



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 SCORE, 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.surveystacker.com/survey/scoresurvey>

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 Matthew Herman at mherman@concentrance.com or 202.223.8877. 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 _____

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

1c. **If you were not in business at the time you were assisted by the counselor, did you decide to go into business as a result of that assistance?**

Yes No

If you answered NO to question 1, please skip to Question 14

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

3. 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 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 Web Based Strategy International Trade
 General Management Other _____

4. 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 bank 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		5	4	3	2	1
9. Acquire a SBA guarantee loan		5	4	3	2	1
10. Acquire a government contract			5	4	3	2
11. Acquire an SBA Disaster loan		5	4	3	2	1
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	Useful	No 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 Manufacturing Consulting
 Wholesale Finance, Insurance and Real Estate
Entertainment
Retail Restaurant and/or Eating and Drinking
Engineering
Publishing Education Service
 Health Care Day Care Transportation
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		5	4	3	2
2. The counselor was ability to assist me		5	4	3	2
3. The counselor exhibited a high level of professionalism		5	4	3	2
4. The counselor was knowledgeable of current management practices and issues			5	4	3
5. The counselor identified with my needs			5	4	3
6. I would rate my overall experience with the counselor as excellent		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 SBA's guarantee loan programs

- | | | |
|---------------------------------|--------------------------|---------------------------|
| Women Business Center Program | <input type="checkbox"/> | SBIC Venture Capita; |
| Government Contracting | <input type="checkbox"/> | SBA's Surety Bond Program |
| Small Business Training Network | <input type="checkbox"/> | Disaster Assistance |
| (On-line training) | <input type="checkbox"/> | |

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