***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

* 1. Lack of sufficient information about the program
	2. Difficulties responding to the annual report
	3. Underestimated the level of effort and resources required to participate in the program
	4. Insufficient assistance or information from 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. 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.”
	5. Difficulties forming the JV due to the lack of a clearly defined financial structure regarding work shares and reimbursements for mentor vs protégé.
	6. Difficulties with shared leadership, decision-making, collaborative relationships, and/or communication
	7. Difficulties trusting the [mentor/protégé]
	8. The [mentor/protégé] firm was trying to take an advantage of my firm
	9. Underestimated the level of effort and resources required for a successful partnership
	10. Insufficient commitments of staff, financial, time, and other resources by the [mentor/protégé]

PROGRAM OUTCOMES

* 1. Did not gain expected benefits, e.g., forming the JV, getting a contract, etc.
	2. Insufficient opportunities to gain new skills, knowledge, experiences, and/or capacities
	3. Found another [mentor/protégé]
	4. Obtained the desired outcomes some other way
	5. Obtained a contract award, no need for further participation

BUSINESS PROCESSES

* 1. Difficulties managing and monitoring the strategic action business plan
	2. Difficulties obtaining recertification(s)
	3. The business plan has changed and the mentor-protégé agreement is no longer relevant
	4. Changes in ownership or business structure, management, or control of the mentor or protégé firm
	5. The [mentor/protégé] firm went out of business
	6. Other, specify
1. [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)
	1. Management and Technical Assistance
	2. Financial Assistance
	3. Contracting Assistance
	4. International Trade Education Assistance
	5. Business Development Assistance
	6. General and Administrative Assistance
	7. Other, specify
2. [PROTÉGÉ ONLY] Please, indicate an estimated total number of assistance hours received from the Mentor.
3. 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
4. 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
5. Did you achieve any of the following program outcomes before your program participation was terminated? (Check all that apply)
	1. Formed Joint Venture(s)
	2. Joint Venture was awarded a Federal Contract
	3. [Obtained/provided] a loan, equity investment, and/or bonding capacity [from the mentor/to the protégé]
	4. The Mentor-provided assistance resulted in material benefits or developmental gains for the Protege.
6. 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)

* 1. [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.
	2. [PROTÉGÉS THAT DID NOT COMPLETE THE ANNUAL REPORT, N=34] My involvement in the ASMPP has helped to strengthen my business.
	3. [PROTÉGÉS THAT DID NOT COMPLETE THE ANNUAL REPORT, N=34] Overall, I am satisfied with my experiences in the ASMPP.
	4. [PROTÉGÉS] Mentor-Protégé relationship will have lasting impact on my company.
	5. [PROTÉGÉ ONLY] On a scale of 1 to 5, with 5 being Outstanding, how would you rate your experience with your Mentor? [[1]](#footnote-2)
1. [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
2. [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
3. [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
4. 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.

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.

1. To be identical to the item format in the annual report. [↑](#footnote-ref-2)