

# Effectiveness of the SSBCI Survey | 2013

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 15<sup>th</sup> 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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of State Official	Date	Name of State Official	Title

<input type="text"/>
Participating State

<input type="text"/>
SSBCI Funds Awarded

<input type="text"/>
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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
<input type="radio"/> CAP	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Loan Participation	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Loan Guarantee	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Venture Capital	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Collateral Support	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Direct Loan	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other	<input type="radio"/>	<input type="radio"/>

**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
<input type="radio"/> CAP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Loan Participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Loan Guarantee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Venture Capital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Collateral Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Direct Loan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<input type="radio"/> CAP	\$	\$
<input type="radio"/> Loan Participation	\$	\$
<input type="radio"/> Loan Guarantee	\$	\$
<input type="radio"/> Venture Capital	\$	\$
<input type="radio"/> Collateral Support	\$	\$
<input type="radio"/> Direct Loan	\$	\$
<input type="radio"/> Other	\$	\$

3. Please describe 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
<input type="radio"/> CAP	\$	\$
<input type="radio"/> Loan Participation	\$	\$
<input type="radio"/> Loan Guarantee	\$	\$
<input type="radio"/> Collateral Support	\$	\$
<input type="radio"/> Direct Loan	\$	\$
<input type="radio"/> Other	\$	\$
<input type="radio"/> Not Applicable	\$	\$

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	Funds Used for Refinancing of Existing Debt for Calendar Year 2012	Funds Used for Refinancing of Revolving Lines of Credit for Calendar Year 2012
<input type="radio"/> CAP	\$	\$
<input type="radio"/> Loan Participation	\$	\$
<input type="radio"/> Loan Guarantee	\$	\$
<input type="radio"/> Venture Capital	\$	\$
<input type="radio"/> Collateral Support	\$	\$
<input type="radio"/> Direct Loan	\$	\$
<input type="radio"/> 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	<input type="radio"/>
b) Between 3 and 4 years of my State's award date	<input type="radio"/>
c) After 4 years of my State's award date, but before the September 2017 program expiration date	<input type="radio"/>
d) All funds will not be used by the September 2017 sunset date of the program	<input type="radio"/>

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	<input type="checkbox"/>
b) Difficulty marketing programs or familiarizing lenders with products	<input type="checkbox"/>
c) Insufficient funding for administration of programs	<input type="checkbox"/>
d) Lack of staffing for administration of programs	<input type="checkbox"/>
e) Inability to meet administrative and regulatory requirements	<input type="checkbox"/>
f) Lack of interest from lenders and private investors	<input type="checkbox"/>
g) Competition from other similar programs	<input type="checkbox"/>
h) Lack of political support at the State level	<input type="checkbox"/>
i) Other	<input type="checkbox"/>

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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)
<input type="radio"/> Loan Participation	\$	\$	
<input type="radio"/> Loan Guarantee	\$	\$	
<input type="radio"/> Venture Capital	\$	\$	
<input type="radio"/> Collateral Support	\$	\$	
<input type="radio"/> Direct Loan	\$	\$	
<input type="radio"/> Other	\$	\$	
<b>Private Leverage Ratio for All OSCP Programs Combined (Total New Private Credit / Total SSBCI Funds Used)</b>			

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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.*

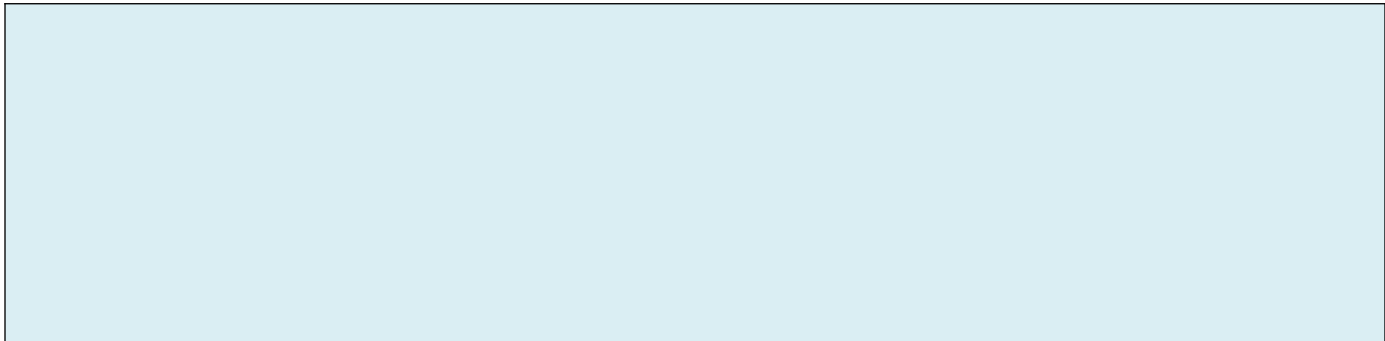
9. Has your State modified or does it plan to modify its Allocation Agreement to re-allocate funds between State programs?

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	<input type="radio"/>
b) Removal of a program(s)	<input type="radio"/>
c) Add a program	<input type="radio"/>
d) Change the entity designated to administer or implement the program	<input type="radio"/>
e) Compliance or regulatory challenges	<input type="radio"/>
f) Change in scope	<input type="radio"/>
g) Other	<input type="radio"/>

*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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Clarity of guidance for applying to the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Ease of the application process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Clarity of the marketing material describing the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Clarity of guidance on program requirements and prohibitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Timeliness of initial disbursement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Amount of funds made available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Other areas (specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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





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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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Management of quarterly and annual reporting process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Resolving questions/concerns you have about the program, reporting requirements or other issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) FAQs or webinars concerning topics of interest to your State	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Handling of instances of non-compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Timeliness in responding to requests for additional disbursements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Clarity/consistency of guidance on how funds can be used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Clarity/consistency of guidance on required borrower/lender assurances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Other factor(s) (specify): _____ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Lender and investor certifications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Lender and investor adherence to requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Oversight of administering entities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) SSBCI quarterly and annual reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Control and retention of records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Documentation of subsequent private financing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Usage of and accounting for allocated funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Fraud, waste, and abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Conflicts of interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Other factor(s) (specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>