The Treasury Office of Inspector General, Office of Small Business Lending Fund Oversight (SBLF Oversight Office) is requesting all State Small Business Credit Initiative (SSBCI) Participating States accurately complete and timely submit the enclosed Effectiveness of the SSBCI Survey. This survey includes questions about: (1) Participating States’ use of SSBCI funding; and (2) Treasury’s administration of the SSBCI program.

The Small Business Jobs Act of 2010 (the Act) created the SBLF Oversight Office within the Treasury Office of Inspector General. Under §3011 of the Act, the Treasury Inspector General is required to conduct, supervise, and coordinate audits and investigations of the use of funds made available under the SSBCI program. Completion of this survey is required by §4.14 of your Allocation Agreement.

**SUBMISSION OF THIS SURVEY**

**Please enter your responses electronically onto the survey form** and **email** the completed form to the Office of SBLF Oversight at **TBD email address** by **TBD date**.

**FREEDOM OF INFORMATION ACT**

Respondents are notified that this survey, as a record of the Office of the Special Deputy Inspector General for SBLF Oversight, may be subject to requests for disclosure made under the Freedom of Information Act, 5 U.S.C. Section 552 (FOIA).  It is the policy of the United States Government and the SBLF Oversight Office to make public records available unless a disclosure exemption incorporated in the FOIA is specifically applicable.  Information provided in this survey that qualifies as proprietary information under Exemption 4, 5 U.S.C Section 552(b)(4), will not be released in response to a FOIA request or otherwise be made available without consultation with the information provider.  For further information, contact the Office of Counsel, Treasury Office of Inspector General, 740 15th Street, N.W., Washington, D.C. 20005, 202-927-0650, [**OIGCounsel@oig.treas.gov**](mailto:OIGCounsel@oig.treas.gov).

**QUESTIONS**

If you have any questions regarding the completion of this survey, please contact Lisa DeAngelis, Audit Director at (202) 927-5621.

**SIGNATURE**

I attest that this lending survey is true and correct to the best of my knowledge and belief:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Signature of State Official Date Name of State Official Title

|  |  |  |
| --- | --- | --- |
|  |  |  |

Participating State SSBCI Funds Awarded

|  |
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|  |

**SSBCI Funds Used as of December 31, 2012**

The Federal Government may not collect, and the public is not required to respond to, an information collection request unless it displays a valid Office of Management and Budget (OMB) Control Number. The control number for this collection is **TBD #** (expires **TBD date**). The public reporting burden for this information collection is estimated to be 2 hours per response, including time to gather and maintain data in the required form and to review instructions and complete the information collection.

**Part I. Use of SSBCI Funding**

*For* ***Questions 1-9:*** *Please provide your State’s most complete response. We are seeking to understand if the SSBCI funding provided had a significant impact on your State’s small business lending program(s).*

**1(a)** Please indicate to which program(s) your State allocated SSBCI funding and whether the program(s) existed prior to SSBCI funding or was newly created. (check all that apply)

|  |  |  |
| --- | --- | --- |
|  | **Existing** | **New** |
| **⃝** CAP | **⃝** | **⃝** |
| **⃝** Loan Participation | **⃝** | **⃝** |
| **⃝** Loan Guarantee | **⃝** | **⃝** |
| **⃝** Venture Capital | **⃝** | **⃝** |
| **⃝** Collateral Support | **⃝** | **⃝** |
| **⃝** Direct Loan | **⃝** | **⃝** |
| **⃝** Other | **⃝** | **⃝** |

**1(b)** To what extent have SSBCI funds allowed your State program(s) to increase access to credit for small businesses? (Provide one answer for each participating program)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Marginally** | **Moderate Extent** | **Great Extent** | **No Increase** |
| **⃝** CAP | **⃝** | **⃝** | **⃝** | **⃝** |
| **⃝** Loan Participation | **⃝** | **⃝** | **⃝** | **⃝** |
| **⃝** Loan Guarantee | **⃝** | **⃝** | **⃝** | **⃝** |
| **⃝** Venture Capital | **⃝** | **⃝** | **⃝** | **⃝** |
| **⃝** Collateral Support | **⃝** | **⃝** | **⃝** | **⃝** |
| **⃝** Direct Loan | **⃝** | **⃝** | **⃝** | **⃝** |
| **⃝** Other | **⃝** | **⃝** | **⃝** | **⃝** |

**2.** If your State had existing program(s) prior to the date it signed the program Allocation Agreement, please identify the program(s) and provide:

* Average annual expenditure on State-supported loans or investments made to small businesses for the 3-year period,

**1/1/08 – 12/31/10**

* Average annual expenditure on State-supported loans or investments to small businesses for the 2-year period,

**1/1/11 – 12/31/12**

|  |  |  |
| --- | --- | --- |
|  | **Average Annual Expenditure on State-supported Loans or Investments**  **1/1/08 - 12/31/10** | **Average Annual Expenditure on State-supported Loans or Investments**  **1/1/11 – 12/31/12** |
| **⃝** CAP | $ | $ |
| **⃝** Loan Participation | $ | $ |
| **⃝** Loan Guarantee | $ | $ |
| **⃝** Venture Capital | $ | $ |
| **⃝** Collateral Support | $ | $ |
| **⃝** Direct Loan | $ | $ |
| **⃝** Other | $ | $ |

**3.** Pleasedescribe below the factors that have contributed the most to increases or decreases in credit and investment programs for small businesses that have been realized as a result of SSBCI funding.

|  |
| --- |
|  |

**4.** Please identify the total amount of SSBCI funds spent in calendar years 2011 and 2012 exclusively on new extensions of credit that repaid the amount due on either a matured loan or line of credit. **(If your State only has a Venture Capital program(s), please choose option ‘Not applicable’ as Venture Capital investments are not refinanced.)**

**Example:** State Bank made an $120,000 loan to a borrower that recently matured. The loan had a $100,000 remaining principal balance. Therefore, $20,000 of the loan constituted new credit and $100,000 would be considered “funds used for refinancing of existing debt for Calendar Year 2011” that should be reported below.

|  |  |  |
| --- | --- | --- |
|  | **Funds Used for Refinancing of Existing Debt for Calendar Year 2011** | **Funds Used for Refinancing of Revolving Lines of Credit for Calendar Year 2011** |
| **⃝** CAP | $ | $ |
| **⃝** Loan Participation | $ | $ |
| **⃝** Loan Guarantee | $ | $ |
| **⃝** Collateral Support | $ | $ |
| **⃝** Direct Loan | $ | $ |
| **⃝** Other | $ | $ |
| **⃝** Not Applicable | $ | $ |

|  |  |  |
| --- | --- | --- |
|  | **Funds Used for Refinancing of Existing Debt for Calendar Year 2012** | **Funds Used for Refinancing of Revolving Lines of Credit for Calendar Year 2012** |
| **⃝** CAP | $ | $ |
| **⃝** Loan Participation | $ | $ |
| **⃝** Loan Guarantee | $ | $ |
| **⃝** Venture Capital | $ | $ |
| **⃝** Collateral Support | $ | $ |
| **⃝** Direct Loan | $ | $ |
| **⃝** Other | $ | $ |

**5.** Do you anticipate expending all of the SSBCI funds awarded by the end of your State’s 2-year participation period?

**Yes No**

If **No**, and Treasury extends the availability of unused funds beyond the 2-year participation period, please indicate

when your State would anticipate using all of its awarded funds:

|  |  |
| --- | --- |
|  | **Choose One Answer Only** |
| a) Between 2 and 3 years of my State’s SSBCI award date | **⃝** |
| b) Between 3 and 4 years of my State’s award date | **⃝** |
| c) After 4 years of my State’s award date, but before the September 2017 program expiration date | **⃝** |
| d) All funds will not be used by the September 2017 sunset date of the program | **⃝** |

**6.** Have you encountered any issues limiting the success of SSBCI in your State?

**Yes No**

If **Yes**, please identify below the issues encountered:

|  |  |
| --- | --- |
|  | **Choose All That Apply** |
| a) Low demand for credit from small businesses | **⃝** |
| b) Difficulty marketing programs or familiarizing lenders with products | **⃝** |
| c) Insufficient funding for administration of programs | **⃝** |
| d) Lack of staffing for administration of programs | **⃝** |
| e) Inability to meet administrative and regulatory requirements | **⃝** |
| f) Lack of interest from lenders and private investors | **⃝** |
| g) Competition from other similar programs | **⃝** |
| h) Lack of political support at the State level | **⃝** |
| i) Other | **⃝** |

*If you answered* ***e*** *(lack of interest from lenders and private investors), please describe what you attribute the lack of interest to. Also, please identify any program requirements or prohibitions that you believe impacted lender or investor participation:*

|  |
| --- |
|  |

*If you answered* ***g*** *(other), please describe the other issues impeding your State’s use of SSBCI funding:*

|  |
| --- |
|  |

**7.** Please indicate the private leverage ratios achieved as of **December 31, 2012** for Other Credit Support Programs (OCSPs) programs enrolled in SSBCI.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SSBCI Funds Used** | **New Private Credit** | **Leverage Ratio (New Private Credit/SSBCI Funds Used)** |
| **⃝** Loan Participation | **$** | **$** |  |
| **⃝** Loan Guarantee | **$** | **$** |  |
| **⃝** Venture Capital | **$** | **$** |  |
| **⃝** Collateral Support | **$** | **$** |  |
| **⃝** Direct Loan | **$** | **$** |  |
| **⃝** Other | **$** | **$** |  |
| **Private Leverage Ratio for All OSCP Programs Combined (Total New Private Credit / Total SSBCI Funds Used)** |  | | |

**8.** Does the State anticipate that its programs in aggregate will generate a private leverage ratio of at least 10:1 by the

expiration of the SSBCI allocation on March 31, 2017?

⃝ Yes ⃝ No

*If your State does not anticipate achieving the 10:1 aggregate leverage ratio by the* expiration of the SSBCI allocation on March 31, 2017*, please explain why.*

|  |
| --- |
|  |

**9.** Has your State modified or does it plan to modify its Allocation Agreement to re-allocate funds between State programs?

⃝ Yes ⃝ No

If yes, please identify the reason(s) for the actual or planned modification.

|  |  |
| --- | --- |
|  | **Choose All that Apply** |
| a) Move funds to a better performing program | **⃝** |
| b) Removal of a program(s) | **⃝** |
| c) Add a program | **⃝** |
| d) Change the entity designated to administer or implement the program | **⃝** |
| e) Compliance or regulatory challenges | **⃝** |
| f) Change in scope |  |
| g) Other | **⃝** |

*If any of options a) through f) were chosen, please explain in the space provided below..*

|  |
| --- |
|  |

**Part II. SSBCI Program Administration**

*For* ***Questions 10-12:*** *Please select one button in each row that most closely describes your satisfaction level with Treasury’s administration of the SSBCI program.*

**10.** In getting your program(s) started, how satisfied are you with Treasury’s roll-out and **initial execution** of the SSBCI

program:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Unsatisfied** | **Somewhat Unsatisfied** | **Somewhat Satisfied** | **Very Satisfied** |
| a) Timeliness of application approval | **⃝** | **⃝** | **⃝** | **⃝** |
| b) Clarity of guidance for applying to the program | **⃝** | **⃝** | **⃝** | **⃝** |
| c) Ease of the application process | **⃝** | **⃝** | **⃝** | **⃝** |
| d) Clarity of the marketing material describing the program | **⃝** | **⃝** | **⃝** | **⃝** |
| e) Clarity of guidance on program requirements and prohibitions | **⃝** | **⃝** | **⃝** | **⃝** |
| f) Timeliness of initial disbursement | **⃝** | **⃝** | **⃝** | **⃝** |
| f) Amount of funds made available | **⃝** | **⃝** | **⃝** | **⃝** |
| g) Other areas (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **⃝** | **⃝** | **⃝** | **⃝** |

*For each item selected above in which you were very satisfied, please elaborate*:

|  |
| --- |
|  |

*For each item selected above in which you were unsatisfied, please elaborate:*

|  |
| --- |
|  |

**11.** How satisfied are you with the way Treasury has performed in the following areas*:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Unsatisfied** | **Somewhat Unsatisfied** | **Somewhat Satisfied** | **Very Satisfied** | **Not Applicable** |
| a) Level of responsiveness in communications with your State | **⃝** | **⃝** | **⃝** | **⃝** | **⃝** |
| b) Management of quarterly and annual reporting process | **⃝** | **⃝** | **⃝** | **⃝** | **⃝** |
| c) Resolving questions/concerns you have about the program, reporting requirements or other issues | **⃝** | **⃝** | **⃝** | **⃝** | **⃝** |
| d) FAQs or webinars concerning topics of interest to your State | **⃝** | **⃝** | **⃝** | **⃝** | **⃝** |
| e) Handling of instances of non-compliance | **⃝** | **⃝** | **⃝** | **⃝** | **⃝** |
| f) Timeliness in responding to requests for additional disbursements | **⃝** | **⃝** | **⃝** | **⃝** | **⃝** |
| g) Clarity/consistency of guidance on how funds can be used | **⃝** | **⃝** | **⃝** | **⃝** | **⃝** |
| h) Clarity/consistency of guidance on required borrower/lender assurances | **⃝** | **⃝** | **⃝** | **⃝** | **⃝** |
| i) Other factor(s) (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **⃝** | **⃝** | **⃝** | **⃝** | **⃝** |

*For each item selected above in which you are very satisfied, please elaborate:*

|  |
| --- |
|  |

*For each item selected above in which you are unsatisfied, please elaborate*:

|  |
| --- |
|  |

**12.** How satisfied are you that Treasury’s *SSBCI National Standards for Compliance and Oversight* clearly outlines participant

responsibilities for compliance with the Act and oversight of SSBCI funds in the following areas?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Unsatisfied** | **Somewhat Unsatisfied** | **Somewhat Satisfied** | **Very Satisfied** |
| a) Borrower and investee certifications | **⃝** | **⃝** | **⃝** | **⃝** |
| b) Lender and investor certifications | **⃝** | **⃝** | **⃝** | **⃝** |
| c) Lender and investor adherence to requirements | **⃝** | **⃝** | **⃝** | **⃝** |
| d) Oversight of administering entities | **⃝** | **⃝** | **⃝** | **⃝** |
| e) SSBCI quarterly and annual reports | **⃝** | **⃝** | **⃝** | **⃝** |
| f) Control and retention of records | **⃝** | **⃝** | **⃝** | **⃝** |
| g) Documentation of subsequent private financing | **⃝** | **⃝** | **⃝** | **⃝** |
| h) Usage of and accounting for allocated funds | **⃝** | **⃝** | **⃝** | **⃝** |
| i) Fraud, waste, and abuse | **⃝** | **⃝** | **⃝** | **⃝** |
| j) Conflicts of interest | **⃝** | **⃝** | **⃝** | **⃝** |
| i) Other factor(s) (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **⃝** | **⃝** | **⃝** | **⃝** |