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 □	l No			
	If YES when was the business started?	/ mm/ yyyy				
	What is the zip	0000	siness location			
2.	If NO, when do you plan on starting a	business?				
	Within 30 days □	31 - 90 days	П			
	91-120 days □	No idea at this	s time \square			
3.	If NO (to question 1), have you ever be If YES when w If you answered NO to question 1, plea	as the business	started? / mm/yyyy	No -		
4.	As a result of the assistance you received	, have you chan	ged any of your cu	ırrent manage	ment	
	practices/strategies? Yes \Box	No		J		
5.	As a result of the assistance you received [Check all that apply]	, which manage	ment practices/stra	ategies have y	ou changed	
	Financial Management	Prom	otional Strategy			
	Human Resource (Hiring/Firing) \square	Obtai	Obtaining Capital \square			
	Marketing Strategy \Box	Gene	ral Management			
	International Trade	Other	,			
6.	As a result of the assistance I received fro develop (i.e., Business Plan] in order to st					
	Business Plan Loan Package		Purchasing Stra	ategy \square		
	Marketing Plan Hiring Plan		Feasibility Plar	n 🗆		
	Promotional Plan 🗆 Training Plan fo	or Staff	Production Plan	n \square		
	Pricing Strategy Financial Strate	gy 🗆	Distribution Pla	an \square		
	Cash Flow Analysis□ E-Commerce St	trategy \square	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]

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

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:

	Somewhat	No	Somewhat	
Effective	Effective	Opinion	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 identifying and correcting problems in operating your business and/or assisted you in s starting a business.								
			Very Useful	Useful	No Opinion	Somewhat Useful	Not Useful	
	1. Identification of pro	blem(s)	5	4	3	2	1	
	2. Correction of proble		5	4	3	2	1	
	3. Assisted in starting a		5	4	3	2	1	
	4. Helped me to decide start a business	not to	5	4	3	2	1	
13.	Gender:	Male			Fem	ale		
14.	Veterans status:	Veterar	1		Serv	ice Disabled Ve	teran 🗆	
		Non Ve	eteran					
15.	Age: [Circle one] 18	3-24 25-3	34 35-4	44 45-54	55-64	65-74 75+		
16.	Are you: Hispanic or l	Latino		□ Not	of Hispai	nic/Latino Origi	n 🗆	
17.	Are you: [Please choos	se one or i	nore]					
	American Indian or Al	askan Nati	ve					
	Asian							
	Black or African Amer	rican		П				
	Native Hawaiian or Pa		lor					
		CITIC ISIAIIC	161	П				
	White							
18.	If you are in business,	what is the	primary	type of busin	ess? [Ple	ase choose only	one]	
	Construction	Manufactu	ıring			Consulting		
	Wholesale	Finance, I	nsurance	e and Real Esta	ate 🗆	Entertainment		
	_	Restauran				Engineering		
		Education			П	Service	П	
	· ·	Day Care				Other (describe	e) —	
		-	Systems	s & Design		outer (describe	-)	_
19.	Did you utilize any oth	er SBA re	sources/i	program?				
101	Yes	.021110	00 at ees, j		No			
20.	If YES, select those you used [Check all that apply]							
	SCORE		SBA's	guarantee loai	n progran	ns \square		
	Women Business Cent	er 🗆	SBIC F	inancing Prog	gram			
			SBA's	Surety Bond I	Program			

PLEASE NOTE: The estimated burden for completing this form is 10 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.

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 Expiration 03/31/2009

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 bus If YES when was the b		Yes/		No			
		What is the zip o	mm/ yyy code of yo	-	iness location			
2.	If NO, when do you pla	n on starting a b	ousiness?					
	Within	30 days □	31-90 da	ys				
	91-120	days \square	No idea	at this	time 🗌			
3.	If NO (to question 1), h	ave you ever bee If YES when w				 yy	No	
	If you answered NO to	question 1, pleas	se skip to	Quest	ion 10			
4.	As a result of the assista practices/strategies?	nce you received, Yes □	=	change No	ed any of your □	current m	ıanageme	ent
5.	As a result of the assistate [Check all that apply]	nce you received,	which ma	anagen	nent practices/s	strategies]	have you	changed?
	Financial Management			Promo	tional Strategy	, <u> </u>		
	Human Resource (Hiring	g/Firing) 🗆		Obtain	ing Capital			
	Marketing Strategy			Genera	l Managemen	t 🗆		
	International Trade			Other_	-			
6.	As a result of the assista Business Plan) in order t						_ ·	.e.,
	Business Plan	Loan Package			Purchasing S	Strategy		
	Marketing Plan \Box	Hiring Plan			Feasibility P	lan		
	Promotional Plan	Training Plan fo	r Staff		Production F	Plan		
	Pricing Strategy \Box	Financial Strates	gy		Distribution	Plan		
	Cash Flow Analysis□	E-Commerce St	rategy		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]

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

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	
1 5	

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:

	Somewhat	No	Somewhat	
Effective	Effective	Opinion	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 assist identifying and correcting problems in operating your business and/or assisted you in starting starting a business.								
			Very Useful	Useful	No Opinion	Somewhat Useful	Not Useful	
	1. Identification of probl	em(s)	5	4	3	2	1	
	2. Correction of problem		5	4	3	2	1	
	3. Assisted in starting a l		5	4	3	2	1	
	4. Helped me to decide restart a business	ot to	5	4	3	2	1	
13.	Gender:	Male			Fem	ale		
14.	Veterans status:	Veteran			Serv	ice Disabled Vet	eran 🗆	
		Non Vete	eran					
15.	Age: [Circle one] 18-2	24 25-34	35-4	14 45-54	55-64	65-74 75+		
16.	Are you: Hispanic or La	itino		□ Not	of Hispa	nic/Latino Origir	n 🗆	
17.	Are you: [Please choose American Indian or Alas Asian Black or African Americ Native Hawaiian or Paci White	kan Native an	e					
18.	If you are in business, w	hat is the p	rimary	type of busin	ess? [Ple	ase choose only	one]	
	Construction M	Ianufacturi	ing			Consulting		
	Wholesale	inance, Ins	urance	and Real Esta	ate 🗆	Entertainment		
	Retail \square R	estaurant				Engineering		
		ducation				Service		
	9	ay Care				Other (describe	, ,	
		=	ystems	& Design		Other (describe		
19.	Did you utilize any other Yes	r SBA reso	ources/p	orogram?	No			
20.	If YES, select those you	used [Che	ck all 1	that apply]				
	SBDC		SBA's s	guarantee loar	n progran	ns \square		
	Women's Business Cent			inancing Prog				
				Surety Bond I				

PLEASE NOTE: The estimated burden for completing this form is 10 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.

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 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 bus If YES when was the b			No			
			yyyy f wour bu	siness legation			
		What is the zip code o	i your bus	silless location			
2.	If NO, when do you pla	nn on starting a busine	ss?				
	Within	30 days □ 31-90	days (
	91-120	days \square No id	lea at this	time \square			
3.	If NO (to question 1), h	nave you ever been in t If YES when was the			N -	Io 🗆	
	If you answered NO to	question 1, please skip	to Ques				
4.	As a result of the assista practices/strategies?	nce you received, have	you chang No	ged any of your cu □	rrent man	agement	
5.	As a result of the assista [Check all that apply]	nce you received, which	n manager	ment practices/stra	itegies hav	ve you changed	
	Financial Management		Promo	otional Strategy			
	Human Resource (Hirin	g/Firing) 🗆	Obtair	ning Capital			
	Marketing Strategy		Gener	al Management			
	International Trade		Other_		_		
6.	As a result of the assista develop (i.e., Business F						
	Business Plan	Loan Package		Purchasing Stra	itegy		
	Marketing Plan \Box	Hiring Plan		Feasibility Plan	l		
	Promotional Plan \Box	Training Plan for Staf	f \square	Production Plan	1		
	Pricing Strategy \Box	Financial Strategy		Distribution Pla	an		
	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]

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

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

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:

	Somewhat	No	Somewhat	
Effective	Effective	Opinion	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 assist identifying and correcting problems in operating your business and/or assisted you in starting a business.								
	Ü		Very Useful	Useful	No Opinion	Somewhat Useful	Not Useful	
	1. Identification of p		5	4	3	2	1	
	2. Correction of prob		5 5	4 4	3 3	2 2	1	
	3. Assisted in starting4. Helped me to deci	-	J	4	J	2	1	
	start a business	ac not to	5	4	3	2	1	
13.	Gender:	Male			Fema	ale		
14.	Veterans status:	Veterar Non Ve			Serv	ice Disabled Ve	teran 🗆	
15.	Age: [Circle one]	18-24 25-3	35-4	44 45-54	55-64	65-74 75+		
16.	Are you: Hispanic o	r Latino		□ Not	of Hispai	nic/Latino Origi	n 🗆	
17.	Are you: [Please cho American Indian or A Asian Black or African Am Native Hawaiian or I White	Alaskan Nati nerican	ve					
18.	If you are in business	s, what is the	primary	type of busin	ess? [Ple	ase choose only	one]	
	Construction	Manufactu	ıring			Consulting		
	Wholesale	Finance, I	nsurance	and Real Esta	ate 🗆	Entertainment		
	Retail \square	Restauran	t			Engineering		
	Publishing \Box	Education				Service		
	Health Care \Box	Day Care				Other (describe	e)	_
	Transportation \square	Computer	Systems	& Design				
19.	Did you utilize any o		sources/j	program?	No			
20.	If YES, select those	you used [C l	heck all	that apply]				
	SCORE		SBA's	guarantee loai	n program	ns \square		
	SBDC		SBIC F	inancing Prog	gram			
			SBA's	Surety Bond I	Program			

PLEASE NOTE: The estimated burden for completing this form is 10 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.

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 b	usine	ss?				
		Yes		No			
	If YES when was the	e bus		t ed? yyyy	/		
2.	If NO, when do you Within 3 91-120	0 day	′s 🗌	g a bus 31-90 lea at th	days		Ĭ
3.	Have you ever been in If YES, when was the b		ess started?	/_ уууу	 	No	
4.	As a result of the assist which of the following start or better manage	were	you able to	develo	o [i.e.,	Busines	ss Plan] in order to
	Business Plan		Loan Packa	ge			Purchasing Strategy
	Marketing Plan		Hiring Plan			Feasik	pility Plan
	Promotional Plan		Training Pla	n for Sta	əff		Production Plan
	Pricing Strategy		Finar	ncial Stra	ategy		Distribution Plan
	Cash Flow Analysis		E-Commerc	e Strate	gy		Other

5.	What was the approximate annual gross revenue of your business in 2008? \$
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
8.	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 SBA's Surety Bond Program
are no approv Chief, Admin	E NOTE: The estimated burden for completing this form is less than 5 minutes per response. You t required to respond to any collection of information unless it displays a currently valid OMB val number. Comments on the burden should be sent to U.S. Small Business Administration, AIB, 409 3 rd St., S.W., Washington, D.C. 20416 and Desk Officer for the Small Business istration, Office of Management and Budget, New Executive Building, Room 10202, Washington, D503. OMB Approval (3245-0351). PLEASE DO NOT SEND FORMS TO OMB.
THAN	IK YOU
	SBA Telephone Survey Script (Follow-up)
Good	afternoon/evening, May I speak to(contacte).
help are of these	year you completed a survey for the Small Business Administration to determine how they can better serve small businesses like yours. We currently conducting a follow-up survey to understand the progress of businesses. Your answers will remain confidential, and not be ected with your name or the identity of your company.

If agree..... begin survey