*T.H.R.I.V.E. Emerging Leaders Reimagined program* **- FOLLOW-UP SURVEY**

OMB Approval No:

Expiration Date:

# Business Status Updates

*If you operate multiple businesses, please focus this assessment on the business for which you developed a Strategic Growth Action Plan during the T.H.R.I.V.E. Emerging Leaders Reimagined program.*

1. Did you complete and graduate from the T.H.R.I.V.E. Emerging Leaders Reimagined program?
	* Yes
	* No
2. Please indicate which best describes the current status of the business.
* The business is operating and I am part or full owner.
* The business is operating and I am on staff.
* The business has been sold.
* The business has been temporary closed.
* The business has been permanently closed.
1. [IF CLOSED OR SOLD] When was the business closed or sold?

 Year:

Month:

1. Has the primary business address changed in [YEAR]?
* Yes
* No
1. (IF YES) Current business address:
* Street Address 1:
* Street Address 2:
* City:
* State:
* Zip code:
1. In [YEAR], did your business obtain any new business certificates or designations?
* Yes
* No
1. **(**IF YES) Which of the following new business certificates or designations did your business obtain?*Select all that apply.*
* SBA 8(a) certified business
* SBA HUBZone certified business
* SBA Small Disadvantaged Business
* Minority-owned business
* Veteran or service member-owned business
* Service-disabled veteran owned business
* Women-owned business
* Located on Native American-owned land
* Other

# Business Operations

*If you operate multiple businesses, please focus this assessment on the business for which you developed a Strategic Growth Action Plan during the T.H.R.I.V.E. Emerging Leaders Reimagined program.*

1. What was the total revenue for the business during [YEAR]? *If you’re not sure about exact values, provide your best estimate. Please, double check the number of zeros you enter (e.g., $300,000 vs $3,000,000**makes a big difference).*

< numeric box>

1. What was the profit or loss of the business during [YEAR]? *If you’re not sure about exact values, provide your best estimate. Please, double check the numbers you enter (e.g., $300,000 vs -$300,000 makes a big difference).*

< numeric box>

1. What is the highest number of paid employees (including paid owners) the business had during [YEAR]?
	* *Full-time is at least 35 hours per week.*
	* *Part-time is fewer than 35 hours per week.*
	* *Contractors (receiving 1099 tax form):*
2. Of all employees and contractors counted in the previous question, how many lived in the same city or town as the primary business location during [YEAR]?

*Please enter "0" (zero) if no full-time employees live in the same city or town as the business.*

< numeric box>

1. Did the business hire any new employees in [YEAR]?
* Yes
* No

(IF YES) How many new employees were hired?

1. Does the business provide formal professional development for employees, such as individual training opportunities or group training workshops?*Do not include on-the-job orientation for new employees.*
* Yes
* No
1. Does the business offer any of the following benefits to employees? *Select all that apply.*
	* Paid time-off (holidays, sick time, vacation time)
	* Health care insurance
	* Dental insurance
	* Retirement or pension plan (e.g., 401(k), SEP)
2. Is your business registered in System for Award Management (SAM)?
* Yes
* No
* Don't know
1. What is your business EIN number, if applicable?

*The business EIN would allow the SBA to conduct analysis of business growth over time. Your EIN will be kept strictly confidential and securely stored.*

<Text box; use 00-0000000 format>

* Don’t know

**Financing and Contracts**

1. Did the business obtain any new financing during [YEAR]?
	* Yes
	* No
2. (IF YES) Which of the following sources of new financing did the business obtain in [YEAR]? *Select all that apply. If you’re not sure about exact values, provide your best estimate.*
	* SBA-backed loan (e.g., 7(a), CDC/504, Microloan, EIDL, PPP)

Please provide the amount: \_\_\_\_\_\_

* + Non-SBA loan

Please provide the amount: \_\_\_\_\_\_

* + Line of credit, excluding credit cards

Please provide the amount: \_\_\_\_\_\_

* + Other (please specify)

Please provide the amount: \_\_\_\_\_\_

[IF Q21 YES TO Q18] To what extent did T.H.R.I.V.E. program help your business obtain any new financing?

* Too early to tell
* Not at all
* A little
* Somewhat
* Much
* Very much
1. In [YEAR], was your business awarded any new prime contracts with, or subcontracts associated with, a government, corporate, or nonprofit entity (excluding standard purchase agreements)?
	* Yes
	* No
2. [IF YES] Provide the number and value for each type of **prime contract** obtained during [YEAR]:*If you do not have exact values, please give your best estimate for each type.*

|  |  |  |
| --- | --- | --- |
| **Entity** | **Number of Prime Contracts** | **Value of Prime Contracts****(Dollars, no decimals)** |
| Federal Government |  |  |
| State Government |  |  |
| Local Government (state, city, county, or parish) |  |  |
| Tribal Government |  |  |
| Corporate |  |  |
| Nonprofit (hospitals, academic institutions, or other organizations) |  |  |

1. [IF YES TO QUESTION 20] Provide the number and value for each type of **subcontract** obtained during [YEAR]:*If you do not have exact values, please give your best estimate for each type.*

|  |  |  |
| --- | --- | --- |
| **Entity** | **Number of Subcontracts** | **Value of Subcontracts****(Dollars, no decimals)** |
| Federal Government |  |  |
| State Government |  |  |
| Local Government (state, city, county, or parish) |  |  |
| Tribal Government |  |  |
| Corporate |  |  |
| Nonprofit (hospitals, academic institutions, or other organizations) |  |  |

[IF YES TO QUESTION 20] To what extent did T.H.R.I.V.E. program help your business receive any award of contracts or subcontracts?

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

# Growth Management

1. Please indicate the frequency with which your business conducts the following business management procedures. *Select all that apply.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Our business uses:** | **Never** | **Seldom** | **Sometimes** | **Usually** | **Always** |
| Decisions based on Strategic Growth Plan with benchmarks and performance targets |  |  |  |  |  |
| Financial data and analysis to make decisions about business operations and raising capital |  |  |  |  |  |
| Comprehensive marketing strategies and analysis to sell products or services |  |  |  |  |  |
| Comprehensive digital marketing that includes social media, online reviews, and other procedures |  |  |  |  |  |
| Thorough proposals to banks and investors to obtain business financing and capital |  |  |  |  |  |
| Thorough proposals to bid on government or non-government contracts  |  |  |  |  |  |
| Human resource management procedures for recruiting, retaining, evaluating, and training employees  |  |  |  |  |  |
| Procedures for ensuring legal compliance with state and national laws, rules, and regulations |  |  |  |  |  |

1. In [YEAR], were you in touch with or done business with any of the following connections that you made from your participation in the T.H.R.I.V.E. program? *Select all that apply.*

|  |  |  |
| --- | --- | --- |
|  | **I was in touch with...** | **I did business with...** |
| Instructor/coach |  |  |
| SBA Contact |  |  |
| Subject Matter Experts (SMEs) |  |  |
| Fellow Participants |  |  |
| Other, specify |  |  |

1. How helpful were the contacts you made during the T.H.R.I.V.E. program in growing or operating your business?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not Helpful** | **Slightly Helpful** | **Moderately Helpful** | **Mostly Helpful** | **Very Helpful** |
| Instructor/coach |  |  |  |  |  |
| SBA Contact |  |  |  |  |  |
| Subject Matter Experts (SMEs) |  |  |  |  |  |
| Fellow Participants |  |  |  |  |  |
| Other, specify |  |  |  |  |  |

1. In [YEAR] did you use any of the following resources to help achieve your business goals?

*Select all that apply.*

* Small Business Administration (SBA) district office
* SBA website
* Small Business Development Centers (SBDC)
* SCORE Association
* Women’s Business Centers (WBC)
* Veteran’s Business Outreach Centers (VBOC)
* U.S. Export Assistance Center (USEAC)
* Procurement Technical Assistance Center (PTAC)
* Business, industry, or professional organization or association
* Chamber of Commerce
* State or local government
* Friends, family, or colleagues,
* YouTube, social media, websites
* Others (e.g., business coach, incubator or accelerator program) <text box>
* None
1. To what extent do the following statements describe the business ecosystem of resources in your region or community?*The ecosystem includes various actors (business networks, government agencies, financing sources, business network, etc.) that support businesses in the region or community.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **My region or community has:**  | **Strongly agree** | **Agree** | **Neutral** | **Disagree** | **Strongly disagree** |
| Business financing sources (banks, investors, etc.) that are willing to lend to small businesses and entrepreneurs. |  |  |  |  |  |
| Federal, state, or local government agencies that provide assistance and training to small business owners and entrepreneurs. |  |  |  |  |  |
| Foundations, nonprofit, and non-government organizations that provide assistance and training to small business owners and entrepreneurs. |  |  |  |  |  |
| Business and industry organizations (e.g., chambers of commerce) that are active in supporting small businesses and entrepreneurs.  |  |  |  |  |  |
| Large firms, corporations, and business networks that support small businesses. |  |  |  |  |  |
| Universities, research centers and institutes that support small businesses.  |  |  |  |  |  |
| Potential employees with skills, experiences, and qualifications that my business needs. |  |  |  |  |  |
| Small business owners, leaders, and residents that can support my business. |  |  |  |  |  |
| Overall well-developed business ecosystem. |  |  |  |  |  |

1. In [YEAR]Did you or your business contribute to your **local community** in any of the following ways?*Select all that apply.*
* Donated time, money, products, or services to community organizations
* Advised people in the community on starting or growing a business
* Participated in community meetings with residents, nonprofits, local government, or others
* Participated in fundraising events
* Sponsored or supported local community or school projects, activities, or events
* Other, specify
1. Did any of the following business growth activities occur during [YEAR]?

*Select all that apply.*

* Opened a new business location(s)
* Relocated to a new business location
* Opened a new business
* Became full or part owner of an existing business
* Other, specify

# Program Feedback

1. How much has your participation in the T.H.R.I.V.E. program helped you achieve the following business outcomes in [YEAR].

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **The T.H.R.I.V.E. program helped me to:** | **Too early to tell** | **Not at all** | **A little** | **Somewhat** | **Much** | **Very much** | **N/A** |
| Improve business management procedures |  |  |  |  |  |  |  |
| Develop collaboration and relationships with other businesses or organizations  |  |  |  |  |  |  |  |
| Increase revenue  |  |  |  |  |  |  |  |
| Increase profits  |  |  |  |  |  |  |  |
| Hire new employees |  |  |  |  |  |  |  |
| Retain employees |  |  |  |  |  |  |  |
| Continue staying in business (prevent business closure) |  |  |  |  |  |  |  |
| Start/open a new business |  |  |  |  |  |  |  |
| Other, specify |  |  |  |  |  |  |  |

1. Looking back on the whole T.H.R.I.V.E. program, how satisfied are you with the experience overall (curriculum, materials, coaches, other participants, etc.)?
* Very satisfied
* Satisfied
* Neither dissatisfied nor satisfied
* Dissatisfied
* Very dissatisfied

1. How likely are you to recommend the T.H.R.I.V.E. program to other business executives?
* Very likely
* Likely
* Neither unlikely nor likely
* Somewhat unlikely
* Very unlikely
1. Could you have received elsewhere the same services or business and peer networking opportunities that you did in the T.H.R.I.V.E. program?
* Yes
* No
1. Please, provide suggestions for improving the T.H.R.I.V.E. Emerging Leaders Reimagined program to facilitate your business growth and survival?

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**