



Small Business Center Impact Survey

Survey Year 2014-2015



For Staff Use:

Dear Small Business Center Client:

Thank you for using the Small Business Center (SBC) at Beaufort County Community College. In order to maintain the quality of our services, we ask that you complete the survey below and return it by a stamped, addressed envelope **or** by fax to 252-946-5416 **or** return by email to lentzs@beaufortccc.edu. Your response is confidential and it is *vital to the continuation of the services* provided by the SBC.

Name: _____

Date: _____

<p>1. PLEASE LET US KNOW YOUR SATISFACTION WITH OUR COUNSELING AND/OR SEMINAR/WORKSHOP SERVICES:</p> <p> <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor </p>	<p>PLEASE LET US KNOW IF YOUR BUSINESS FITS INTO ANY OF THESE CATEGORIES:</p> <p> 16. _____ Is 8 (a) Certified 17. _____ Is MBE Certified 18. _____ Has SAM Registration 19. _____ Is Exporting Goods/Services </p>
<p>2. WOULD YOU USE OUR SERVICES AGAIN?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure </p>	<p>SOME OF OUR CLIENTS HAVE BEEN SUCCESSFUL IN OBTAINING CONTRACTS. IF YOU HAVE, PLEASE LET US KNOW ABOUT YOUR SUCCESS:</p>
<p>3. WOULD YOU RECOMMEND OUR SERVICES TO OTHERS?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure </p>	<p>20. Commercial/Private _____ # _____ Amount (\$)</p> <p>21. DOD Prime _____ # _____ Amount (\$)</p> <p>22. DOD Sub _____ # _____ Amount (\$)</p> <p>23. Federal Prime _____ # _____ Amount (\$)</p> <p>24. Federal Sub _____ # _____ Amount (\$)</p> <p>25. State Prime _____ # _____ Amount (\$)</p> <p>26. State Sub _____ # _____ Amount (\$)</p> <p>27. Local Prime _____ # _____ Amount (\$)</p> <p>28. Local Sub _____ # _____ Amount (\$)</p>
<p>If not Yes, please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>4. AS A RESULT OF RECEIVING ASSISTANCE FROM THE COMMUNITY COLLEGE SMALL BUSINESS CENTER, I:</p> <p> <input type="checkbox"/> Started a Business Date Opened: _____ <input type="checkbox"/> Stabilized a Business <input type="checkbox"/> Expanded a Business <input type="checkbox"/> Postponed Plans <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Closed Business </p>	<p>WHAT ADDITIONAL ASSISTANCE IS NEEDED?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>PLEASE TELL US ABOUT YOUR SUCCESS:</p> <p> 5. _____ Created a Business Plan 6. _____ Number of jobs created 7. _____ Number of jobs saved/retained 8. _____ % increase in gross sales or _____ Amount (\$) 9. _____ % increase in profit or _____ Amount (\$) 10. _____ Loan Application Submitted _____ Amount (\$) 11. _____ Loans Obtained _____ Amount (\$) 12. _____ SBA Loan Obtained _____ Type 13. _____ Owner Investment _____ Amount (\$) 14. _____ Other Capital Invested _____ 15. _____ Other _____ Amount(\$)_ _____ Type </p>	<p>OTHER COMMENTS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Would you be interested in participating in a Small Business Roundtable?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>

Equal Opportunity Affirmative Action Employer