

## 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?

<b>{cluster-name} and/or {cluster name}-related activities helped my business:</b>	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"> <li>• 1</li> <li>• 2-5</li> <li>• 6-10</li> <li>• 11+</li> </ul>	At least once per: <ul style="list-style-type: none"> <li>• Year</li> <li>• Quarter</li> <li>• Month</li> <li>• Week</li> </ul>	<ul style="list-style-type: none"> <li>• Too early to tell</li> <li>• Not at all</li> <li>• A little</li> <li>• Somewhat</li> <li>• Much</li> <li>• Very much</li> </ul>
Foundations, nonprofits, and nongovernment organizations	<ul style="list-style-type: none"> <li>• 1</li> <li>• 2-5</li> <li>• 6-10</li> <li>• 11+</li> </ul>	At least once per: <ul style="list-style-type: none"> <li>• Year</li> <li>• Quarter</li> <li>• Month</li> <li>• Week</li> </ul>	<ul style="list-style-type: none"> <li>• Too early to tell</li> <li>• Not at all</li> <li>• A little</li> <li>• Somewhat</li> <li>• Much</li> <li>• Very much</li> </ul>
Business organizations, associations, and chambers of commerce	<ul style="list-style-type: none"> <li>• 1</li> <li>• 2-5</li> <li>• 6-10</li> <li>• 11+</li> </ul>	At least once per: <ul style="list-style-type: none"> <li>• Year</li> <li>• Quarter</li> <li>• Month</li> <li>• Week</li> </ul>	<ul style="list-style-type: none"> <li>• Too early to tell</li> <li>• Not at all</li> <li>• A little</li> <li>• Somewhat</li> <li>• Much</li> <li>• Very much</li> </ul>
Large firms, corporations, and companies	<ul style="list-style-type: none"> <li>• 1</li> <li>• 2-5</li> <li>• 6-10</li> <li>• 11+</li> </ul>	At least once per: <ul style="list-style-type: none"> <li>• Year</li> <li>• Quarter</li> <li>• Month</li> <li>• Week</li> </ul>	<ul style="list-style-type: none"> <li>• Too early to tell</li> <li>• Not at all</li> <li>• A little</li> <li>• Somewhat</li> <li>• Much</li> <li>• Very much</li> </ul>
Universities, research centers, and institutes	<ul style="list-style-type: none"> <li>• 1</li> <li>• 2-5</li> <li>• 6-10</li> <li>• 11+</li> </ul>	At least once per: <ul style="list-style-type: none"> <li>• Year</li> <li>• Quarter</li> <li>• Month</li> <li>• Week</li> </ul>	<ul style="list-style-type: none"> <li>• Too early to tell</li> <li>• Not at all</li> <li>• A little</li> <li>• Somewhat</li> <li>• Much</li> <li>• Very much</li> </ul>
Other small business owners, community leaders, and residents that can support my business	<ul style="list-style-type: none"> <li>• 1</li> <li>• 2-5</li> <li>• 6-10</li> <li>• 11+</li> </ul>	At least once per: <ul style="list-style-type: none"> <li>• Year</li> <li>• Quarter</li> <li>• Month</li> <li>• Week</li> </ul>	<ul style="list-style-type: none"> <li>• Too early to tell</li> <li>• Not at all</li> <li>• A little</li> <li>• Somewhat</li> <li>• Much</li> <li>• Very much</li> </ul>

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.*

	<b>Number of instances obtained</b>	<b>Total amount obtained</b>
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.*

<b>Entity</b>	<b>Number of contracts or subcontracts</b>	<b>Value of contracts or subcontracts (dollars)</b>
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 EIN number, if applicable? *(Use 00-0000000 format.)*

*The business EIN would allow the SBA to conduct analysis of business growth over time. We will strictly keep your EIN confidential and securely stored.*

<Text box >

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

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

40. *[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}**: \_\_\_\_\_*