



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.

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: <input type="text"/>
Service: <input type="text"/>	Age Range: <input type="text"/>
Gender: <input type="text"/>	Ethnicity: <input type="text"/>
Race (please select one or more): <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Stated	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> <input type="checkbox"/> Dependent Spouse <input type="checkbox"/> Dual Military Spouse <input type="checkbox"/> Other Dependent <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Transitioning/Retiring Service Member <input type="checkbox"/> Service Member

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 16)
 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.



OMB Control #:
Expiration Date:



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 year
 - 2 years
 - 3 years
 - 4 years
 - 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 16)
 - Yes No

7. 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

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.

9. 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				<input type="checkbox"/>
2014				<input type="checkbox"/>
2013				<input type="checkbox"/>

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: _____
- Not Applicable

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.

