



OMB Control #:
Expiration Date:

Office of Veterans Business Development

Boots to Business Entrepreneurship Survey for Service Members and Military Families

Use of information: This information collection (survey) is to be completed by individuals who have participated in the Boots to Business courses offered by the Small Business Administration (SBA). You received this survey because at the time of course registration you agreed to participate in this Boots to Business related survey.

Disclosure of the information requested on this form is voluntary; participants may exit the survey at any time or skip questions they prefer not to answer. This study is being conducted to gather information from military service members and families about their experiences in SBA's Boots to Business entrepreneurship program and about their entrepreneurship motivations, barriers and goals. SBA is collecting this information to improve its program offerings as well as to understand entrepreneurship experiences and outcomes. All information provided is protected to the extent permitted by law, including the Privacy Act of 1974, 5 U.S.C. 552a, and the Freedom of Information Act (FOIA), 5 U.S.C. 552. SBA maintains your personal information in the agency's Privacy Act Systems of Records, SBA 5-- "Business and Entrepreneurial Initiatives for Small Businesses." This system of record notice (SORN) identifies why and to whom SBA will routinely disclose the information that you provide.

Please note: Under the **Paperwork Reduction Act** you are not required to respond to any collection of information unless it displays a currently valid OMB Control number. The estimated time for completing this survey is 4 minutes per response, including gathering and submitting the information. Comments on the estimated time, including suggestions for reducing the time, should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503.

Available Sources of Information: If you have concerns or complaints about your rights as a participant, please contact the Boots to Business team at boots-to-business@sba.gov.

AUTHORIZATION: Clicking on the "Agree" option below indicates that:

- You have read the above information.
 - You voluntarily agree to participate.
 - You are at least 18 years of age.
- Agree
 Do Not Agree --> EXIT SURVEY



Quality Assessment Post Course Survey

Instructions: Please answer the following questions. Some questions will require you to write your answers, while others will require you to select your answers from a list of preset choices. Your feedback is important for us to understand the impact of the Boots to Business program.

1. Name: Click here to enter text.
2. Boots to Business date completed: Click here to enter a date.
3. Boots to Business course location:

The following questions refer to Boots to Business pre-course coordination, specifically concerning the coordination and information you received from the Boots to Business team concerning your books, course and other administrative issues relating to Boots to Business:

4. Describe the level of communications you received about Boots to Business prior to attending:

- Way too much communication
- Too much communication
- About right
- Too little communication
- Way too little communication

5. Please rate how satisfied you are with all Boots to Business materials:

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

6. Instructor(s)

*Applies to in classroom courses only

Please rate your satisfaction with your instructor(s) in the following areas:	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A
*Classroom was conducive to a learning environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displayed knowledge and familiarity with Boots to Business course material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibited presentation skills that engaged the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used training aids and materials to instruct course material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicated clearly and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated practical experience and participants' ideas into the course material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Regarding Boots to Business overall, please select the most appropriate response to the items below.

7.

	Way too little	Too Little	About Right	Too Much	Way too much
Amount of material covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depth of coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mix of Topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please briefly describe what materials or content you would like to see added or removed from the course. Click here to enter text.

9. Pace of material covered:

- Way too fast
- Too fast
- About right
- Too slow
- Way too slow

Regarding the Boots to Business eight-week online course, please select the most appropriate response to the items below. (Note: Only Boots to Business eight-week online participants will respond to this question)

10.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
The online registration was easy to navigate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical support was readily available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course website was well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigating through the courses was easy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions about how you felt **before and after** attending Boots to Business:

11.

	<u>BEFORE</u> Boots to Business					<u>AFTER</u> Boots to Business				
	Not at all	Not Very	Neither	Some what	Very	Not at all	Not Very	Neither	Som ewh at	Very
How informed were you about starting a business and entrepreneurship in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How confident were you about having the skillsets required to start a business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



How motivated were you to start a business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely were you to start a business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely were you to start a business soon (within one year)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely were you to start a business later (5-10 years)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely were you to pursue higher education first?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely were you to pursue employment first?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely were you to pursue additional technical assistance first?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Other than the information covered already, do you have any additional input regarding the Boots to Business program? Click here to enter text.

13. Which of the following best describes your interest in starting or owning a business now that you have completed Boots to Business:

- I am significantly more interested in starting or owning a business.
- I am more interested in starting or owning a business.
- I am neither more nor less interested in starting or owning a business.
- I am less interested in starting or owning a business.
- I am significantly less interested in starting or owning a business.

14. Did the Boots to Business program increase your confidence in starting or owning a business?

- Yes
- No

15. Would you refer someone to the Boots to Business program?

- Yes
- No



Instructions: Please answer the following questions. Some questions will require you to write your answers, while others will require you to select your answers from a list of preset choices. Your feedback is important for us to understand the impact of the Boots to Business program.

1. Demographic Information

Name: Click here to enter text.	Boots to Business year completed: <input type="text"/>
Service: <input type="text"/>	Age Range: <input type="text"/>
Gender: <input type="text"/>	Ethnicity: <input type="text"/>
<p>Race (please select one or more):</p> <p><input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White <input type="checkbox"/> Not Stated</p>	<p>Please select the status that best describes you- <i>If you are a service member who is married, please select your military status <u>and</u> Dual Military Spouse:</i></p> <p><input type="checkbox"/> Dependent Spouse <input type="checkbox"/> Dual Military Spouse</p> <p><input type="checkbox"/> Other Dependent <input type="checkbox"/> Service Disabled Veteran</p> <p><input type="checkbox"/> Veteran <input type="checkbox"/> Transitioning/Retiring Service Member</p> <p><input type="checkbox"/> Service Member</p>

2. In the time since you completed the Boots to Business program, have you launched a new venture/business or continued to grow an existing business? (Logic: If 'Yes' skip to question 4 / If 'No' continue to question 3 then skip to question 15)

Yes No

3. To what degree do you attribute the following factors to not yet launching a business or other self-employment venture? If other reasons are applicable, please specify in the text box below.

	Greatly	Moderately	Somewhat	Not at all
Not enough time since completing Boots to Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to obtain sufficient funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or personal concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of non-monetary resources e.g. technical assistance or mentorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decided to pursue other endeavors or employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business concept/plan was not feasible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: Click here to enter text.

4. How soon after completing Boots to Business did you start this business? Please select one.

- I had the business prior to completing the Boots to Business program
- 12 months or less
- 1–3 years



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- 4-5 years
- More than 5 years

5. Have you started multiple businesses since attending the Boots to Business program?

- Yes No

*If yes, please respond to the questions in this survey regarding your most recent venture.

6. Is the venture/business still in operation today? (Logic: If 'No' skip to question 15)

- Yes No

7. How long has the business/venture been in operation? Please select one.

- 12 months or less 4—5 years
- 1—3 years More than 5 years

8. What type of business/venture do you own? Please select one or more.

- Franchised business Government Contracting Family owned business
- Internet based business Home based business Service based business
- Product based business Other: Click here to enter text.

Please enter the number of employees you have for the calendar years in the table below. Please do not include yourself in your responses. If you are the only employee please input "0". If you were not in operation during this time please input N/A.

9.

Calendar Year	Total Employees (including Veteran and military dependent employees)	Veteran Employees	Military Dependent Employees
2014			
2013			

Note: Military dependents are defined as the spouse(s), children, and possibly other familial relationship categories of a sponsoring military member for purposes of pay as well as special benefits, privileges and rights.

10. Did you receive financing in the last 12 months?

- Yes No

11. Estimate the total amount of financing your business obtained in the last 12 months. If you did not obtain new financing, please check N/A.

- SBA loans (7a, 504, Microloan, Community Advantage) \$____,____,____.00 (Please enter in whole dollars.)
- Non-SBA Loans from a commercial bank \$____,____,____.00 (Please enter in whole dollars.)
- Loans or equity investment from friends or family \$____,____,____.00 (Please enter in whole dollars.)
- Equity raised from professional investors \$____,____,____.00 (Please enter in whole dollars.)
- Crowd Funding \$____,____,____.00 (Please enter in whole dollars.)
- Non-traditional lending (i.e. peer-to-peer) \$____,____,____.00 (Please enter in whole dollars.)
- N/A, I did not obtain financing in the last 12 months

12. What was your primary reason for applying for financing in the last 12 months? Select one.

- To start or acquire my business
- To expand my business by establishing a new location
- To provide working capital or support cash flow
- For a capital investment
- Other: Click here to enter text.
- I did not apply for financing



13. Is your business officially designated in any of the following: Please select all that apply.

- HUBZone Program
- 8(a) Business Development
- Mentor-Protégé Program
- Small Business Certification
- Women-Owned Small Businesses
- Veteran-Owned Businesses
- Service-Disabled Veteran-Owned Businesses
- Disadvantaged Businesses
- Alaskan Owned Corporations
- Native Hawaiian Owned Corporations
- Natural Resources Assistance Program
- Other, specify: _____

14. In what industry does your business primarily operate? Please select one.

- Agriculture, Forestry, Fishing and Hunting
- Contracting
- Finance / Accounting Services
- Health Care & Social Assistance
- Insurance (Insurance Agents, Brokers, & Service)
- Logistics and warehousing
- Manufacturing
- Real Estate & Rental/Leasing
- Retail (food, merchandise, automotive, furniture, etc.)
- Technology /Internet and Data Services
- Other (specify) [Click here to enter text.](#)

15. What is the legal entity of your business?

- Sole Proprietorship Limited Liability Partnership "S" Corporation
- General Partnership "C" Corporation Limited Liability Company
- Limited Partnership Other: [Click here to enter text.](#)

16. Have you used other SBA resources? (Logic: If no, skip to question 17)

- Yes, prior to attending Boots to Business
- Yes, after attending Boots to Business
- Yes, both before and after attending Boots to Business
- No, I have not used other SBA resources



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17. Please select the SBA resources you have used, please select all that apply:

- Veterans Business Outreach Center (VBOC)
- Small Business Development Center (SBDC)
- SCORE
- Women's Business Center (WBC)
- Procurement and Technical Assistance Center (PTAC)
- U.S. Export Assistance Center
- Certified Development Company (CDC)
- SBA Regional Office
- SBA District Office
- V-WISE
- EBV
- VIP
- Boots to Business social media (Facebook, Twitter, LinkedIn)

18. What resources outside of SBA have you used? Please select all that apply. If your resources are not listed please specify in the text box below.

- Subscription based services
- DVD/Books
- Mentor (non-SBA)
- Higher education business related courses, certifications or degree program
Please specify: [Click here to enter text.](#)
- Online resources (blogs, discussion forums, websites, social media)
Please specify: [Click here to enter text.](#)
- Private Organization: [Click here to enter text.](#)
- I did not use resources outside SBA
- Other: [Click here to enter text.](#)

19. In addition to seeking self-employment, have you achieved/completed any of the following since attending Boots to Business? Select all that apply.

- Higher Education
- Traditional Employment
- Technical/Vocational Training
- Not Applicable

20. If there has been a change to your contact information, please let us know in the fields below.

Phone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)