***Quantitative Online Surveys About Voluntary Withdrawals***

This survey is an opportunity for you to share your experiences enrolling into the All Small Mentor-Protégé Program (ASMPP). Particularly, we would like to hear about the reasons why your mentor-protégé team withdrew your program enrollment 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. [PROTÉGÉS ONLY] Please, indicate the name of your mentor: \_\_\_\_\_\_\_.
3. Were you ever a Protégé in another Mentor-Protégée relationship?
	* Yes
	* No
4. Were you ever a Mentor in another Mentor-Protégée relationship?
	* Yes
	* No
5. [PROTÉGÉS ONLY] Please select all areas of assistance requested or expected from the mentor. (Click all that apply)
	1. Management and technical assistance
	2. Financial assistance
	3. Contracting assistance
	4. International trade assistance
	5. Business development assistance
	6. General/administrative assistance
	7. Other, specify
6. Who initiated the voluntary withdrawal of program enrollment? (Click the best option)
	* Mentor
	* Protégé
	* Mutual
	* SBA
	* Other, specify
7. What was your firm’s status during the withdrawal from the program enrollment? (Click the best option)
	* stage 1: seed and development
	* stage 2: startup
	* stage 3: growth
	* stage 4: expansion
	* stage 5: maturity
	* Other, specify
8. Is your firm still in business?
	* Yes
	* No
9. Did your firm go out of business during the program enrollment period?
	* + Yes
		+ No
10. Which of the following reasons describe why your team voluntarily withdrew from program enrollment? (Click all that apply)

ENROLLMENT EXPERIENCES

* 1. Lack of sufficient information about the program
	2. Delays in getting approved by the SBA
	3. Difficulties obtaining the documentation required for the application
	4. Difficulties completing the mentor-protégé agreement
	5. Underestimated the level of effort and resources required to enroll in the program
	6. Insufficient assistance or information from the SBA

PARTNERSHIP EXPERIENCES

* 1. Poor mentor-protégé match (goals, values, practices, etc.)
	2. Insufficient technical capabilities and skills of the [mentor/protégé]
	3. Insufficient experience of the [mentor/protégé]
	4. Insufficient assistance from the [mentor/protégé] in completing the application
	5. Difficulties establishing shared leadership, decision-making, collaborative relationships, and/or communication
	6. Difficulties developing trust with the [mentor/protégé]
	7. Insufficient commitments of staff, financial, time, and other resources by the [mentor/protégé]
	8. The [mentor/protégé] firm was trying to take an advantage of the other firm
	9. Expected difficulties in forming the joint venture (JV) (e.g., lack of information or confusion regarding how to form the JV, getting the government secret clearance for the JV, reporting the past performances and certifications for the JV, etc.)
	10. Expected difficulties forming the JV due to the lack of a clearly defined financial structure regarding work shares and reimbursements for mentor vs protégé.

EXPECTED PROGRAM OUTCOMES

* 1. Did not expect to gain anticipated benefits, e.g., forming the JV, getting a contract
	2. Did not expect to gain new skills, knowledge, experiences, and/or capacities
	3. Found another [mentor/protégé]
	4. Obtained the desired benefits some other way

BUSINESS PROCESSES

* 1. Difficulties developing the strategic action business plan
	2. Difficulties obtaining (re)certification(s)
	3. Changes in ownership or business structure, management, or control of the mentor or protégé firm
	4. The protégé firm went out of business
	5. Other, specify
1. To what extent did the level of assistance provided by the [Mentor/Protégé] during the application process align with your expectations? (Click the best option)
	* much higher
	* higher
	* about as expected
	* lower
	* much lower
2. To what extent did the level of assistance provided by SBA during the application process align with your expectations? (Click the best option)
	* much higher
	* higher
	* about the expected
	* lower
	* much lower
3. 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

1. Shared goals were clear, measurable, and feasible
2. Shared goals were mutually beneficial to partner organizations

STRATEGIC ACTION PLAN

1. Strategic action plan articulated concrete action steps for accomplishing partnership goals
2. Strategic action plan included timeline, roles and responsibilities, and expected outcomes

MEASURES FOR ASSESSING PROGRESS

1. Measures for assessing progress tightly aligned to partnership goals and strategic action plan
2. Measures for assessing progress engaged partnership members in assessing their own progress on a regular basis

SHARED LEADERSHIP

1. Partnership leaders shared accountability for achieving partnership goals
2. Partnership leaders shared partnership decision-making

RESOURCE COMMITMENT

1. Partnership leaders jointly identified resources needed to accomplish partnership goals
2. Partnership leaders contributed time, financial, and human resources necessary to accomplish partnership goals

COMMUNICATION TOOLS AND PROTOCOLS

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

COLLABORATIVE RELATIONSHIPS

1. Strategies to promote collaboration were intentionally embedded in partnership activities
2. Collaboration among partner organizations was characterized by regular and effective interaction

SUSTAINABILITY

1. Strategies for building organizational capacity were in place
2. Funding strategies were ongoing to ensure the partnership continues to be a viable option for partner organizations

PARTNERSHIP TRUST

1. People involved in our partnership trusted one another.
2. I have a lot of respect for the other people involved in our partnership.

14) 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.