

U.S. Small Business Administration
Office of Entrepreneurial Development
Initial Economic Impact Survey

OMB Number 3245-0351
Expiration 03/31/2009

Dear Small Business Client:

Thank you for your recent visit to SBA's Entrepreneurial Development (ED) Resource Partners Small Business Development Center (SBDC). We hope you found the business assistance you sought. The SBA is always striving to better its programs and deliver relevant and meaningful assistance. We want to know if our programs and services are helping the economy by providing useful information on starting and managing a business and eventually helping your business create jobs, increasing your business' revenues and, in general, fueling the entrepreneurial spirit in America.

We would appreciate you taking a few minutes to answer some brief questions that will help us know the quality and impact of the programs. All responses to these questions are voluntary and will be held in confidence. The data will not be released to any other government agency or private firm. Based on your visit to the Small Business Development Center (SBDC), please use that experience as a benchmark to answer the following:

1. Are you currently in business? Yes No
If YES when was the business started? __/____
mm/yyyy
What is the zip code of your business location _____
2. **If NO, when do you plan on starting a business?**
Within 30 days 31-90 days
91-120 days No idea at this time
3. **If NO (to question 1), have you ever been in business?** Yes No
If YES when was the business started? __/____
mm/yyyy
If you answered NO to question 1, please skip to Question 10
4. As a result of the assistance you received, have you changed any of your current management practices/strategies? Yes No
5. As a result of the assistance you received, which management practices/strategies have you changed?
[Check all that apply]
Financial Management Promotional Strategy
Human Resource (Hiring/Firing) Obtaining Capital
Marketing Strategy General Management
International Trade Other _____
6. As a result of the assistance I received from the [SBDC/WBC/SCORE] Counselor, I was able to develop (i.e., Business Plan] in order to start or better manage my business. **[Check all that apply]**
Business Plan Loan Package Purchasing Strategy
Marketing Plan Hiring Plan Feasibility Plan
Promotional Plan Training Plan for Staff Production Plan
Pricing Strategy Financial Strategy Distribution Plan
Cash Flow Analysis E-Commerce Strategy Other _____

7. Please indicate the impact these changes have had on your firm:
 [Strongly Agree=SA, Agree=A, No Opinion=NO, Disagree=D, Strongly Disagree=SD]

		SA	A	NO
D	SD			
I was able to:				
1.	Increase my sales	5	4	3
	2 1			
2.	Improve my cash flow	5	4	3
	2 1			
3.	Acquire an SBA loan	5	4	3
	2 1			
4.	Expand my products/services	5	4	3
	2 1			
5.	Hire new staff	5	4	3
	2 1			
6.	Revise my marketing strategy	5	4	3
	2 1			
7.	Increase my profit margin	5	4	3
	2 1			
8.	Retain current staff	5	4	3
	2 1			
9.	Acquire a government contract	5	4	3
	2 1			
10.	Other (specify _____)	5	4	3
	2 1			

8. At the time you were assisted by the Small Business Development Center (SBDC), what was the approximate annual gross revenue of your business? Please fill in to nearest \$1,000: **[Note: all data will be aggregated and kept in strict confidence]**

9. At the time you were assisted by Small Business Development Center (SBDC), how many people (full and part-time), including yourself, did your business employ?

Number of Full-Time Employees _____

Number of Part-Time Employees _____

10. Please indicate the value of the information you received from the Small Business Development Center (SBDC) Counselor you visited:

	Extremely Valuable	Valuable	No Opinion	Somewhat Valuable	Not Valuable
1. Usefulness of information	5	4	3	2	1
2. Relevancy of the information	5	4	3	2	1
3. Timeliness of the information	5	4	3	2	1
4. Rate your overall experience	5	4	3	2	1

11. Please indicate how effective the counselor was in assisting you:

Effective	Somewhat Effective	No Opinion	Somewhat Ineffective	Ineffective
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1. Assistance met my needs	5	4	3	2	1
2. Counselor's ability to assist me	5	4	3	2	1
3. Counselor was friendly	5	4	3	2	1
4. Counselor was current on management issues	5	4	3	2	1
5. Counselor was knowledgeable	5	4	3	2	1

SBA Form 2214

12. Please indicate how useful the services were that you received from the counselor who assisted you in identifying and correcting problems in operating your business and/or assisted you in starting or not starting a business.

	Very Useful	Useful	No Opinion	Somewhat Useful	Not Useful
1. Identification of problem(s)	5	4	3	2	1
2. Correction of problem(s)	5	4	3	2	1
3. Assisted in starting a business	5	4	3	2	1
4. Helped me to decide not to start a business	5	4	3	2	1

13. Gender: Male Female

14. Veterans status: Veteran Service Disabled Veteran
Non Veteran

15. Age: **[Circle one]** 18-24 25-34 35-44 45-54 55-64 65-74 75+

16. Are you: Hispanic or Latino Not of Hispanic/Latino Origin

17. Are you: **[Please choose one or more]**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

18. If you are in business, what is the primary type of business? **[Please choose only one]**

- Construction Manufacturing Consulting
- Wholesale Finance, Insurance and Real Estate Entertainment
- Retail Restaurant Engineering
- Publishing Education Service
- Health Care Day Care Other (describe) _____
- Transportation Computer Systems & Design

19. Did you utilize any other SBA resources/program?
Yes No

20. If YES, select those you used **[Check all that apply]**

- SCORE SBA's guarantee loan programs
- Women Business Center SBIC Financing Program
- SBA's Surety Bond Program

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NOTE Mail completed surveys back in business reply envelope.

U.S. Small Business Administration
Office of Entrepreneurial Development
Initial Economic Impact Survey

OMB Number 3245-0351
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Dear Small Business Client:

Thank you for your recent visit to SBA's Entrepreneurial Development (ED) Resource Partners SCORE. We hope you found the business assistance you sought. The SBA is always striving to better its programs and deliver relevant and meaningful assistance. We want to know if our programs and services are helping the economy by providing useful information on starting and managing a business and eventually helping your business create jobs, increasing your business' revenues and, in general, fueling the entrepreneurial spirit in America.

We would appreciate you taking a few minutes to answer some brief questions that will help us know the quality and impact of the programs. All responses to these questions are voluntary and will be held in confidence. The data will not be released to any other government agency or private firm. Based on your visit to SCORE, please use that experience as a benchmark to answer the following:

1. Are you currently in business? Yes No
If YES when was the business started? __/____
mm/ yyyy
What is the zip code of your business location _____
2. **If NO, when do you plan on starting a business?**
Within 30 days 31-90 days
91-120 days No idea at this time
3. **If NO (to question 1), have you ever been in business?** Yes No
If YES when was the business started? __/____
mm/yyyy
If you answered NO to question 1, please skip to Question 10
4. As a result of the assistance you received, have you changed any of your current management practices/strategies? Yes No
5. As a result of the assistance you received, which management practices/strategies have you changed?
[Check all that apply]
Financial Management Promotional Strategy
Human Resource (Hiring/Firing) Obtaining Capital
Marketing Strategy General Management
International Trade Other _____
6. As a result of the assistance I received from the SCORE Counselor, I was able to develop (i.e., Business Plan) in order to start or better manage my business. **[Check all that apply]**
Business Plan Loan Package Purchasing Strategy
Marketing Plan Hiring Plan Feasibility Plan
Promotional Plan Training Plan for Staff Production Plan
Pricing Strategy Financial Strategy Distribution Plan
Cash Flow Analysis E-Commerce Strategy Other _____

7. Please indicate the impact these changes have had on your firm:
 [Strongly Agree=SA, Agree=A, No Opinion=NO, Disagree=D, Strongly Disagree=SD]

			SA	A	NO
D	SD				
I was able to:					
11.	Increase my sales		5	4	3
2	1				
12.	Improve my cash flow		5	4	3
2	1				
13.	Acquire an SBA loan		5	4	3
2	1				
14.	Expand my products/services		5	4	3
2	1				
15.	Hire new staff	5	4	3	2
					1
16.	Revise my marketing strategy		5	4	3
2	1				
17.	Increase my profit margin		5	4	3
2	1				
18.	Retain current staff		5	4	3
2	1				
19.	Acquire a government contract		5	4	3
2	1				
20.	Other (specify _____)	5	4	3	
2	1				

8. At the time you were assisted by SCORE, what was the approximate annual gross revenue of your business? Please fill in to nearest \$1,000: **[Note: all data will be aggregated and kept in strict confidence]**

9. At the time you were assisted by SCORE, how many people (full and part-time), including yourself, did your business employ?

Number of Full-Time Employees _____
 Number of Part-Time Employees _____

10. Please indicate the value of the information you received from the SCORE Counselor you visited:

	Extremely Valuable	Valuable	No Opinion	Somewhat Valuable	Not Valuable
1. Usefulness of information	5	4	3	2	1
2. Relevancy of the information	5	4	3	2	1
3. Timeliness of the information	5	4	3	2	1
4. Rate your overall experience	5	4	3	2	1

11. Please indicate how effective the counselor was in assisting you:

Effective Somewhat Effective No Opinion Somewhat Ineffective Ineffective

1. Assistance met my needs	5	4	3	2	1
2. Counselor's ability to assist me	5	4	3	2	1
3. Counselor was friendly	5	4	3	2	1
4. Counselor was current on management issues	5	4	3	2	1
5. Counselor was knowledgeable	5	4	3	2	1

SBA Form 2214

12. Please indicate how useful the services were that you received from the counselor who assisted you in identifying and correcting problems in operating your business and/or assisted you in starting or not starting a business.

	Very Useful	Useful	No Opinion	Somewhat Useful	Not Useful
1. Identification of problem(s)	5	4	3	2	1
2. Correction of problem(s)	5	4	3	2	1
3. Assisted in starting a business	5	4	3	2	1
4. Helped me to decide not to start a business	5	4	3	2	1

13. Gender: Male Female

14. Veterans status: Veteran Service Disabled Veteran
Non Veteran

15. Age: **[Circle one]** 18-24 25-34 35-44 45-54 55-64 65-74 75+

16. Are you: Hispanic or Latino Not of Hispanic/Latino Origin

17. Are you: **[Please choose one or more]**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

18. If you are in business, what is the primary type of business? **[Please choose only one]**

- Construction Manufacturing Consulting
- Wholesale Finance, Insurance and Real Estate Entertainment
- Retail Restaurant Engineering
- Publishing Education Service
- Health Care Day Care Other (describe) _____
- Transportation Computer Systems & Design

19. Did you utilize any other SBA resources/program?
Yes No

20. If YES, select those you used **[Check all that apply]**

- SBDC SBA's guarantee loan programs
- Women's Business Center SBIC Financing Program
- SBA's Surety Bond Program

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Office of Entrepreneurial Development
Initial Economic Impact Survey

OMB Number 3245-0351
Expiration 03/31/2009

Dear Small Business Client:

Thank you for your recent visit to SBA's Entrepreneurial Development (ED) Resource Partners Women's Business Center (WBC). We hope you found the business assistance you sought. The SBA is always striving to better its programs and deliver relevant and meaningful assistance. We want to know if our programs and services are helping the economy by providing useful information on starting and managing a business and eventually helping your business create jobs, increasing your business' revenues and, in general, fueling the entrepreneurial spirit in America.

We would appreciate you taking a few minutes to answer some brief questions that will help us know the quality and impact of the programs. All responses to these questions are voluntary and will be held in confidence. The data will not be released to any other government agency or private firm. Based on your visit to the Women's Business Center (WBC), please use that experience as a benchmark to answer the following:

1. Are you currently in business? Yes No
If YES when was the business started? __/____
mm/yyyy
What is the zip code of your business location _____

2. **If NO, when do you plan on starting a business?**
Within 30 days 31-90 days
91-120 days No idea at this time

3. **If NO (to question 1), have you ever been in business?** Yes No
If YES when was the business started? __/____
mm/yyyy
If you answered NO to question 1, please skip to Question 10

4. As a result of the assistance you received, have you changed any of your current management practices/strategies? Yes No

5. As a result of the assistance you received, which management practices/strategies have you changed?
[Check all that apply]
Financial Management Promotional Strategy
Human Resource (Hiring/Firing) Obtaining Capital
Marketing Strategy General Management
International Trade Other _____

6. As a result of the assistance I received from the [SBDC, WBC, SCORE] Counselor, I was able to develop (i.e., Business Plan] in order to start or better manage my business. **[Check all that apply]**
Business Plan Loan Package Purchasing Strategy
Marketing Plan Hiring Plan Feasibility Plan
Promotional Plan Training Plan for Staff Production Plan
Pricing Strategy Financial Strategy Distribution Plan
Cash Flow Analysis E-Commerce Strategy Other _____

7. Please indicate the impact these changes have had on your firm:
 [Strongly Agree=SA, Agree=A, No Opinion=NO, Disagree=D, Strongly Disagree=SD]

			SA	A	NO
D	SD				
I was able to:					
21.	Increase my sales		5	4	3
2	1				
22.	Improve my cash flow		5	4	3
2	1				
23.	Acquire an SBA loan		5	4	3
2	1				
24.	Expand my products/services		5	4	3
2	1				
25.	Hire new staff	5	4	3	2
					1
26.	Revise my marketing strategy		5	4	3
2	1				
27.	Increase my profit margin		5	4	3
2	1				
28.	Retain current staff		5	4	3
2	1				
29.	Acquire a government contract		5	4	3
2	1				
30.	Other (specify _____)	5	4	3	
2	1				

8. At the time you were assisted by Women's Business Center (WBC), what was the approximate annual gross revenue of your business? Please fill in to nearest \$1,000: **[Note: all data will be aggregated and kept in strict confidence]**

9. At the time you were assisted by Women's Business Center (WBC), how many people (full and part-time), including yourself, did your business employ?

Number of Full-Time Employees _____
 Number of Part-Time Employees _____

10. Please indicate the value of the information you received from the Women's Business Center (WBC) Counselor you visited:

	Extremely Valuable	Valuable	No Opinion	Somewhat Valuable	Not Valuable
1. Usefulness of information	5	4	3	2	1
2. Relevancy of the information	5	4	3	2	1
3. Timeliness of the information	5	4	3	2	1
4. Rate your overall experience	5	4	3	2	1

11. Please indicate how effective the counselor was in assisting you:

Effective	Somewhat Effective	No Opinion	Somewhat Ineffective	Ineffective
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1. Assistance met my needs	5	4	3	2	1
2. Counselor's ability to assist me	5	4	3	2	1
3. Counselor was friendly	5	4	3	2	1
4. Counselor was current on management issues	5	4	3	2	1
5. Counselor was knowledgeable	5	4	3	2	1

SBA Form 2214

12. Please indicate how useful the services were that you received from the counselor who assisted you in identifying and correcting problems in operating your business and/or assisted you in starting or not starting a business.

	Very Useful	Useful	No Opinion	Somewhat Useful	Not Useful
1. Identification of problem(s)	5	4	3	2	1
2. Correction of problem(s)	5	4	3	2	1
3. Assisted in starting a business	5	4	3	2	1
4. Helped me to decide not to start a business	5	4	3	2	1

13. Gender: Male Female

14. Veterans status: Veteran Service Disabled Veteran
Non Veteran

15. Age: **[Circle one]** 18-24 25-34 35-44 45-54 55-64 65-74 75+

16. Are you: Hispanic or Latino Not of Hispanic/Latino Origin

17. Are you: **[Please choose one or more]**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

18. If you are in business, what is the primary type of business? **[Please choose only one]**

- Construction Manufacturing Consulting
- Wholesale Finance, Insurance and Real Estate Entertainment
- Retail Restaurant Engineering
- Publishing Education Service
- Health Care Day Care Other (describe) _____
- Transportation Computer Systems & Design

19. Did you utilize any other SBA resources/program?
Yes No

20. If YES, select those you used **[Check all that apply]**

- SCORE SBA's guarantee loan programs
- SBDC SBIC Financing Program
- SBA's Surety Bond Program

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NOTE Mail completed surveys back in business reply envelope.

U.S. Small Business Administration
Office of Entrepreneurial Development
Follow-up Economic Impact Survey

OMB Number 3245-0351
Expiration 03/31/2009

Dear Small Business Client:

Within the last twelve months you were kind enough to respond to our request for some initial data regarding your visit(s) to SBA's Entrepreneurial Development resource the **[Small Business Development Center (SBDC), Women's Business Center (WBC), SCORE]**. To continually understand the impact our programs and services are having on the economy it would be helpful to know if our assistance to you regarding starting and managing a business resulted in job creation, increases in your business' revenues or other results.

We understand that you responded to a thorough survey not so long ago, but we ask that you help us in answering a few questions for this follow-up survey which will take less than 5 minutes. All responses to these questions are voluntary and will be held in confidence. The data will not be released to any other government agency or private firm. Based on your visit to the [SBDC, WBC, SCORE], please use that experience as a benchmark to answer the following:

1. Are you currently in business?

Yes No

If YES when was the business started? --/-----
mm/ yyyy

2. **If NO, when do you plan on starting a business?**

Within 30 days 31-90 days
91-120 days No idea at this time

3. Have you ever been in business? Yes No

If YES, when was the business started? --/-----
mm/ yyyy

4. As a result of the assistance received from the [SBDC/WBC/SCORE] Counselor which of the following were you able to develop [i.e., Business Plan] in order to start or better manage your business. **[Check all that apply]**

Business Plan	<input type="checkbox"/>	Loan Package	<input type="checkbox"/>	Purchasing Strategy	<input type="checkbox"/>
Marketing Plan	<input type="checkbox"/>	Hiring Plan	<input type="checkbox"/>	Feasibility Plan	<input type="checkbox"/>
Promotional Plan	<input type="checkbox"/>	Training Plan for Staff	<input type="checkbox"/>	Production Plan	<input type="checkbox"/>
Pricing Strategy	<input type="checkbox"/>	Financial Strategy	<input type="checkbox"/>	Distribution Plan	<input type="checkbox"/>
Cash Flow Analysis	<input type="checkbox"/>	E-Commerce Strategy	<input type="checkbox"/>	Other	<input type="checkbox"/>

5. What was the approximate annual gross revenue of your business in 2008?
\$____,____,____.00
6. Currently, how many people (full and part-time), including yourself, does your business employ?

Number of Full-Time Employees _____
Number of Part-Time Employees _____

7. Have you utilized any other SBA resources/program?
Yes No

8. If YES, select those you used **[Check all that apply]**

SCORE SBA's guarantee loan programs
SBDC SBIC Financing Program
Women Business Center SBA's Surety Bond Program

PLEASE NOTE: The estimated burden for completing this form is less than 5 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington, D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-0351). PLEASE DO NOT SEND FORMS TO OMB.

THANK YOU

SBA Telephone Survey Script (Follow-up)

Good afternoon/evening, May I speak to _____(contact name).

Last year you completed a survey for the Small Business Administration to help determine how they can better serve small businesses like yours. We are currently conducting a follow-up survey to understand the progress of these businesses. Your answers will remain confidential, and not be connected with your name or the identity of your company.

If agree..... begin survey