and national economy
_____ Local, provincial, and national governmental regulations
_____ Minimum wage increases
_____ Restaurants and other food service establishments
_____ Staffing, hiring, retention
_____ Technology investments

Where were your company's annual store-level turns in 2016 the following departments?

Total store
Dry grocery
Dairy
Produce
Meat

What was your company's annual shrink as a percentage of sales in 2016 in the following departments?

Total store
Bakery
Dairy
Deli
Floral
Meat
Produce
Seafood
Non-perishables

_____%
_____%
_____%
_____%
_____%
_____%
_____%
_____%
_____%

How did your total shrink change in 2016 compared to 2015?

☐ Increased ☐ Decreased ☐ About the same



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Does your company measure shrink at cost or retail?

☐ Cost ☐ Retail

Is your company able to track inventory shrink by SKU?

☐ Yes ☐ No

Does your company have a shrink management program?

☐ Yes ☐ No

If yes, please explain:

Does your company perform third party shrink audits?

☐ Yes ☐ No

Which policy issue has the greatest impact on your operations. Please choose one.

☐ Changes to Federal nutrition standards
☐ Data breach notification standards
☐ EMV liability shift
☐ Immigration reform
☐ Regulatory burdens
☐ Taxes
☐ Other: _____

What topics would you like to see at the Financial Management & Technology Conference?

What educational/informational webinars would you like to have offered in 2017?

How did you receive the questionnaire for the 2017 Canadian Independent Grocers Financial Survey?

☐ Email from FMS
☐ Email from CFIG
☐ Mail
☐ Social media
☐ Other (please explain): _____

Financials

For the following questions, please provide financial data for 2016. Please exclude gasoline sales from all of the following information.
FMS clients can also check the box "I give FMS Solutions permission to pull my financial data for the Independent Grocers Financial Survey"
☐ I give FMS Solutions permission to pull my financial data. (FMS Clients only)

What were your 2016 sales across the following departments?

If your company divides up departments differently, please indicate.

	Sales \$	% to total Sales	Sales per square foot
Grocery	\$ _____	% _____	\$ _____
Dairy	\$ _____	% _____	\$ _____
Frozen	\$ _____	% _____	\$ _____
Health and Beauty Care (HBC)	\$ _____	% _____	\$ _____
General Merchandise (GM)	\$ _____	% _____	\$ _____
Beer, Wine, Liquor	\$ _____	% _____	\$ _____
Tobacco	\$ _____	% _____	\$ _____
Produce	\$ _____	% _____	\$ _____
Floral	\$ _____	% _____	\$ _____
Meat	\$ _____	% _____	\$ _____
Deli	\$ _____	% _____	\$ _____
Bakery	\$ _____	% _____	\$ _____
Seafood	\$ _____	% _____	\$ _____
Pharmacy	\$ _____	% _____	\$ _____
Other (please specify) _____	\$ _____	% _____	\$ _____
Total Sales	\$ _____	% _____	\$ _____

(should add to 100%)



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What were your 2016 margins for the following departments?
If your company divides up departments differently, please indicate.

	Margin \$	% to department sales
Grocery	\$ _____	_____ %
Dairy	\$ _____	_____ %
Frozen	\$ _____	_____ %
Health and Beauty Care (HBC)	\$ _____	_____ %
General Merchandise (GM)	\$ _____	_____ %
Beer, Wine, Liquor	\$ _____	_____ %
Tobacco	\$ _____	_____ %
Produce	\$ _____	_____ %
Floral	\$ _____	_____ %
Meat	\$ _____	_____ %
Deli	\$ _____	_____ %
Bakery	\$ _____	_____ %
Seafood	\$ _____	_____ %
Pharmacy	\$ _____	_____ %
Other (please specify) _____	\$ _____	_____ %
Total Store Margin	\$ _____	_____ %

What were your company's 2016 labour costs across the following departments (exclude benefits)?
If your company divides up departments differently, please indicate.

	Percentage	Total Hours for the year
Grocery	_____ %	_____
Dairy	_____ %	_____
Frozen	_____ %	_____
Health and Beauty Care (HBC)	_____ %	_____
General Merchandise (GM)	_____ %	_____
Beer, Wine, Liquor	_____ %	_____
Tobacco	_____ %	_____
Produce	_____ %	_____
Floral	_____ %	_____
Meat	_____ %	_____
Deli	_____ %	_____
Bakery	_____ %	_____
Seafood	_____ %	_____
Pharmacy	_____ %	_____
Other (please specify) _____	_____ %	_____
Total Store labour Rate (percentage of total sales)		
Benefits	_____ %	_____
Total Store labour Rate and Benefits (percentage of total sales)	_____ %	_____



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What were your company's 2016 expenses as a percentage of sales in the following categories?

	<u>Expenses as a % of sales</u>
Interest expense	_____ %
Rent and common area maintenance	_____ %
Advertising	_____ %
Depreciation	_____ %
Supplies (include all supplies)	_____ %
Repairs and Maintenance	_____ %
Credit card expenses	_____ %
Total utility expenses	_____ %
Total/All expenses excluding cost of goods and labour	_____ %
Net Profit before Taxes	_____ %
EBITA	_____ %
EBITA prior to owner bonus	_____ %

What were your company's 2016 balance sheet data for the following:

Current assets:	\$ _____
Long-term assets:	\$ _____
Current liabilities:	\$ _____
Long-term liabilities (debts):	\$ _____
Total equity:	\$ _____

Contact information

Your financial data is kept completely confidential. Your contact information is optional, but if you would like your free copy of the report, please let us know where to send your printed book.

_____ Your name	_____ Your title
_____ Company Name	
_____ Company address	
_____ City, Province, Postal Code	
_____ Phone number	_____ Email address
Are you an FMS customer? ☐ Yes ☐ No	

Please mail completed survey to:

FMS -- 2017 Independent Grocer Financial Survey
8028 Ritchie Highway, Ste 212
Pasadena, MD 21122

Or please email completed survey to: survey@fmssolutions.com
Or fax completed survey to: (410) 761-7643

Please return by February 28, 2017