



Final Summary of Program Performance

Please address the following questions. The quantitative data requested in Section 3 are optional if the Participating State did not collect the requested data.

Section 1: Participating State

1A. Enter the name of the Participating State:

1B. Enter information below about the specific department, agency, or political subdivision of the Participating State that has been designated to implement the Approved State Program(s).
Organization Name:

Section 2: Narrative Responses. Please limit each response to 2 to 3 paragraphs.

2.1 Purpose of the Allocation: *What were the objectives of the programs described in your application and modification(s)? Did those objectives change over time, if so how? If the objective changed, when did it change and why? To what extent did your programs achieve their objectives?*



2.2 Underserved Communities: *In the SSBCI Application, each Participating State presented a plan for targeting underserved communities, as defined by the Participating State. Describe which communities were targeted, how, and how performance was measured.*



2.3 Staffing: *How many FTEs directly staffed each program, including Participating State and contracted employees? What was the average proportion of the program manager’s time spent on SSBCI over the course of the most recent year? How many different program managers oversaw each program since inception or incorporation into SSBCI?*



2.4 Loss Rates: *For each program, how many loans or investments have been written down to less than 50% of the original investment value on the balance sheet of the lender or investor with capital at risk and what amount of SSBCI funds were uncollected or lost on those transactions?*



2.5 Job creation/retention: *Does your organization collect jobs data at any point after the original transaction? If so, describe how new jobs are defined and how often you collect this data. For each program, please report the total number of employees for all businesses that participated in the program and the year(s) of verification.*



2.6 Post Allocation Agreement activity: *For each program, will you continue to operate the program after the Allocation Agreement expires? If yes, what if any changes do you intend to make? If no, please explain why the program will no longer operate.*



2.7 Feedback: *How could SSBCI have had more impact on the availability of capital for small businesses?*

2.8 Feedback: *Are there other outcomes from SSBCI that you would like to highlight?*



Section 3: Additional Transaction-Level Information (if available)

Using the Excel template provided, populate the following additional data fields for each transaction, as of December 31, 2016.

All transactions

1. Woman-owned business - select from: yes, no, or unknown
2. Minority-owned business - select from: yes, no, or unknown
3. Veteran-owned business - select from: yes, no, or unknown
4. FTEs - the number of FTEs at last verification - enter a number or unknown
5. Date of verification of FTEs - enter a year
6. Primary use of funds - select from i. wages, working capital, & professional services; ii. purchase equipment; iii. fund construction costs; iv. purchase real estate; and v. refinance
7. Gross annual revenue at last verification
8. Date of verification of revenues - enter a year
9. This transaction refinanced existing debt
10. Business was actively operating as of 12/31/16 - select from: yes, no, or unknown
11. If unknown, please explain.
12. Dollar amount of SSBCI lost - the dollar amount of SSBCI that was uncollected or lost
13. (VC only) Primary source of co-investment - select from: angel, in-state VC fund, out of state VC fund, other
14. (VC only) Company stage at date of transaction- select from: pre-seed, seed, early-stage, growth, and mezzanine

Paperwork Reduction Act Notice:

This information collection request is in accordance with the Paperwork Reduction Act of 1995. The purpose of this information collection is for the evaluation of the State Small Business Credit Initiative. An agency cannot conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current, valid OMB control number.

The estimated average burden associated with this collection is 2 hours and 30 minutes per respondent. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be addressed to the State Small Business Credit Initiative, 1500 Pennsylvania Ave, NW, Washington D.C. 20011