

1. Please indicate your job title:

2. Please provide the primary and secondary six-digit 2012 [NAICS](#) codes for your small business:

Primary NAICS code

Secondary NAICS code

3. Please provide your business' nine-digit DUNS number, excluding any dashes:

Note: If your business has multiple locations and therefore multiple DUNS numbers, please provide the DUNS number of the parent or largest entity.

4. What is the business EIN number, if applicable? *The business EIN would allow SBA to track your business growth over time by matching the record to other federal datasets. Your EIN will be kept strictly confidential and securely stored.*

5. Please indicate the month and year when your small business was first [established](#):

Please format your input as follows: MM/YYYY

6. Does your small business currently hold any of the following SBA certificates or self-certifications? (Select all that apply)

Self-certified as a Service Disabled Veteran Owned Small Business

Self-certified as a Small Disadvantaged Business

Certified as a Women Owned Small Business or Economically Disadvantaged Women Owned Small Business

Certified as a HUBZone small business

Certified as an 8(a) small business

No SBA certified or self-certified small business designations

Unknown

Other (please explain)

7. Which one of the following options best describes your participation in the cluster?

[If you selected any option other than "My small business was established after I or my team first participated in the cluster", please omit questions 7 and 8.]

- My small business was established before I or my team first participated in the cluster
- My small business was established after I or my team first participated in the cluster
- I am not yet in business

8. Rate the level of influence that cluster participation had on the decision of the business's founder(s) to start the small business:

- Not influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential

[If you answer "Not influential" to this question, please omit question 8.]

9. What aspect(s) of cluster participation and assistance did the business's founder(s) find instrumental in the process of starting the small business?

Select all that apply:

- Access to information on the relevant markets and technologies that the business focused on or planned to focus on
- Assistance and advice in completing and filing the required paperwork for the registration/incorporation of the business
- Assistance in developing a business and/or marketing plan
- Ability to meet, to interact with, and to query other small business owners in similar industries
- Assistance in identifying or obtaining funding
- Assistance in identifying a business partner or key employee
- Other (please specify)

10. Why did your small business participate in the cluster between October 1, [year], and September 30, [year +1]? Select all that apply:

- Access to [cluster services](#) (e.g., [counseling](#) and [training](#))
- Access to new domestic or international markets
- Networking with other [small businesses](#), [large businesses](#), and potential clients in your region
- Access to government procurement opportunities
- Integration in the industry's [supply chain](#)
- Other (please specify)

11. How frequently did your small business attend cluster-sponsored [networking](#) and [showcase](#) events between October 1, [year], and September 30, [year +1]?

- Never
- Rarely
- Occasionally
- Often
- Always

12. How frequently did your small business participate in cluster services or activities, such as training and one-on-one counseling, between October 1, [year], and September 30, [year +1]?

- Never
- Once every 6 months
- Once every 3 months
- Once a month
- More than once a month

13. Could you have received the same services or participated in comparable activities as those provided by the cluster elsewhere (e.g., Small Business Development Centers [SBDCs], local or regional incubators, research/technology parks, etc.)?

- Yes
- No
- Don't

know Explain:

14. Does your small business participate in other business-support organizations that are not affiliated with the cluster (e.g., local or regional incubator, research park, another cluster)?

No

Yes, my business participates in

15. How satisfied is your small business with the services and activities provided by the cluster between October 1, [year], and September 30, [year +1]?

Very dissatisfied

Dissatisfied

Unsure

Satisfied

Very satisfied

16. How many alliances (e.g., project collaboration, joint development and sales, informal sourcing agreements, licensing or joint ventures) has the cluster helped your small business establish between October 1, [year], and September 30, [year +1]?

[If you answer "None" to this question, please omit question 16.]

None

1

2

3

4

5 or more

17. Out of these alliances, how many were with:

Small businesses?

Large businesses?

Universities or research institutions?

Other organizations?

18. During the period between October 1, [year], and September 30, [year +1]:

How many technologies did your small business license to others?

How many technologies did your small business obtain licensing rights to?

How many [patents](#) did your small business file?

How many patents were awarded to your small business?

How many [joint ventures](#) did your small business start?

How many [cluster participants](#) did your small business buy goods/services from?

How many cluster [small businesses](#) did your small business sell goods/services to?

How many cluster [large businesses](#) did your small business sell goods/services to?

18. As a result of cluster participation, your small business achieved the following:

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>Agree</u>	<u>Strongly agree</u>	<u>Did not seek/receive service</u>
Export of products and/or services						0 0 0 0 0 0
Increased profit margin						0 0 0 0 0 0
Increased staff						0 0 0 0 0 0
A revised marketing strategy						0 0 0 0 0 0
The development of new products and/or services						0 0 0 0 0 0
Commercialization of new technology						0 0 0 0 0 0
The licensing of new technology						0 0 0 0 0 0
The filing of one or more patents						0 0 0 0 0 0
The award of one or more patents						0 0 0 0 0 0
Access to cleared secure facilities						0 0 0 0 0 0
The award of a private sector contract or subcontract						0 0 0 0 0 0
The award of civilian government (federal, state, or local) contract or subcontract						0 0 0 0 0 0
The award of a Department of Defense contract or subcontract						0 0 0 0 0 0
Collaboration with other businesses and/or organizations <i>in</i> your region of operation						0 0 0 0 0 0
Collaboration with other businesses and/or organizations <i>outside</i> your region of operation						0 0 0 0 0 0
Participation in industry supply chain						0 0 0 0 0 0
The development of a proof of principal and/or functional prototype						0 0 0 0 0 0
The third party evaluation and/or validation of technology						0 0 0 0 0 0

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Did not seek/receive service

Other (please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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19. Did your small business obtain new financing (e.g., loan, equity capital, grants) between October 1, [year] and September 30, [year + 1]?

If you select No, Please omit Question 20

Yes

No

20. For each of the following sources of financing, please provide the number of instances and the total dollar amount obtained by your small business from October 1, [year] to September 30, [year + 1].

If your small business did not obtain financing from one or more of the sources listed below, please enter "0" for both the number of instances and total amount obtained, instead of leaving these cells blank.

	Number of instances obtained between October 1, [year], and September 30, [year +1]	Total amount obtained between October 1, [year], and September 30, [year +1]
SBA loans (e.g., 7(a), CDC/504, disaster assistance)		
NonSBA loans		
Venture capital		
Angel capital		
Grants (e.g., SBIR/STTR , competition winnings)		
Line of credit (excluding credit cards)		
Other forms of financing (e.g., family loan, friends and family equity capital, crowd funding)		

21. Rate the influence that cluster participation had on your small business' ability to obtain any form of financing between October 1, [year] and September 30, [year + 1]:

Not Influential

Slightly Influential

Somewhat Influential

Very Influential

Extremely Influential

22. Please provide your annual total revenue in dollars of your small business for the following three periods:

If an exact figure is not available to you, please provide an estimate.

Between October 1, [year - 2] and September 30, [year -

1] Between October 1, [year - 1] and September 30, [year]

Between October 1, [year] and September 30, [year + 1]

23. Rate the influence that cluster participation had on your small business's revenue between October 1, [year], and September 30, [year +1]:

- Not influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential

24. How many employees, including paid owner(s), did your business have on September 30, [year-1]?

If an exact figure is not available to you, please provide an estimate.

Number of [fulltime employees](#)

Number of [part-time employees](#)

25. How many employees, including paid owner(s), did your small business have on September 30, [year]?

If an exact figure is not available to you, please provide an estimate.

Number of fulltime employees:

Number of part-time employees:

26. How many employees, including paid owner(s), did your business have on September 30, [year + 1]?

If an exact figure is not available to you, please provide an estimate.

Number of fulltime employees

Number of part-time employees

27. If your small business projected a reduction in the total number of its employees, how many employees have been retained between October 1, [year], and September 30, [year +1]?

[Fulltime employees](#) retained

[Part-time employees](#) retained

28. Rate the influence that cluster participation had on any change in the number of employees or the number of employees retained by your small business between October 1, [year], and September 30, [year +1]:

- Not influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential