

Informed Consent Form

All Small Mentor-Protégé Program Evaluation

The U.S. Small Business Administration (SBA) is conducting a study of the All Small Mentor-Protégé Program (ASMPP). We are cordially inviting you to participate in this study to help the SBA better educate and assist firms to enroll, participate, and succeed in the program

What is this study and what will you ask me to do?

The goals of this study are to learn the reasons why mentors and protégés did not enroll, withdrew, or terminated their participation in the program and what could be done to improve their program enrollment, participation, and outcomes. We will ask you about your experiences with the program and how the program could be improved to better meet the needs of businesses like yours.

Who is doing this project?

This project is being conducted by a small business research organization, Optimal Solutions Group (Optimal), under contract with the SBA.

What is the time required to participate in this project?

We expect that it will take less than 30 minutes to complete the web survey.

Will my answers be confidential?

Your individual answers will be kept completely confidential. Your name will **never** be used in any report of this study, and your individual answers will **not** be reported to any SBA employee. None of the information that you provide will be disclosed to anyone outside of our research team.

Do I have to participate in this project?

Your participation in this study is completely voluntary. You have the right to not participate, and your decision to not participate will not impact your eligibility for SBA programs or assistance. You can stop participating at any time, and you do not have to answer any questions that you do not want to.

What if I want more information?

If you have questions or concerns about this study, please contact Optimal at 301-918-2816 x156 or ASMPP@optimalsolutionsgroup.com.

If you have questions about the program, please contact Kanika Perkins at SBA, 202-205-7226, Kanika.Perkins@sba.gov.

Please sign below if you agree to participate.

Please sign your name at the bottom of this form and send it back using the pre-addressed postage paid envelope provided. Please keep the second copy of this form for yourself.

By signing below, you are giving your “informed consent” to participate in our study. This means that you have read and understand the information in this form and had a chance to ask questions.

Participant signature : _____ Date : _____

Participant Name (print) : _____