**Appendix B-1: Borrower** **Web Survey**

**BORROWER WEB SURVEY**

**OMB Control Number: 3245-XXX**

**Expires XX XX, 20XX**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information (such as this survey) unless it displays a valid OMB control number. The control number for this information collection is 3245-XXXX (Expires XX XX, 20XX). The total time required for your participation is estimated at 20 minutes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Small Business Administration, Director, Records Management Division, 409 3rd St., S.W., Washington, DC 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Building, Room 10202, Washington, DC 20503.

## **Business Assistance Program Participation**

1. Since you received the business loan from (name of intermediary) in [year] did you participate in any other government lending or other financial assistance programs?

* Yes
* No (skip the next question)

1. Which of the following lending programs did you participate in? (choose all that apply)

* Economic Injury Disaster Loan (EIDL)
* Paycheck Protection Program (PPP)
* USDA Rural Micro-entrepreneur Assistance (RMAP)
* USDA Farm Service Agency (FSA) Microloan
* Community Development Financial Institutions (CDFI)
* 7(a) Loan Guaranty
* 504 Certified Development Company Loan (CDC/504) Program
* Small Business Investment Company (SBIC)
* Community Advantage Program
* America’s Recovery Capital (ARC) Loan Program
* USDA Rural Business Development Grants
* Other, specify

1. Since you received the business loan from (name of intermediary) in [year] did you participate in any training and technical assistance programs other than through the Microloan Program?

* Yes
* No (skip the next question)

1. Which of the following technical assistance and training programs did you participate in? (choose all that apply)

* Women’s Business Centers (WBC)
* Veteran’s Business Outreach Centers (VBOC)
* Small Business Development Centers (SBDC)
* Service Corps of Retired Executives (SCORE)
* USDA Rural Micro-entrepreneur Assistance (RMAP)
* USDA Farm Service Agency (FSA) Microloan
* Community Development Financial Institutions (CDFI)
* Local firms, organizations, colleges, or universities
* Other, specify

1. Since you received the business loan from (name of intermediary lender) in [year] did you obtain any financing from other lending sources, such as friends or family, traditional bank, investor, or others?

* Yes
* No (skip the next question)

1. Did you obtain additional financing from any of the following sources? (choose all that apply)

* Friends or family
* Traditional bank
* Community bank
* Investor
* Nonprofit lending organizations
* Other, specify

## **Program Experiences**

1. Did you receive any training or technical assistance from the following sources? (check all that apply)

* Your lender organization provided technical assistance or training
* Your lender organization referred you to external sources for technical assistance or training
* Found the sources of technical assistance or training myself
* No training or technical assistance received (***skip this section***)
* Other, specify

1. Did you receive training or technical assistance from [name of intermediary] during the following time periods? (choose all that apply)

* Prior to your loan initiation
* After your loan initiation
* Other, specify

1. Did your lender contact you to identify specific types of technical assistance or training that you needed?

* Yes
* No (skip the next question)

1. (IF YES) Which types of outreach activities or assessment for technical assistance or training did your lender organization conduct?

* outreach and advertisement
* needs assessment measures
* interviews
* site visits
* other methods, specify

1. Which topics were covered by the training or technical assistance that you’ve received? (choose all that apply)

* Business formation
* Business growth plan
* Business management (marketing, sales, Human Resources, accounting, etc.)
* Taxes, licenses, permits, legal requirements, federal, state, and local laws etc.
* Obtaining contracts
* Access to business financing, capital, bonding.
* Networking with other businesses, agencies, and organizations
* Innovation and entrepreneurship
* Referrals to business resources and training programs
* Information about loan servicing and addressing loan repayment difficulties
* Other, specify

1. What is the estimated total hours of training or technical assistance received from the Microloan Program? \_\_\_\_\_\_\_\_\_(hours)
2. Considering all training or technical assistance that you’ve received from the Microloan Program, how often did you participate in training or technical assistance sessions? (choose one)

* Once
* Once per quarter
* Once per month
* Once per week
* More than once per week
* Other, specify

1. How did you receive the training or technical assistance? (choose all that apply)

* In-person
* Webinar, teleconferencing, telephone
* Web information (videos, articles, peer sharing of online information)
* Email information and materials
* Printed materials
* Other, specify

1. What were the settings for the training or technical assistance? (choose all that apply)

* One-on-one
* Small group
* Large group
* Other, specify

1. What were the ability/skill levels for the trainings or technical assistance that you received? (choose all that apply)

* Basic, novice (simple content)
* Intermediate (somewhat difficult content)
* Advanced (difficult content)
* Expert (very difficult content)
* Other, please specify

1. Did your lender organization conduct post-training survey and feedback to gain your feedback on effectiveness of technical assistance and training?

* Yes
* No

1. To what extent was the trainings or technical assistance you’ve received from the Microloan Program helpful to improve your business management knowledge, skills, and abilities. (Choose one)

* To a very large extent
* To a large extent
* To a moderate extent
* To a small extent
* Not at all

## **Business Performance Outcomes**

1. (IF MISSING ADMINISTRATIVE OR SECONDARY DATA) What was your business Gross Annual Revenue?

*please, provide your best estimate*

* in the year of the loan initiation, specify
* in 2019; specify
* in 2020; specify

1. (IF MISSING ADMINISTRATIVE OR SECONDARY DATA) How many employees did your business employ, excluding yourself?

*please, provide your best estimate*

* in the year of the loan initiation, specify
* in 2019, specify
* in 2020, specify

1. Do you feel that your participation in the Microloan Program helped you achieve any of the following business growth outcomes? (choose all that apply)

* Increased Gross Annual Revenue
* Increased the number of employees
* Opened a new location for existing business
* Opened a new business that did **not** exist before receiving the loan
* Became owner of another business that existed before receiving the loan
* No business growth outcomes
* Other, please specify

1. Is your firm still in business?

* Yes (skip the next question)
* No (skip question 25)

1. Was your business sold or permanently closed due to the Coronavirus Pandemic (COVID-19)?

* Yes
* No

1. Due to the Coronavirus Pandemic (COVID-19), did you experience any of the following business difficulties? (choose all that apply)

* Decreased Gross Annual Revenue
* Decreased the number of employees
* Decreased the total number of hours worked by employees
* Decreased the total number of hours the business-owner worked
* Closed business location(s)
* Considered closing the business location(s)
* Considered permanently closing the business
* Other, please specify

1. Do you believe your participation in the Microloan Program helped your business survive during the Coronavirus Pandemic (COVID-19)?

* Yes
* No
* No opinion/not sure

1. Did you participate in any of the following lending programs as a result of the Coronavirus Pandemic (COVID-19)?

Paycheck Protection Program (PPP)

Paycheck Protection Program (PPP) loan forgiveness

Economic Injury Disaster Loan (EIDL) Program

Paid Sick Leave and Paid Family Leave Credit

Employee Retention and Rehiring Credit

Other federal relief programs

Other state or local economic relief programs

Banks or other financial institutions

Other sources, specify

## **Program satisfaction**

1. Would you recommend the (name of intermediary lender) to other business owners and entrepreneurs?

* Yes
* No

1. How satisfied are you with?

* the amount of the loan received
  + Very satisfied
  + Satisfied
  + Neither satisfied nor dissatisfied
  + Dissatisfied
  + Very dissatisfied
* the interest rate for the loan
  + Very satisfied
  + Satisfied
  + Neither satisfied nor dissatisfied
  + Dissatisfied
  + Very dissatisfied
* the relationship with your lender, such as he/she was responsive, easy to reach, helpful
  + Very satisfied
  + Satisfied
  + Neither satisfied nor dissatisfied
  + Dissatisfied
  + Very dissatisfied
* the training or technical assistance that you received from your lender organization
  + Very satisfied
  + Satisfied
  + Neither satisfied nor dissatisfied
  + Dissatisfied
  + Very dissatisfied
* the training or technical assistance that you received from other sources (choose one)
  + Very satisfied
  + Satisfied
  + Neither satisfied nor dissatisfied
  + Dissatisfied
  + Very dissatisfied
  + Not Applicable

## **Business Characteristics**

1. Do any of the following business certificates or designations currently apply to your business? (choose all that apply)

* 8(a) certified business
* HUBZone certified business
* Small Disadvantaged Business
* Small business
* Minority-owned business
* Veteran or service member-owned business
* Women-owned business
* Located on Native American-owned land
* Other, specify

1. What year did the owner become an owner, or part owner, of the business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What’s the age of the business owner? \_\_\_\_\_\_\_\_\_\_\_\_\_
3. What’s the gender of the business owner?

* Male
* Female
* Other
* Prefer not to answer

1. Is the business owner Hispanic or Latino?

* Yes
* No
* Prefer not to answer

1. What’s the race of the business owner? (choose all that apply)

* White
* Black or African American
* Asian
* Native American or Alaska Native
* Native Hawaiian or Other Pacific Islander
* Prefer not to answer

1. What’s the highest level of education of the business owner? (choose one)

* Some high school, no diploma
* High school or the equivalent
* Trade/technical/vocational training
* Some college, no degree
* Associate degree
* Bachelor’s degree
* Master’s degree
* Doctorate degree

1. Provide suggestions for program improvements to better meet your business needs and circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_