

RIC OMB ICR - Appendix B-5 Small Business Survey

Small Business Survey (OMB Final)

1. Did you participate (either in person or virtually) in any business trainings, technical assistance services, and/or matchmaking, networking, or showcasing events or activities in [YEAR]?
 - Yes
 - No

If yes to Q1, proceed to Q2.

If no to Q1, proceed to Q4-Q5 and then skip to the thank you page.

2. Did you participate (either in person or virtually) in any business trainings and/or matchmaking, networking, or showcasing events or activities *organized by or connected with* **{cluster name}**?
 - Yes
 - No
3. Did you participate (either in person or virtually) in any one-on-one counseling or technical assistance services or activities *organized by or connected with* **{cluster name}**?
 - Yes
 - No

If yes to Q2 OR Q3, proceed to Q6 and the full survey.

If no to both Q2 AND Q3, proceed to Q4-Q5 and then skip to Q27.

*Based on the administrative records from **{cluster name}**, you took part in or registered in business trainings, technical assistance services and/or matchmaking, networking, or showcasing events or activities organized by or connected with **{cluster name}**. If you are unsure, unaware, or don't recall your attendance in these events or services, we would still like to ask you a few questions that may help **{cluster name}** and organizations with similar functions tailor their outreach to firms like yours. We greatly appreciate your time and cooperation.*

4. What are the reasons you did not engage or participate in events or activities organized by or connected with **{cluster name}**? (Select all that apply.)
 - Don't have direct ties with **{cluster name}** or its network
 - Don't expect to receive any benefits from cluster participation
 - Don't have the time to participate
 - I sold or closed my business
 - Don't remember or did not know it was a "cluster" event or activity
 - Other, please specify:
5. What can **{cluster name}** or an organization with similar functions offer you or your business to improve your engagement with its activities, services, and/or business network?
[text box]

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To gather information on the types of firms that are not engaging with the **{cluster name}** or are unaware of **{cluster name}** services, we would like to ask you a few questions that may help clusters tailor their message and outreach to organizations like yours. **skip ahead to Q27.**

RIC Program Participation

6. Please provide the month and year in which your business began attending events or activities or began receiving services *organized by or connected with* **{cluster name}**:
 - Month: MM
 - Year: YYYY

7. Why did your business attend or participate in **{cluster name}**-organized trainings, events (including networking events), activities, and/or services in [year]? (*Select all that apply.*)
 - To access **{cluster name}** services (e.g., counseling, trainings, events)
 - To access new domestic or global markets
 - To network with other small businesses, large businesses, and/or potential clients
 - To access government procurement opportunities
 - To integrate into the industry's supply chain
 - To obtain new funding
 - To improve innovation (e.g., develop new products or services)
 - Other, please specify:

8. How many times did your business attend (either in person or virtually) **{cluster name}**-organized or sponsored trainings, and/or matchmaking, networking, or showcasing events or activities in [year]?
[numeric box]

9. How many times did your business participate (either in person or virtually) in **{cluster name}**-organized or sponsored one-on-one counseling or technical assistance services in [year]?
[numeric box]

10. Could you have received the same services or joined in comparable events elsewhere as those provided or organized by **{cluster name}** (e.g., Small Business Development Centers [SBDCs], chamber of commerce)?
 - Yes
 - No
 - Don't know

11. Does your business participate in other business-support programs or organizations that are not affiliated with **{cluster name}** (e.g., SBDCs, chamber of commerce)?
 - Yes
 - No
 - Don't know

If yes to Q11, proceed to Q12.

If no (or don't know) to Q11, proceed to Q13.

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12. (IF YES) Which of the following business-support programs or organizations does your business participate in? (*Select all that apply.*)
- Small Business Administration (SBA) programs (e.g., 7(j), 8(a), T.H.R.I.V.E. Emerging Leaders)
 - Small Business Development Centers
 - SCORE Association
 - Women's Business Centers
 - Veteran's Business Outreach Centers
 - U.S. Export Assistance Center
 - Procurement Technical Assistance Center
 - Business, industry, or professional organizations or associations
 - Chamber of commerce
 - Federal programs
 - State or local government programs
 - Other, please specify:
13. During [year], did your business achieve any innovations (e.g., develop new products/services, trademarks, licenses, patents)?
- Yes
 - No

If yes to Q13, proceed to Q14-Q15.

If no Q13, proceed to Q16.

14. [IF YES to Q13] During [year], how many of the following innovations did your business achieve?
- New products or services developed: _____
 - Trademarks or brand registrations obtained: _____
 - Technologies licensed to others: _____
 - Technologies obtained licensing rights to: _____
 - Patents filed: _____
 - Patents awarded: _____
 - Other, please specify: _____
15. [IF YES to Q13] To what extent did **{cluster-name}** or **{cluster-name}**-organized trainings, events (including networking events), activities, and/or services help your business facilitate innovation?
- Too early to tell
 - Not at all
 - A little
 - Somewhat
 - Much
 - Very much

RIC Program Feedback

16. [(IF Q8>0) How satisfied are you with the trainings or matchmaking, networking, and/or showcasing events or activities provided or organized by **{cluster name}** in [year]?

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- Very dissatisfied
- Dissatisfied
- Unsure
- Satisfied
- Very satisfied

17. [(IF Q9>0) How satisfied are you with the one-on-one counseling or technical assistance services provided or organized by **{cluster name}** in [year]?

- Very dissatisfied
- Dissatisfied
- Unsure
- Satisfied
- Very satisfied

18. To what extent did **{cluster-name}** and/or **{cluster name}**-organized trainings, events (including networking events), activities, and/or services help your business achieve any of the following benefits?

{cluster-name} and/or {cluster name}-related activities helped my business:	Too early to tell	Not at all	A little	Somewhat	Much	Very much	N/A
Increase profit margin							
Increase revenue							
Increase and/or retain staff							
Continue staying in business							
Start/open a new business							
Improve business management processes and operations							
Export products and/or services							
Develop or improve collaboration or relationships with other businesses or organizations							
Improve participation in industry supply chain							
Other, please specify:							

19. In [year], have **{cluster name}** and/or **{cluster name}**-organized trainings, events (including networking events), activities, and/or services helped your business establish any new business relationships (e.g., buying/selling goods/services, project collaboration, joint ventures)?

- Yes
- No

20. In [year], have **{cluster name}** and/or **{cluster name}**-organized trainings, events (including networking events), activities, and/or services helped your business establish any new relationships with the following types of organizations or resources in your community or region?

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I was able to establish relationships with:	How many relationships were formed?	How many times did your business engage with or receive assistance from these relationships?	How helpful were these relationships for your business's operations and/or growth?
Federal, state, or local government agencies	<ul style="list-style-type: none"> • 1 • 2-5 • 6-10 • 11+ 	At least once per: <ul style="list-style-type: none"> • Year • Quarter • Month • Week 	<ul style="list-style-type: none"> • Too early to tell • Not at all • A little • Somewhat • Much • Very much
Foundations, nonprofits, and nongovernment organizations	<ul style="list-style-type: none"> • 1 • 2-5 • 6-10 • 11+ 	At least once per: <ul style="list-style-type: none"> • Year • Quarter • Month • Week 	<ul style="list-style-type: none"> • Too early to tell • Not at all • A little • Somewhat • Much • Very much
Business organizations, associations, and chambers of commerce	<ul style="list-style-type: none"> • 1 • 2-5 • 6-10 • 11+ 	At least once per: <ul style="list-style-type: none"> • Year • Quarter • Month • Week 	<ul style="list-style-type: none"> • Too early to tell • Not at all • A little • Somewhat • Much • Very much
Large firms, corporations, and companies	<ul style="list-style-type: none"> • 1 • 2-5 • 6-10 • 11+ 	At least once per: <ul style="list-style-type: none"> • Year • Quarter • Month • Week 	<ul style="list-style-type: none"> • Too early to tell • Not at all • A little • Somewhat • Much • Very much
Universities, research centers, and institutes	<ul style="list-style-type: none"> • 1 • 2-5 • 6-10 • 11+ 	At least once per: <ul style="list-style-type: none"> • Year • Quarter • Month • Week 	<ul style="list-style-type: none"> • Too early to tell • Not at all • A little • Somewhat • Much • Very much
Other small business owners, community leaders, and residents that can support my business	<ul style="list-style-type: none"> • 1 • 2-5 • 6-10 • 11+ 	At least once per: <ul style="list-style-type: none"> • Year • Quarter • Month • Week 	<ul style="list-style-type: none"> • Too early to tell • Not at all • A little • Somewhat • Much • Very much

Financing and Contracts

21. Did your business obtain new financing (e.g., loan, capital, grants) in [year]?

- Yes
- No

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22. [IF Q21 YES] For each of the following sources of financing, please provide the number of instances and the total dollar amount obtained by your business in [year]. *If you do not have exact values, please give your best estimate for each type.*

	Number of instances obtained	Total amount obtained
SBA loans (e.g., 7(a), CDC/504, EIDL, PPP)		
NonSBA loans		
Venture or angel capital		
Grants (e.g., SBIR/STTR, competition winnings)		
Line of credit (excluding credit cards)		
Other forms of financing (e.g., friends and family, crowdfunding)		

23. [IF Q21 YES] To what extent did **{cluster name}** and/or **{cluster name}**-organized trainings, events (including networking events), activities, and/or services help your business obtain any new financing?

- Too early to tell
- Not at all
- A little
- Somewhat
- Much
- Very much

24. In [year], was your business awarded any new prime contracts with, or subcontracts connected with, a government, corporate, or nonprofit entity?

- Yes
- No

25. [If Q24 yes] For each of the following entities, please provide the number of contracts or subcontracts and the value obtained by your business during [year]. *If you do not have exact values, please give your best estimate for each type.*

Entity	Number of contracts or subcontracts	Value of contracts or subcontracts (dollars)
Government (federal, state, or local)		
Corporate		
Nonprofit (hospitals, academic institutions, or other organizations)		
Other, please specify:		

26. [IF Q24 YES] To what extent did **{cluster name}** and/or **{cluster name}**-organized trainings, events (including networking events), activities, and/or services help your business receive any award of contracts or subcontracts?

- Too early to tell

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- Not at all
- A little
- Somewhat
- Much
- Very much

Business Characteristics

27. Please indicate your job title. *(Select all that apply.)*

- Owner/Co-owner
- Partner
- President
- Vice President
- Founder
- C-level executive: Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, etc.
- Board Director/Member
- Manager/Director
- Other, please specify:

28. Which one of the following options best describes your current business status?

- I am not yet in business *(Proceed to Q40)*
- The business was established before I or my team first took part in the cluster
- The business was established after I or my team first took part in the cluster
- The business has been temporarily closed
- The business has been sold *(Proceed to Q29)*
- The business has been permanently closed *(Proceed to Q29)*

29. [If your business has been closed or sold] When was it closed or sold?

Month: MM

Year: YYYY

30. Please indicate the month and year when your business was first established:

Month: MM

Year: YYYY

31. What's the industry of your business? *(Based on two-digit NAICS code.)*

- 11 Agriculture, Forestry, Fishing, and Hunting
- 21 Mining
- 22 Utilities
- 23 Construction
- 31-33 Manufacturing
- 42 Wholesale Trade
- 44-45 Retail Trade
- 48-49 Transportation and Warehousing
- 51 Information
- 52 Finance and Insurance

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- 53 Real Estate Rental and Leasing
- 54 Professional, Scientific, and Technical Services
- 55 Management of Companies and Enterprises
- 56 Administrative and Support and Waste Management and Remediation Services
- 61 Educational Services
- 62 Health Care and Social Assistance
- 71 Arts, Entertainment, and Recreation
- 72 Accommodation and Food Services
- 81 Other Services (except Public Administration)
- 99 Other, please specify:

32. Please provide total annual revenue of your business for the following three calendar years:

If an exact figure is not available to you, please provide an estimate.

- In [YEAR-2]: _____ (dollars)
- In [YEAR-1]: _____ (dollars)
- In [YEAR]: _____ (dollars)

33. On average, how many employees, including paid owner(s), did your business have for the following three calendar years?

If an exact figure is not available to you, please provide an estimate.

In [YEAR-2] number of:

- Fulltime employees: _____
- Part-time employees: _____
- Contracted employees (receiving 1099 tax form): _____

In [YEAR-1] number of:

- Fulltime employees: _____
- Part-time employees: _____
- Contracted employees (receiving 1099 tax form): _____

In [YEAR] number of:

- Fulltime employees: _____
- Part-time employees: _____
- Contracted employees (receiving 1099 tax form): _____

34. Does your business currently hold any officially designated certifications (e.g., Women-Owned, 8(a), Minority-Owned)?

- Yes
- No

If yes to Q34, proceed to Q35.

If no Q34, proceed to Q36.

35. (IF YES) Does your business currently hold any of the following officially designated certifications? (*Select all that apply.*)

- No certificates apply
- SBA-certified 8(a) Business
- SBA-certified HUBZone Business

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- SBA-certified Small Disadvantaged Business
- SBA-certified Women-Owned Small Business or Economically Disadvantaged Women-Owned Small Business
- Certified Minority-Owned Business
- Certified Service-Disabled Veteran-Owned Business or Veteran-Owned Business
- Other certificates, please specify:

36. Does your small business currently have any of the following owner designations? *(Select all that apply.)*

- Veteran-Owned Business
- Women-Owned Business
- Minority-Owned Business
- Small Business
- Other, please specify:

37. What is the legal structure of your business? *(Select all that apply.)*

- Corporation
- LLC
- S-Corporation
- Sole Proprietorship
- Partnership
- Other, please specify:

38. Is your business registered in the System for Award Management (SAM)?

- Yes
- No
- Don't know

39. What is your business SAM.GOV Unique Entity Identifier (UEI) number, if applicable?

The business SAM.GOV Unique Entity Identifier (UEI) would allow the SBA to conduct analysis of business growth over time. We will strictly keep your SAM.GOV Unique Entity Identifier (UEI) confidential and securely stored.

<Text box >

- Don't know
- Don't want to report

40. What is your business website, if applicable?

<Text box >

- Don't know
- Don't want to report

[If you answered yes to Q2 or Q3, proceed to Q40.]

41. *[If yes to Q2 OR Q3] Please provide suggestions for improving the trainings, events, activities, or services including networking provided or organized by **{cluster name}**: _____*

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