

**OMB Control: XXXX-XXXX**

**Thank you for taking time to participate in this survey.** National Women’s Business Council (NWBC) is the sponsor of this online survey regarding your experiences as a woman business owner. The NWBC is a non-partisan federal advisory council created to serve as an independent source of advice and counsel to the President, Congress, and the U.S. Small Business Administration on economic issues of importance to women business owners. The results of the survey will help NWBC better understand needs and perceptions of women business owners, and the context in which the NWBC can better provide you with relevant programs and resources.

The survey will take approximately 20 minutes to complete. All the information you provide will be kept private to the extent provided by law. No individual responses will be shared with NWBC or Small Business Administration. All findings will be presented as an aggregate across many respondents. Your participation in this survey is voluntary and a reply is not required. You may skip any question you do not wish to answer.

**Survey Prototype**

Incubator Manager

*[Note] Text written within brackets, italicized, and on a gray background is intended as editorial text to describe interactive elements of the survey (i.e. value entry fields, pull-down menus, branching points, etc.) or placeholders to be replaced by the content described.*

Before you begin, be aware that several questions on this survey ask about “women-owned or women-led businesses”. Women-owned businesses are defined as businesses where women own 51% or more of the equity, interest, or stock of the business. Women-led businesses are defined as businesses where women make up at least 30% of the senior management positions such as President, Chair, CEO, CIO, COO, etc.

Section 1: Business Model

**1.1** Would you classify your organization as an incubator or an accelerator?

- 1. Incubator
- 2. Accelerator
- 3. Both an incubator and an accelerator
- 4. Neither an incubator nor an accelerator

If 1.1 = 1, 2, or 3	If 1.1 = 4
<i>[skip]</i>	<b>1.1A</b> Please enter a very brief definition of your organization’s business model. <i>[text entry field]</i>

1.2 Is your organization based on a not-for-profit model?

1. No
2. Yes

1.3 Is your organization sponsored by any state or local governments?

1. No
2. Yes

1.4 Is your organization sponsored by the federal government?

1. No
2. Yes

1.5 Is your organization sponsored by or associated with a university?

1. No
2. Yes

1.6 In what year did your organization begin operations?

1. No
2. Yes

1.7 What is the zip code of your organization's headquarters or primary business location?

[zip code]

1.8 Does your organization operate or conduct programming in multiple locations?

1. No
2. Yes

If 1.8 = "No"	If 1.8 = "Yes"
<p>[skip]</p>	<p>1.8A Please enter the zip code of all locations in the United States where your organization has operated or conducted programming in the past 12 months.</p> <p>[zip code 1] [zip code 2] [etc.]</p>

1.9 Which of the programs from the following list does your organization offer? (Please select all that apply.)

1. A long-term residency program for startup businesses
2. A short-term residency program for startup businesses
3. A long-term non-residency program for startup businesses
4. A short-term non-residency program for startup businesses
5. Other

**Repeat for each selection of options 1 through 4 in 1.9**

**1.9A** Is there a fee required to participate in this program?

1. No
2. Yes, and the fee is paid by the participants
3. Yes, and the fee is partially covered by the organization or its sponsors
4. Yes, and the fee is fully covered by the organization or its sponsors
5. Yes, but terms vary based on the company

If 1.9A = "No"	If 1.9A = 2, 3, 4 or 5
[skip]	<b>1.9B</b> How much does it cost to participate in the program? \$[number]

**1.9C** Does your organization provide participants with any funding as part of this program?

1. No
2. Yes

If 1.9C = "No"	If 1.9C = "Yes"
[skip]	<b>1.9D</b> How much funding do you provide to participants? <i>(If the amount varies by company please estimate the average amount.)</i> \$[number]

**1.9E** Does your organization provide working space for companies involved in this program?

1. No
2. Yes, at no cost
3. Yes, with the cost included in the program fee
4. Yes, for an additional cost
5. Yes, but terms vary based on the company

If 1.9E = "No"	If 1.9E = "Yes"
[skip]	<b>1.9F</b> Is this working space considered a "co-working" space? <ol style="list-style-type: none"> <li>1. No</li> <li>2. Yes</li> </ol>

**1.9F** Does your organization take an equity stake in firms that participate in this program?

1. No
2. Yes

**1.9G** What is the maximum duration for companies to participate in this program? *(Please estimate to the nearest whole week.)*

[number] weeks

**1.9H** What is the average duration of participation for companies in this program? *(Please estimate to the nearest whole week.)*

[number] weeks

1.9I Which, if any, of the following business services do you provide clients in this program? (Check all that apply.)

1. Business plan writing and business basics
2. Access to capital
3. Marketing assistance
4. Mentoring boards for clients with area business service providers
5. Ties to higher education institutions
6. Accounting and financial management services
7. Networking with other entrepreneurs, particularly other clients
8. Networking with the area business community
9. Assistance in developing presentation skills
10. Assistance in developing business etiquette
11. Legal assistance with intellectual property protection
12. Legal assistance with incorporation or other business structures
13. Legal assistance with import/export requirements
14. General legal services
15. Technology commercialization assistance
16. Access to specialized equipment and/or laboratories at reduced rates
17. Intellectual property management assistance

**If option 5 is selected as an answer for 1.9**

1.9J In the space provided, please briefly describe any other programs your organization offers.

[text entry field]

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## Section 2: Selection Criteria

2.1 Does your organization have a specific preference for startups in any of the following industrial sectors? (Please select one or more answers.)

1. No industry preferences
2. Agriculture, Forestry, Fishing and Hunting
3. Mining, Quarrying, and Oil and Gas Extraction
4. Utilities
5. Construction
6. Manufacturing
7. Wholesale Trade
8. Retail Trade
9. Transportation and Warehousing
10. Information
11. Finance and Insurance
12. Real Estate and Rental Leasing
13. Professional, Scientific, and Technical Services
14. Management of Companies and Enterprises
15. Administrative and Support and Waste Management
16. Educational Services
17. Health Care and Social Assistance

- 18. Arts, Entertainment, and Recreation
- 19. Accommodation and Food Services
- 20. Other Services (except Public Administration)
- 21. Public Administration
- 22. Other

2.2 Does your organization accept applications from startups outside of the industries you selected in Question 2.1?

- 1. No
- 2. Yes

2.3 Does your organization define itself as a technology-focused incubator?

- 1. No
- 2. Yes

2.4 Does your organization have specific preferences for any of the following special classes of entrepreneurs? *(Please select one or more answers.)*

- 1. Micro-entrepreneurs
- 2. College/university students
- 3. Low Income
- 4. Women
- 5. African Americans
- 6. Hispanics
- 7. Social Entrepreneurs
- 8. Native Americans
- 9. Youth
- 10. None of the above

2.5 Does your organization have a written policy regarding your selection criteria?

- 1. No
- 2. Yes

If 2.5 = "No"	If 2.5 = "Yes"
<i>[skip]</i>	2.5A In the space provided, please copy and paste your selection criteria policy. <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"><i>[text entry field]</i></div>

*For the next set of questions, rank the importance of each factor in selecting a company for your programs on a scale of 1 to 5, with 5 being most important.*

2.6 The cultural fit of the company applying.                      1                      2                      3                      4                      5

2.7 The diversity of companies represented among our clients.                      1                      2                      3                      4                      5

2.8 The potential for success of the company applying.	1	2	3	4	5
2.9 The intellectual property possessed by the company applying.	1	2	3	4	5
2.10 The potential for rapid growth for the company applying.	1	2	3	4	5
2.11 The amount of capital or investment interest already possessed by the company applying.	1	2	3	4	5

**Section 3: Institutional Culture**

- 3.1 Does your organization explicitly have a mission statement written out?
1. No
  2. Yes

If 3.1 = "No"	If 3.1 = "Yes"
[skip]	3.1A In the space provided, please copy and paste your mission statement. [text entry field]

*For the next set of questions, rank the importance of the following goal on a scale of 1 to 5, with 5 being most important*

3.2 Fostering an entrepreneurial culture.	1	2	3	4	5
3.3 Creating jobs.	1	2	3	4	5
3.4 Building or accelerating the growth of a new business or industry.	1	2	3	4	5
3.5 Retaining and/or attracting firms to the region.	1	2	3	4	5
3.6 Diversifying the local or regional economy.	1	2	3	4	5
3.7 Commercializing new technologies.	1	2	3	4	5
3.8 Identifying spin on/spin off businesses.	1	2	3	4	5
3.9 Generating net income for the sponsor(s).	1	2	3	4	5

3.10	Encourage minority entrepreneurs.	1	2	3	4	5
3.11	Encourage women entrepreneurs.	1	2	3	4	5
3.12	Generating complementary benefits.	1	2	3	4	5
3.13	Revitalizing a distressed neighborhood.	1	2	3	4	5
3.14	Moving people from welfare to work.	1	2	3	4	5
3.15	Generating new manufacturing jobs.	1	2	3	4	5
3.16	Other goals not captured by the categories outlined above.	1	2	3	4	5

3.17 In the event a client is not meeting program goals or milestones, do you discuss the alternatives to incubation or acceleration programs?

1. No
2. Yes

3.18 Do you regularly evaluate your service providers?

1. No
2. Yes

3.19 Do you regularly evaluate the effectiveness of your programs?

1. No
2. Yes

3.20 Do you establish milestones for your clients and conduct follow-ups?

1. No
2. Yes

3.21 Does your organization have a written marketing plan?

1. No
2. Yes

3.22 How often do you review your organization's budget?

1. Quarterly
2. Monthly
3. More frequently than monthly
4. Irregularly or less frequently than monthly

3.23 Do you discuss exit and graduation strategies regularly with your clients?

1. No
2. Yes

3.24 To the best of your knowledge, how many people sit on your advisory board in total?  
[number] members

3.25 To the best of your knowledge, how many women sit on your advisory board?  
[number] members

3.26 Of the following categories, which are represented by members of your advisory board? *(Please select all that apply.)*

1. Experienced entrepreneur
2. Local economic development official
3. Finance community
4. Corporate executive
5. University official
6. Accountant
7. Business attorney
8. Chamber of Commerce
9. Incubator manager
10. Local government official
11. Marketing expert
12. Tech transfer specialist
13. Graduate firm
14. Real estate (manager/developer)
15. State economic development official
16. Patent attorney
17. State government official
18. Federal economic development official
19. None of the above

3.27 To the best of your knowledge, how many people are employed by your organization in total?  
[number] people

3.28 To the best of your knowledge, how many women are employed by your organization?  
[number] people

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#### Section 4: Investors & Funding

4.1 How many sponsors does your organization have?  
[number] sponsors



4.2 To the best of your knowledge, of your sponsor companies, how many of those companies are women-owned or women-led?  
 [number] sponsors

4.3 Does your organization have close relationships with specific angel investors?  
 1. No  
 2. Yes

If 4.3 = "No"	If 4.3 = "Yes"
[skip]	4.3A Of your angel investors, how many are women? [number] angel investors

4.4 Does your firm have an in-house venture fund?  
 1. No  
 2. Yes

4.5 Does your firm have a close relationship with any outside venture capital firms?  
 1. No  
 2. Yes

If 4.5 = "No"	If 4.5 = "Yes"
[skip]	4.5A How many venture capital firms do you work with regularly? [number] firms  4.5B To the best of your knowledge, of the outside venture capital firms you work with, how many have a woman as an owner or partner? [number] firms

Section 5: Performance Indicators

5.1 Does your organization maintain statistical data on the applications you receive?  
 1. No  
 2. Yes

If 5.1 = "No"	If 5.1 = "Yes"
[skip]	5.1A For how many years has your organization collected data on firms that have applied for one of your programs? [number] years  5.1B How many applications did you receive for

	<p>your most recent program application cycle?  <input type="text" value="[number]"/> applications</p> <p>5.1C How many applications from women-owned or women-led businesses did you receive for your most recent program application cycle?  <input type="text" value="[number]"/> applications</p> <p>5.1D How many companies did you accept for your most recent program cycle?  <input type="text" value="[number]"/> companies</p> <p>5.1E How many applications from women-owned or women-led businesses did you accept for your most recent program cycle?  <input type="text" value="[number]"/> companies</p>
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5.2 Does your organization collect data on firms that have completed one of your programs?

1. No
2. Yes

If 5.2 = "No"	If 5.2 = "Yes"
<i>[skip]</i>	<p>5.2A For how many years has your organization collected data on firms that have completed one of your programs?  <input type="text" value="[number]"/> years</p> <p>5.2B For how many years after completion do you collect outcome data?  <input type="text" value="[number]"/> years</p> <p>5.2C For your most recent program cycle, how many companies completed the program?  <input type="text" value="[number]"/> companies</p> <p>5.2D For your most recent program cycle, how many women-owned or women-led companies completed the program?  <input type="text" value="[number]"/> companies</p> <p>5.2E How many companies have completed your program since you started offering your services?  <input type="text" value="[number]"/> companies</p> <p>5.2F How many women-owned or women-led companies have completed your program since</p>

	you started offering your services? [number] companies
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