

Small Business Survey

Contact Information

1. Please provide your contact information below.
 - a. Enter your First Name (Required)
 - b. Enter your Last Name (Required)
 - c. Enter your Job Title (Required)
 - d. Enter your Email Address (Required)
 - e. Enter your Business Name (Required)
 - f. Enter your Business Zip Code (Required)

Awareness of Cluster Activities

2. Since October of [last year], did you participate (either in person or virtually) in any business training, technical assistance services, and/or matchmaking, networking, or showcasing events or activities in general?
 - Yes
 - No
 - Don't know

This survey asks questions about your experience with [cluster name] ([cluster acronym]) (also known as [alternative_cluster_names]) - an implementer of the Regional Innovation Cluster Initiative.

[If yes to Q2, proceed to Q3]

[If no or don't know to Q2, proceed to statement below then Q5-Q6 and then Q30]

3. [If yes to Q2] Did you participate (either in person or virtually) in any **group** business training and/or matchmaking, networking, or showcasing events or activities *organized by or connected with {cluster name}*?
 - Yes
 - No
 - Don't know
4. [If yes to Q2] Did you participate in **one-on-one** (either in person or virtually) counseling, mentoring, or technical assistance services or activities *organized by or connected with {cluster name}*?
 - Yes
 - No
 - Don't know

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[If yes to Q3 OR Q4, proceed to Q7 and the full survey]

[If no or don't know to Q2 or to both Q3 and Q4, proceed to statement below then Q5-Q6 and then Q30]

*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 to tailor their outreach to businesses like yours. We greatly appreciate your time and cooperation.*

5. What are the reasons you responded "No" or "Don't know" above? *(Select all that apply.)*
 - Do not have direct ties with **{cluster name}** or its network
 - Do not expect to receive any benefits from cluster participation
 - Do not have the time to participate
 - I sold or closed my business
 - Do not remember or did not know it was a "cluster" event or activity
 - Other, please specify:

6. 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]

*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 businesses like yours.*

[Skip to Q30, Business Characteristics page.]

Participation in the Cluster

The next questions ask about the involvement of your business in the cluster.

7. 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
 - Don't recall

8. Why did your business attend or participate in **{cluster name}**-organized counseling, training, mentoring, other technical assistance, or outreach events? *(Select all that apply.)*
 - To access **{cluster name}** services (e.g., counseling, trainings, events)
 - To access new exporting opportunities
 - To network with other small businesses, large businesses, and/or potential clients
 - To access government procurement opportunities
 - To access new business capital, financing

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- To access SBIR/STTR grants or contracts
 - To improve innovation (e.g., develop new products or services)
 - Other, please specify:
9. [If Q3=Yes] Since October of [last year], 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 since October of [last year]?
[numeric box]
10. [If Q4=Yes] Since October of [last year], how many times did your business participate (either in person or virtually) in **{cluster name}**-organized or sponsored one-on-one counseling, mentoring, or technical assistance services since October of [last year]?
[numeric box]
11. 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
12. Since October of [last year], did 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 no or don't know to Q12, proceed to Q14]

13. (If Q12= Yes) Which of these business-support programs or organizations did your business participate in? *(Select all that apply.)*
- 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
 - Apex Accelerators or Procurement Technical Assistance Centers
 - Business, industry, or professional organizations or associations
 - Chamber of Commerce
 - Federal programs
 - State or local government programs
 - Other, please specify:

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Satisfaction with cluster implementation

14. (If Q3=Yes) How satisfied are you with the **group** trainings or matchmaking, networking, and/or showcasing events or activities provided or organized by *{cluster name}*?

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

15. (If Q4=Yes) How satisfied are you with the **one-on-one** services (counseling, mentoring, or technical assistance) provided or organized by *{cluster name}*?

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

Advancing Underserved Businesses

The next questions focus on the extent to which cluster activities and cluster staff help advance equity among small underserved businesses within the ecosystem. The intent is to measure how the cluster tailors its approach to better support underserved small businesses and their owners.

16. To what extent do you agree or disagree with these statements about the [cluster name] sponsored events, activities, and trainings, and the staff that conducted these services? *Please feel free to leave the row blank if you are not comfortable providing a response. Select “Not Applicable” if an activity was not relevant for you.*

| | Strongly Disagree | Disagree | Neither | Agree | Strongly Agree | Not Applicable |
|--|--------------------------|-----------------|----------------|--------------|-----------------------|-----------------------|
| I trust the staff | | | | | | |
| The staff asked for feedback and incorporated ideas into services, events, and activities | | | | | | |
| The staff is comprised of people with diverse races, ethnicities, and backgrounds | | | | | | |
| The staff were respectful of people with diverse races, ethnicities, and backgrounds | | | | | | |
| The staff have been responsive to needs and circumstances of people with diverse races, ethnicities, and backgrounds | | | | | | |
| The staff were knowledgeable about people of different races, ethnicities, and backgrounds | | | | | | |
| There are virtual activities and | | | | | | |

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| | Strongly Disagree | Disagree | Neither | Agree | Strongly Agree | Not Applicable |
|---|--------------------------|-----------------|----------------|--------------|-----------------------|-----------------------|
| services available | | | | | | |
| Activities and services are located in or close to the neighborhood where I live | | | | | | |
| Accommodations were provided for people with disabilities (e.g. closed captions, ASL and other language interpretation, elevators, ramps) | | | | | | |
| Documents, materials, or services were available in multiple languages | | | | | | |

Satisfaction with cluster benefits

17. To what extent did your participation in the **{cluster-name}** help your business achieve any of these benefits?

| Cluster - related activities helped my business: | Too early to tell | Not at all | A little | Somewhat | Much | Very much | N/A |
|--|--------------------------|-------------------|-----------------|-----------------|-------------|------------------|------------|
| Increase revenue | | | | | | | |
| Increase and/or retain jobs | | | | | | | |
| Stay 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: | | | | | | | |

18. Since October of [last year], has your participation in the **{cluster name}** helped your business establish any new business relationships (e.g., buying/selling goods/services, project collaboration, joint ventures)?

- Yes
- No
- Don't know

19. (If Q18=Yes) Has your participation in the **{cluster name}** helped your business establish any new relationships with these types of organizations or resources in your community or region?

| | How many relationships were formed? |
|--|--|
| SBA programs or loans | |
| SBA resource partners (WBC, VBOC, SCORE, etc.) | |
| Other Federal Government agencies | |

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| | How many relationships were formed? |
|--|--|
| State or local government agencies | |
| Foundations, nonprofits, and nongovernment organizations | |
| Business organizations, associations, and chambers of commerce | |
| Large firms, corporations, and companies | |
| Innovation-driven enterprises (growing firms and startups focused on innovation) | |
| Financing sources (banks, venture capital, etc.) | |
| Universities | |
| Community colleges | |
| Research centers and institutes | |
| Business incubators and accelerators | |
| Local community organizations | |
| Other, specify | |

20. (For the endorsed items in Q19) How helpful were these new relationships for your business's operations and/or growth?

| | Too early to tell | Not at all | A little | Somewhat | Much | Very much |
|--|--------------------------|-------------------|-----------------|-----------------|-------------|------------------|
| SBA programs or loans | | | | | | |
| SBA resource partners (WBC, VBOC, SCORE, etc.) | | | | | | |
| Other Federal Government agencies | | | | | | |
| State or local government agencies | | | | | | |
| Foundations, nonprofits, and nongovernment organizations | | | | | | |
| Business organizations, associations, and chambers of commerce | | | | | | |
| Large firms, corporations, and companies | | | | | | |
| Innovation-driven enterprises (growing firms and startups focused on innovation) | | | | | | |
| Financing sources (banks, venture capital, etc.) | | | | | | |
| Universities | | | | | | |
| Community colleges | | | | | | |
| Research centers and institutes | | | | | | |
| Business incubators and accelerators | | | | | | |
| Local community organizations | | | | | | |
| Other | | | | | | |

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Innovation Outcomes

This section asks for your experiences conducting or supporting various types of innovation, and the cluster's help in supporting your innovation efforts.

21. Did your business conduct any innovation during your participation in the cluster? (*Select all that apply.*)
- Product and service innovation*: new product or improvements in performance of the product or service
 - Process innovation*: the implementation of a new or improved production or delivery method
 - Technological innovation*: new or improved technology or incorporating technology into a production process
 - Business model innovation*: change in business operations to develop or deliver innovation
 - Indirect innovation*: for example, funding, networking, influencing legislation, or other activities indirectly supporting innovation
 - None of the above
22. [If a, b, c, or d are selected in Q21] How many of these innovation outcomes 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, specify: _____
23. [If a b, c, or d are selected in Q21] To what extent did **{cluster-name}** or **{cluster-name}**-organized trainings, events (including networking events), activities, and/or services help your business achieve innovation?
- Too early to tell
 - Not at all
 - A little
 - Somewhat
 - Much
 - Very much

Financing and Contracts

24. Since October of [last year], did your business obtain new financing (e.g., loan, capital, grants)?
- Yes
 - No
 - Don't know

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25. [If Q24=Yes] For each of these sources of financing, please provide the number of instances and the total dollar amount obtained by your business. *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 | | |
| SBIR or STTR grants or contracts | | |
| Other grants (not SBIR/STTR) | | |
| Line of credit (excluding credit cards) | | |
| Other forms of financing (e.g., friends and family, crowdfunding) | | |

26. [If Q24=Yes] To what extent did your participation in the **{cluster name}** help your business obtain any new financing?

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

27. Since October of [last year], was your business awarded any new prime contracts with, or subcontracts connected with, a government, corporate, or nonprofit entity?

- Yes
- No
- Don't know

28. [If Q27=Yes] For each of these entities, please provide the number of contracts or subcontracts and the total value obtained by your business. *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: | | |

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29. [If Q27=Yes] To what extent did your participation in the *{cluster name}* help your business receive any award of contracts or subcontracts?
- Too early to tell
 - Not at all
 - A little
 - Somewhat
 - Much
 - Very much

Business Characteristics

30. Please indicate the year when your business was first established:
Year: YYYY

31. Is your business registered in the System for Award Management (SAM)?
- Yes
 - No
 - Don't know

32. (If Q31=Yes) What is your business's SAM.GOV Unique Entity Identifier (UEI)?
The business's UEI would allow the SBA to conduct an analysis of businesses' contracts over time. We will keep your UEI strictly confidential and securely stored.
- <Text box >
 - Don't know
 - Don't want to report

33. [If Q32=blank, don't know, or don't want to report] What's the industry of your business? (Based on two-digit NAICS code.) [pulldown menu]
- 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
 - 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

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- 72 Accommodation and Food Services
- 81 Other Services (except Public Administration)
- 99 Other, please specify:

34. *[If Q32=blank, don't know, or don't want to report]* Does your business currently hold any official (not self-reported) certifications (e.g., Women-Owned, 8(a), Minority-Owned)?

- Yes
- No
- Don't know

[If no or don't know to Q34, proceed to Q36.]

35. (If Q34=Yes) Does your business currently hold any of these officially designated certifications? *(Select all that apply.)*

- SBA-certified 8(a) Business
- SBA-certified HUBZone Business
- 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
- Socially and Economically Disadvantaged Business
- Other certificates, please specify:

36. Does the business owner(s) have any of these characteristics? *(Select all that apply.)*

- Racial/ethnic minority owner(s)
 - Hispanic or Latino
 - Black or African American
 - Asian
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander
 - Other
- Veteran owner(s)
- Women owner(s)
- Disabled owner(s)
- Immigrant owner(s)
- LGBTQ+ owner(s)
- Other, specify:

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Revenue and Employees

The following questions about your business and business growth are sensitive and you could leave them blank if you are not comfortable reporting them. However, these questions are important for the SBA to evaluate the RIC Initiative's performance in assisting small businesses.

37. Please provide an estimate of the percent change in your business's revenue for these time periods:
- Since the year prior to your RIC Initiative participation: [pull-down or slide menu from -100% to 0% to + 500%]
 - (If Q7 < [this year]) Since October of [last year]: [pull-down or slide menu from -100% to 0% to +500%]
38. Please provide an estimate of the percent change in the number of your business's employees (including full-time and paid owner(s)) for these time periods:
- Since the year prior to your RIC Initiative participation: [pull-down or slide menu from -100% to 0% to + 500%]
 - (If Q7 < [this year]) Since October of [last year]: [pull-down menu or slide from -100% to 0% to +500%]

Suggestions for Cluster Activities

39. [If Q3 OR Q4=Yes] Please provide suggestions for improving the trainings, events, activities, or services, including networking provided or organized by **{cluster name}**: _____
40. Are you willing to be contacted in the future regarding a brief virtual interview as part of this evaluation?
- Yes
 - No
 - Don't know

Thank You

Thank you for participating in this survey.