OMB Approval number: 3245-0392

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**Partner Organizations Survey**

Contact Information

1. Please provide your contact information below.
2. Enter your first name (Required)
3. Enter your last name (Required)
4. Enter your email address (Required)
5. Enter your organization name (Required)
6. Enter your business zip code (Required)
7. What is your official role (title)?
8. Which one of these options best describes your organization?
* A for-profit, public or private company
* A public or private university or research institution
* A public sector agency
* A foundation or nonprofit organization
* A business association
* Other, please specify:

## Awareness of Cluster Activities

The [cluster name] ([cluster acronym] also known as [alternative\_cluster\_names]) is an implementer of the U.S. SBA Regional Innovation Cluster Initiative.

1. Since October of [last year], did your organization participate (either in person or virtually) in any counseling, training, mentoring, other technical assistance, or outreach events *organized by or connected with****{cluster name}***?
* Yes
* No
* Don’t know

*[If yes to Q3, proceed to Q6 ]*

*[If no or don’t know to Q3, proceed to Q4-Q5 then skip to thank you page]*

1. Based on the administrative records from **{cluster name}**, your organization took part in or registered for business trainings, technical assistance services, and/or matchmaking, networking, or showcasing events or activities organized by or connected with **{cluster name}**. What are the reasons you responded “No” or “Don’t know” to the participation question above? (Select all that apply.)
* Do not have direct ties with the ***{cluster name}*** or its participants
* 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:

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 messages and outreach to organizations like yours.

1. What services or actions on the part of the ***{cluster name}*** would improve your organization’s engagement with ***{cluster name}*’s** activities, services, and/or business networks?

[text box]

*[Skip to the Thank You page]*

## Participation in the Cluster

The next questions ask about the involvement of your organization in the cluster including the rationale for participation in the cluster and the results of your participation.

1. Please provide the month and year in which your organization first engaged with or attended events or activities *organized by or connected with* ***{cluster name}***:
* Month: MM
* Year: YYYY
* Don’t recall
1. Why did your organization engage with, attend, or participate in trainings, events (including networking events), or activities *organized by or connected with* ***{cluster name}***? *(Select all that apply.)*
* To provide input on legislation and regulations affecting your industry
* To help spur regional economic development and support your community
* To improve your organization’s or industry’s supply chain
* To find partners interested and knowledgeable in transferring technology to the market
* To gain access to, and information on, new technologies with commercialization potential
* To identify contractors or subcontractors
* To find partners for the pursuit of funding
* To contribute to the growth of the business ecosystem
* Other, please specify:
1. Since October of [last year], how many times did your organization attend (either in person or virtually) matchmaking, networking, or showcasing events and/or activities *organized by or connected with* ***{cluster name}***?

[numeric box]

## Collaboration with Small Business

These questions focus on your relationship with small businesses participating in the cluster. These questions provide a sense of overall cluster effect on small businesses.

1. Since October of [last year], did your organization develop new business relationships with small businesses or other organizations as a result of participation in activities or services *organized by or connected with****{cluster name}***?
* Yes
* No
* Don’t know

*[If no or don’t know to Q9, proceed to Q12.]*

1. How many business relationships with these sources did your organization develop? (Note, estimates are acceptable)
* Small businesses: \_\_\_\_\_\_\_\_\_\_\_
* Large companies: \_\_\_\_\_\_\_\_\_\_\_
* Universities: \_\_\_\_\_\_\_\_\_\_\_
* Community colleges: \_\_\_\_\_\_\_\_\_\_
* Research institutions: \_\_\_\_\_\_\_\_\_\_\_\_
* Public sector agencies: \_\_\_\_\_\_\_\_\_\_\_
* Foundations: \_\_\_\_\_\_\_\_\_\_\_
* Nonprofit organizations: \_\_\_\_\_\_\_\_\_\_\_
* Business associations: \_\_\_\_\_\_\_\_\_\_\_
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_
1. [*If Q10 Option - Small businesses, not = “\_”*] In which areas did your organization collaborate with small businesses? *(Select all that apply.)*
* A joint funding application for grants and contracts (e.g., SBIR/STTR)
* A joint contract for the provision of services and/or materials to a third party
* The creation of a joint venture
* Innovation (e.g., develop a proof of principal, obtain trademark, license technology, patents)
* Export of products or services
* Supply chain
* Other, please specify:
1. Since October of [last year], as a result of participation in activities or services *organized by or connected with****{cluster name}***, did any of the small businesses in the cluster supply your organization with materials, products, and/or services?
* Yes
* No
* Don’t know
1. Since October of [last year], did your organization supply materials, products, and/or services (not related to mentoring) to small businesses that you met or established relationships with from ***{cluster name}***-organized or sponsored events?
* Yes
* No
* Don’t know
1. To what extent did your participation in the ***{cluster-name}*** help *small businesses* engage with or form new relationships with these organizations or resources in your community or region?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unsure | Too early to tell | Not at all | A little | Somewhat  | Much | Very much |
| Business financing sources (e.g., banks, investors) |  |  |  |  |  |  |  |
| Federal, state, or local government agencies  |  |  |  |  |  |  |  |
| Foundations, nonprofits, and nongovernment organizations |  |  |  |  |  |  |  |
| Business organizations (e.g., industry associations, chambers of commerce)  |  |  |  |  |  |  |  |
| Large firms, corporations, and companies |  |  |  |  |  |  |  |
| Universities, research centers, and institutes |  |  |  |  |  |  |  |
| Other small business owners, community leaders, and residents that can support small businesses  |  |  |  |  |  |  |  |
| Finding or training employees that small businesses need |  |  |  |  |  |  |  |
| The business ecosystem of resources, overall |  |  |  |  |  |  |  |

1. To what extent did your participation in the ***{cluster-name}*** help your organization improve service/product innovation among small businesses?
* Too early to tell
* Not at all
* A little
* Somewhat
* Much
* Very much

## Satisfaction with Cluster Implementation and Benefits

1. How satisfied are you with the matchmaking, networking, and/or showcasing events or activities *organized by or connected with* ***{cluster name}***?
* Very dissatisfied
* Dissatisfied
* Neither dissatisfied nor satisfied
* Satisfied
* Very satisfied
1. How much has participation in the activities or services *organized by or connected with****{cluster name}*** met your expectation of benefits?
* Too early to tell
* Not at all
* A little
* Somewhat
* Much
* Very much
1. To what extent did your participation in the ***{cluster-name}*** help your organization achieve any of these benefits?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Too early to tell | Not at all | A little | Somewhat  | Much | Very much | N/A |
| Increase and/or retain number of jobs |  |  |  |  |  |  |  |
| Increase revenue  |  |  |  |  |  |  |  |
| Increase export of products or services |  |  |  |  |  |  |  |
| Obtain new financing |  |  |  |  |  |  |  |
| Receive the award of contracts or subcontracts |  |  |  |  |  |  |  |
| Strengthen supply chain |  |  |  |  |  |  |  |
| Create or improve relationships or collaborations with companies and organizations |  |  |  |  |  |  |  |
| Enhance ability to spur economic development and support of the region and community |  |  |  |  |  |  |  |
| Other, please specify:  |  |  |  |  |  |  |  |

## Innovation Outcomes

The next two questions ask about innovation conducted or supported by your organization in connection with the cluster. Innovation is multifaceted and it’s important that we distinguish between direct and indirect innovation and the outcomes derived from direct innovation. The intent is to measure various types of innovation.

1. Did your organization conduct any innovation connected to the cluster and its mission? (*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*
1. (*If product and service, process, technological, or business innovation are endorsed above*) How many innovation outcomes did your organization achieve as a result of cluster participation?

|  |  |
| --- | --- |
|  | Number |
| Developed new products or services |  |
| Developed a proof of principal or functional prototype |  |
| Engaged in the third-party evaluation or validation of technology |  |
| Commercialized new technology |  |
| Obtained trademarks or brand registrations  |  |
| Licensed new technology |  |
| Filed patent(s) |  |
| Awarded patent(s) |  |
| Other, specify:  |  |

## Advancing Underserved Businesses

The next questions focus on whether partner organizations help advance equity among underserved small businesses within the ecosystem. Underserved populations include racial and ethnic minority, LGBTQ+, disabled, low-income, women, veterans, immigrants, and rural residents.

1. Does your organization have any focus/programming focus on underserved populations **in general**?
* Yes
* No
* Don’t know
1. Does your organization have any outreach focus on underserved populations **in general**?
* Yes
* No
* Don't know
1. (If Q21 and Q22 = Yes) Is your participation in the cluster part of your outreach and programming focused on underserved populations?
* Yes
* No
* Don’t know

## Suggestions for Cluster Activities

1. Please provide suggestions for improving trainings, events (including networking events), activities, and/or services provided or organized by ***{cluster name}***: \_\_\_\_\_\_\_\_\_\_\_
2. 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.