

### **Quantitative Online Surveys about Terminations**

This survey is about your experiences participating in the All Small Mentor-Protégé Program (ASMPP). Particularly, we would like to hear about the reasons why your mentor-protégé team terminated its program participation in [Month, year].

- 1) How did you find your [Mentor/Protégé]? (Click the best option)
  - worked together previously
  - found each other
  - SBA
  - another federal agency or program
  - matchmaking event / conference
  - introduced by another organization / person
  - other, specify
- 2) Who terminated the program participation? (Click the best option)
  - Mentor
  - Protégé
  - Mutual
  - SBA
  - Other, specify
- 3) What was your firm's status when you terminated the program participation? (Click the best option)
  - stage 1: seed and development
  - stage 2: startup
  - stage 3: growth
  - stage 4: expansion
  - stage 5: maturity
  - other, specify
- 4) Is your firm still in business?
  - YES
  - NO;
- 5) Did your firm go out of business during the program participation period?
  - YES
  - NO
- 6) Which of the following reasons describe why your team has terminated the program participation? (Click all that apply)
  - PROGRAM EXPERIENCES
  - a. Lack of sufficient information about the program
  - b. Difficulties responding to the annual report
  - c. Underestimated the level of effort and resources required to participate in the program
  - d. Insufficient assistance or information from SBA
  - PARTNERSHIP EXPERIENCES
  - e. Poor mentor-protégé match (goals, values, practices, etc.)
  - f. Insufficient technical capabilities and skills of the [mentor/protégé]
  - g. Insufficient experience of the [mentor/protégé]
  - h. Lack of information or confusion regarding how to get the government secret clearance for a Joint Venture (JV), report the past performances and certifications for the JV, use the JV for multiple awards schedule, or other JV operation procedures.”
  - i. Difficulties forming the JV due to the lack of a clearly defined financial structure regarding work shares and reimbursements for mentor vs protégé.

- j. Difficulties with shared leadership, decision-making, collaborative relationships, and/or communication
- k. Difficulties trusting the [mentor/protégé]
- l. The [mentor/protégé] firm was trying to take an advantage of my firm
- m. Underestimated the level of effort and resources required for a successful partnership
- n. Insufficient commitments of staff, financial, time, and other resources by the [mentor/protégé]

PROGRAM OUTCOMES

- o. Did not gain expected benefits, e.g., forming the JV, getting a contract, etc.
- p. Insufficient opportunities to gain new skills, knowledge, experiences, and/or capacities
- q. Found another [mentor/protégé]
- r. Obtained the desired outcomes some other way
- s. Obtained a contract award, no need for further participation

BUSINESS PROCESSES

- t. Difficulties managing and monitoring the strategic action business plan
- u. Difficulties obtaining recertification(s)
- v. The business plan has changed and the mentor-protégé agreement is no longer relevant
- w. Changes in ownership or business structure, management, or control of the mentor or protégé firm
- x. The [mentor/protégé] firm went out of business
- y. Other, specify

7) [ONLY PROTÉGÉS THAT DID NOT COMPLETE THE ANNUAL REPORT, N=34] Please select all areas of assistance **received** from the Mentor during the program participation period. (Click all that apply)

- a) Management and Technical Assistance
- b) Financial Assistance
- c) Contracting Assistance
- d) International Trade Education Assistance
- e) Business Development Assistance
- f) General and Administrative Assistance
- g) Other, specify

8) [PROTÉGÉ ONLY] Please, indicate an estimated total number of assistance hours received from the Mentor.

9) To what extent did the level of assistance provided by the [Mentor/Protégé] during the program participation align with your expectations? (Click the best option)

- much higher
- higher
- about the expected
- lower
- much lower

10) To what extent did the level of assistance provided by SBA during the program participation align with your expectations? (Click the best option)

- much higher
- higher
- about the expected
- lower
- much lower

11) Did you achieve any of the following program outcomes before your program participation was terminated? (Check all that apply)

- a. Formed Joint Venture(s)

- b. Joint Venture was awarded a Federal Contract
  - c. [Obtained/provided] a loan, equity investment, and/or bonding capacity [from the mentor/to the protégé]
  - d. The Mentor-provided assistance resulted in material benefits or developmental gains for the Protege.
- 12) Please indicate your level of agreement with the following statements. (Click the best option for each)  
(Strongly disagree, Disagree, Neither Disagree or Agree, Agree, Strongly Agree)
- a) [PROTÉGÉS THAT DID NOT COMPLETE THE ANNUAL REPORT, N=34] The business skills, knowledge, and opportunities received from the Mentor-Protégé relationship benefited my company.
  - b) [PROTÉGÉS THAT DID NOT COMPLETE THE ANNUAL REPORT, N=34] My involvement in the ASMPP has helped to strengthen my business.
  - c) [PROTÉGÉS THAT DID NOT COMPLETE THE ANNUAL REPORT, N=34] Overall, I am satisfied with my experiences in the ASMPP.
  - d) [PROTÉGÉS] Mentor-Protégé relationship will have lasting impact on my company.
  - e) [PROTÉGÉ ONLY] On a scale of 1 to 5, with 5 being Outstanding, how would you rate your experience with your Mentor? <sup>1</sup>
- 13) [PROTÉGÉS THAT COMPLETED THE ANNUAL REPORT, N=24] How much the level of effort of completing the ASMPP Annual Report aligned with your expectations? (Click the best option)
- not at all
  - a little
  - to some extent
  - much
  - very much
  - N/A
- 14) [PROTÉGÉS THAT COMPLETED THE ANNUAL REPORT, N=24] How long did it take to **collect information** to complete the ASMPP Annual Report?
- Less than 2 hours
  - 2 - 3 hours
  - 4 - 6 hours
  - More than 6 hours
  - N/A
- 15) [PROTÉGÉS THAT COMPLETED THE ANNUAL REPORT, N=24] How long did it take to **complete** the ASMPP Annual Report?
- Less than 2 hours
  - 2 - 3 hours
  - 4 - 6 hours
  - More than 6 hours
  - N/A
- 16) For each of the following statements about quality and effectiveness of your **mentor-protégé partnership**, please indicate your level of agreement. (Click the best option for each)  
[Strongly disagree, Disagree, Neither Disagree or Agree, Agree, Strongly Agree]
- SHARED GOALS OF THE PARTNERSHIP
- a) Shared goals were clear, measurable, and feasible
  - b) Shared goals were mutually beneficial to partner organizations
- STRATEGIC ACTION PLAN

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<sup>1</sup> To be identical to the item format in the annual report.

- c) Strategic action plan articulated concrete action steps for accomplishing partnership goals
- d) Strategic action plan included timeline, roles and responsibilities, and expected outcomes

**MEASURES FOR ASSESSING PROGRESS**

- e) Measures for assessing progress tightly aligned to partnership goals and strategic action plan
- f) Measures for assessing progress engaged partnership members in assessing their own progress on a regular basis

**SHARED LEADERSHIP**

- g) Partnership leaders shared accountability for achieving partnership goals
- h) Partnership leaders shared partnership decision-making

**RESOURCE COMMITMENT**

- i) Partnership leaders jointly identified resources needed to accomplish partnership goals
- j) Partnership leaders contributed time, financial, and human resources necessary to accomplish partnership goals

**COMMUNICATION TOOLS AND PROTOCOLS**

- k) Processes for documenting and disseminating partnership meeting minutes and following up on partner action steps were in place
- l) An agreed upon schedule of meeting dates, times, and locations was established

**COLLABORATIVE RELATIONSHIPS**

- m) Strategies to promote collaboration were intentionally embedded in partnership activities
- n) Collaboration among partner organizations was characterized by regular and effective interaction

**SUSTAINABILITY**

- o) Strategies for building organizational capacity were in place
- p) Funding strategies were ongoing to ensure the partnership continues to be a viable option for partner organizations

**PARTNERSHIP TRUST**

- q) People involved in our partnership trusted one another.
- r) I have a lot of respect for the other people involved in our partnership.

17) Please use the response box below to provide additional feedback about your ASMPP experiences; offer suggestions for the program improvements; or describe any assistance, support, or information that are needed from the SBA or other organizations.