



Company Name: _____ Date: _____

The Idaho Small Business Development Center ("SBDC") is pleased to have assisted you. Our stakeholders require that we demonstrate the impact of our work to secure the funding necessary to provide no-cost services. As such, this survey is critical.

All of this information is and will remain confidential. We use it collectively (while keeping individual information anonymous) to inform our funding partners of the impact of our services.

If the Idaho SBDC assistance provided to you was helpful, please complete the relevant fields below.

Since January: _____

Did you start, buy, or sell your business?

Started Business Date: _____ Value: \$ _____
Bought Business Date: _____ Value: \$ _____
Sold Business Date: _____ Value: \$ _____

Business Type:

- ___ Sole Proprietorship
- ___ Partnership
- ___ Corporation
- ___ S Corp
- ___ LLC

Sales Growth YTD: _____

Number of employees to date:

Date: _____

Full-Time: _____
Part-Time: _____

Did you receive a loan, grant, credit, or investment in your business?

| | | | |
|---------------|----------|------------------|----------|
| Bank | \$ _____ | Owner Investment | \$ _____ |
| Micro Loan | \$ _____ | Angel Investment | \$ _____ |
| SBA Loan | \$ _____ | Venture Capital | \$ _____ |
| Online lender | \$ _____ | Credit Card | \$ _____ |
| Other | \$ _____ | Grants | \$ _____ |

Total Amount: \$ _____ (add all amounts)

Client Signature: _____ Date: _____