# Please indicate your job title:

1. **Please provide the primary and secondary six-digit 2017 NAICS codes for your small business:**

Primary NAICS code

Secondary NAICS code

1. **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.***

# Please indicate the month and year when your small business was first established:

## Please format your input as follows: MM/YYYY

1. **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)

# 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

# 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.]

# 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)

# 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)

# 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

# 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

# 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:

# 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

# 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

# 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

# Out of these alliances, how many were with:

Small businesses?

Large businesses?

Universities or research institutions?

Other organizations?

# 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:***

*Neither agree nor*

*Did not*

*Strongly disagree Disagree*

*disagree*

*Agree Strongly agree*

*seek/receive*

*service*



Export of products and/or services

Increased profit margin



Increased staff

A revised marketing strategy



The development of new products and/or services

Commercialization of new technology



The licensing of new technology

The filing of one or more patents



The award of one or more patents

Access to cleared secure facilities



The award of a private sector contract or subcontract

The award of civilian government (federal, state, or local) contract or subcontract



The award of a Department of Defense contract or subcontract

Collaboration with other businesses and/or organizations *in* your region of operation



Collaboration with other businesses and/or organizations *outside* your region of operation

Participation in industry supply chain



The development of a proof of principal and/or functional prototype

The third party evaluation and/or validation of technology

*Strongly disagree Disagree*

*Neither agree nor disagree*

*Agree Strongly agree*

*Did not seek/receive service*



Other (please specify below)

# 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

# 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.

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)

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]

# 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 small 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

# 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:

# How many employees, including paid owner(s), did your small 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. 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