

Savor Massachusetts Survey

Business/Farm Name:

Contact Name(s) _____

Email: _____ Website: _____

Place a check mark in the box that applies and add any comments below each question.

1) Before this survey, were you aware of the *Savor Massachusetts* Culinary Tourism Initiative?

Yes:

No:

2) If yes, what was the method in which you learned about the initiative?

Filled out farm-to-table survey and am currently listed under resources for culinary travelers on http://www.mass.gov/agr/markets/savor_massachusetts.htm?

Learned about it from the Farm and Market News Report?

Learned about it from my buy-local newsletter?

Other:

3) Did you access any of the growers' resources on http://www.mass.gov/agr/markets/culinary_tourism.htm?

Yes:

No:

4) Have you submitted an event for the monthly calendar of culinary events & farm festivals?

Yes:

No:

Savor Massachusetts Survey

5) Are you able to gauge whether or not a culinary tourism initiative such as *Savor Massachusetts* is a helpful marketing tool for your business?

Yes: how?

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No:

Unsure at this time:

6) Would any of the following culinary tourism resources be of help to you?

How to get started in culinary tourism? Yes: No:

How to organize an annual on-the-farm **culinary** event or festival? Yes: No:

How to develop an educational opportunity? Yes: No:

How to sell to restaurants or food service institutions? Yes: No:

How to develop a food service component (café, restaurant, or prepared foods-to-go)?

Yes: No:

Please return your survey by **December 15, 2009** either by email, mail or fax to:

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Thank you