

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.

3. [IF CLOSED OR SOLD] When was the business closed or sold?
 - Year:
 - Month:

4. Has the primary business address changed in [YEAR]?
 - Yes
 - No

5. (IF YES) Current business address:
 - Street Address 1:
 - Street Address 2:
 - City:
 - State:
 - Zip code:

6. In [YEAR], did your business obtain any new business certificates or designations?
 - Yes
 - No

7. (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.

8. 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 >

9. 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 >

10. 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):

11. 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 >

12. Did the business hire any new employees in [YEAR]?

- Yes
- No

(IF YES) How many new employees were hired?

13. 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

14. 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)

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

- Yes
- No
- Don't know

- 16.** 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

- 17.** Did the business obtain any new financing during [YEAR]?
- Yes
 - No
- 18.** (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

- 19.** 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

- 20.** [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)		
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21. [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

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

	Never	Seldom	Sometimes	Usually	Always
Our business uses:					
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					

23. 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		

24. 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	0	0	0	0	0
SBA Contact	0	0	0	0	0
Subject Matter Experts (SMEs)	0	0	0	0	0
Fellow Participants	0	0	0	0	0
Other, specify	0	0	0	0	0

25. 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

26. 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.*

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
My region or community has:					
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.					

27. 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

28. 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

29. 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							

30. 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

31. 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

32. 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

33. Please, provide suggestions for improving the T.H.R.I.V.E. Emerging Leaders Reimagined program to facilitate your business growth and survival?
