



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.surveymaker.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 Matthew Herman at [mherman@concentrance.com](mailto: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 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

**1c.** If you were not in business when you first received counseling assistance, which of the following most accurately describes your current situation (check one):

The counseling assisted me in deciding to start a business

The counseling            did not assist me in deciding to start a business

The counseling            assisted me in deciding to avoid or delay starting a business

The counseling did not assist me in deciding to avoid or delay starting a business           

**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
- Marketing Plan
- Promotional Plan
- Pricing Strategy
- Cash Flow Analysis
- General Management
- Loan Package
- Hiring Plan
- Training Plan for Staff
- Financial Strategy
- Web Based Strategy
- Other
- Purchasing
- Feasibility Plan
- Production Plan
- Distribution Plan
- International Trade

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]

<b>I was able to:</b>	SA	A	NO	D	SD
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 staff	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	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 3<sup>rd</sup> 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