***Office of Veterans Business Development***

*Boots to Business Entrepreneurship Outcome Assessment Survey*

**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.

Your participation in this survey 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, and SBA 39 - Veteran Programs Training and Counseling Records. These system of record notices (SORN) identify 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. This collection has been assigned OMB Control Number 3245-XXXX. The estimated time for completing this survey is 5 minutes, including gathering and submitting the information. Comments on the estimated time, including suggestions for reducing the time, should be sent to: Director, Records Management Division, 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 (844) 610-VET1 or [boots-to-business@sba.gov](mailto: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

Outcome Assessment 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. Demographic Information

|  |  |
| --- | --- |
| Name: Click here to enter text. | Boots to Business date completed: Click here to enter a date.  Boots to Business course location: Choose an item. |
| Service: Choose an item. | Age Range: Choose an item. |
| Gender: Choose an item. | Ethnicity: Choose an item. |
| Race (please select one or more):  American Indian Alaska Native Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White Not Stated | Please select the status that best describes you- *If you are a service member who is married, please select your military status and Dual Military Spouse:*  Dependent Spouse Dual Military Spouse  Other Dependent Service Disabled Veteran  Veteran Transitioning/Retiring Service Member  Service Member |

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 16)

Yes No

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 |  |  |  |  |
| Timing |  |  |  |  |
| Inability to obtain sufficient funding |  |  |  |  |
| Family or personal concerns |  |  |  |  |
| Lack of non-monetary resources e.g. technical assistance or mentorship |  |  |  |  |
| Decided to pursue other endeavors or employment |  |  |  |  |
| Business concept/plan was not feasible |  |  |  |  |

*Other: Click here to enter text.*

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 year

2 years

3 years

4 years

5 years

More than 5 years

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.

Is the venture/business still in operation today? (Logic: If ‘No’ skip to question 16)

Yes No

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

12 months or less 4 years

1 year 5 years

2 years More than 5 years

3 years

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 select N/A.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Calendar Year*** | ***Total Employees***  ***(including Veteran and military dependent employees)*** | ***Veteran Employees*** | ***Military Dependent Employees*** | ***N/A*** |
| 2018 |  |  |  |  |
| 2017 |  |  |  |  |
| 2016 |  |  |  |  |
| 2015 |  |  |  |  |
| 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.*

Did you receive financing in the last 12 months?

Yes No

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

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not Applicable

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.

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.

Have you used other SBA resources? (Logic: If no, skip to question 18)

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

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)

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.

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

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.