



U.S. Small Business Administration

Office of Entrepreneurial Development
Initial Economic Impact Survey

OMB Number 3245-0351

Expiration

06/30/2012

Dear Small Business Client:

Thank you for your recent visit to the Small Business Development Center (SBDC) one of SBA's Entrepreneurial Development (ED) Resource Partners. 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.

You have been selected to assist the SBA by completing a brief online questionnaire by clicking on the following URL:
<http://www.surveystracker.com/survey/sbdcsurvey>

After completing this online survey, you will receive a confirmation page indicating your survey was accepted. Data will automatically be entered into the Economic Impact Survey database. All data will be held in strict confidence and reported only in the aggregate without identifying and individual small business. If you have trouble accessing the survey, please contact Joe Survey at (email address) or (telephone number). The data will not be released to any other government agency or private firm. 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 _____

If Yes skip to question

- 1a. **If NO, when do you plan on starting a business?**
Within 30 days 31-90 days
91-120 days No idea at this time

- 1b **If NO (to question 1), have you ever been in business?**
Yes No
If YES when was the business started? __/____
mm/yyyy

12. Other (specify _____) 5 4 3 2 1

5. 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.

	Very Not Useful	No Useful	Opinion	Somewhat Useful	
Useful					
1. Counseling was Relevant	5	4		3	2
1					
2. Counseling was Timely	5	4		3	2
1					
3. Counseling was Helpful	5	4		3	2
1					
4.					

6. At the time you were assisted by the Small Business Development Center (SBDC), what was the approximate annual gross revenue for each of the calendar years below:

2007: _____

2008: _____

7. Counting yourself, how many people full-time employees (35 hours or more per week) and part-time employees (less than 35 hours per week), did you have at the end of the following years you were in business? *If you were not in business, just write N/A in the appropriate blank.*

2007 _____ Number of Full-time employees
2008 _____ Number of Full-time employees

2007 _____ Number of Part-time employees
2008 _____ Number of Part-time employees

8. If you were projecting to reduce your total number of employees prior to counseling, by the SBDC how many positions do you/have you retained due to the counseling?

Existing Full-time jobs saved _____
Existing part-time jobs saved _____

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

Construction	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>
Consulting	<input type="checkbox"/>		
Wholesale	<input type="checkbox"/>	Finance, Insurance and Real Estate	<input type="checkbox"/>
Entertainment	<input type="checkbox"/>		
Retail	<input type="checkbox"/>	Restaurant and/or Eating and Drinking	<input type="checkbox"/>
Engineering	<input type="checkbox"/>		
Publishing	<input type="checkbox"/>	Education	<input type="checkbox"/>
Service	<input type="checkbox"/>		
Health Care	<input type="checkbox"/>	Day Care	<input type="checkbox"/>
	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
		Technology	
Health, Wellness and/or Fitness		Other (describe)	

10. Indicate the geographic location of your primary business.

Rural _____ Urban _____ Inner City _____

11. What lead to your decision to seek business counseling from _____ (check all that apply)

Tried other alternatives and was dissatisfied _____
Reputation of SBDC _____
Referred by _____ fill in blank or add options such as SBA office _____
Low/free cost of service _____

12. Please indicate the value of the information you received from the counselor you visited:

	Extremely Valuable	Valuable	No Opinion	Somewhat Valuable
1. Information was useful 1	5	4	3	2
2. Information was relevant 1	5	4	3	2
3. Information was timely 1	5	4	3	2

13. Please indicate the counselor effectiveness in assisting you:
 [Strongly Agree=SA, Agree=A, No Opinion=NO, Disagree=D, Strongly Disagree=SD]

	SA	A	NO	D	SD
1. The counselor exhibited excellent customer service techniques 1		5	4	3	2
2. The counselor was ability to assist me 1		5	4	3	2
3. The counselor exhibited a high level of professionalism 1		5	4	3	2
4. The counselor was knowledgeable of current management practices and issues 2 1			5	4	3
5. The counselor identified with my needs 2 1			5	4	3
6. I would rate my overall experience with the counselor as excellent 1		5	4	3	2

14. I would refer the counseling services I received to other small businesses.

Strongly Agree Agree No Opinion Disagree
 Strongly Disagree

15. Gender: Male Female

16. Veterans status: Veteran Service Disabled Veteran
 Reservist National Guard member Non Veteran

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

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

19. Are you: **[Please choose one or more]**
 American Indian or Alaskan Native Asian
 Black or African American Native Hawaiian or Pacific
 Islander
 White

20. Did you utilize any other SBA resources/program?
 Yes No
 If YES, select those you used **[Check all that apply]**

SCORE

Women Business Center
Program

Government Contracting

Small Business Training Network

(On-line training)

SBA's guarantee loan programs

SBIC Venture Capita;

SBA's Surety Bond Program

Disaster Assistance

PLEASE NOTE: The estimated burden for completing this form is 12 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.

SBA Form 2214

THANK YOU