



Small Business
Development Centers

Economic Impact Survey

Ohio Small Business Development Center at Wright State University



Funded in part through a
cooperative agreement with SBA

PART I: CLIENT INFORMATION:

1. Client Name (last, First, MI):	Client #:	2. Company Name:
3. Email Address:		

Updated Client Information ONLY In 3 through 13

3. Telephone: Primary: _____ Secondary: _____		4. Fax Number:		
5. Street Address/P.O. Box:		6. City:		7. State:
		8. Zip Code:	9. Zip +4:	
10. Is the client currently in business: <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Month & Year Business Started:	12. Total No. of Employees: (full & PT)	13. As of the most recent counseling date and for the most recent year, what are the client's annual: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____	

PART II: ECONOMIC IMPACT:

16. Milestone:	<input type="checkbox"/> Jobs Created – How many? _____ Date: _____	<input type="checkbox"/> Export Sales – How much? _____ Date: _____
<input type="checkbox"/> Bought Business Date: _____	<input type="checkbox"/> Jobs Retained – How many? _____ Date: _____	<input type="checkbox"/> Success Story? Date: _____
<input type="checkbox"/> Business Expansion Date: _____	<input type="checkbox"/> Change in Profits - \$ Amount _____ Date: _____	<input type="checkbox"/> Other: _____ Date: _____
<input type="checkbox"/> Sold the Business Date: _____	<input type="checkbox"/> Change in Sales - \$ Amount _____ Date: _____	
<input type="checkbox"/> Started Business Date: _____	<input type="checkbox"/> Began Exporting? Date: _____	<input type="checkbox"/> Changed Legal Form Date: _____
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Corporation	<input type="checkbox"/> S-Corporation
	<input type="checkbox"/> LLC	<input type="checkbox"/> Other

PART III: CAPITAL FORMATION:

17. Capital Formation:		
<u>DEBT FINANCING</u>	<u>EQUITY FINANCING</u>	<u>OTHER</u>
<input type="checkbox"/> Commercial (Bank) Loan \$ Amount _____ Date: _____	<input type="checkbox"/> Owner Investment \$ Amount _____ Date: _____	<input type="checkbox"/> Technology Tax Credit \$ Amount _____ Date: _____
<input type="checkbox"/> Line of Credit \$ Amount _____ Date: _____	<input type="checkbox"/> Venture Capital \$ Amount _____ Date: _____	<input type="checkbox"/> Federal Tax Credit \$ Amount _____ Date: _____
<input type="checkbox"/> SBA Loan \$ Amount _____ Date: _____	<input type="checkbox"/> Owner Investment \$ Amount _____ Date: _____	<input type="checkbox"/> State Tax Credit \$ Amount _____ Date: _____
<input type="checkbox"/> Other Federal Loan \$ Amount _____ Date: _____	<input type="checkbox"/> Owner Investment \$ Amount _____ Date: _____	<input type="checkbox"/> SBIR \$ Amount _____ Date: _____
<input type="checkbox"/> State Loan \$ Amount _____ Date: _____		<input type="checkbox"/> Cost Savings \$ Amount _____ Date: _____

18. Notes:

The results indicated above can be attributed to the assistance received from the Ohio SBDC and/or Business Advisor at Wright Staate University.

Client Signature:	Date:
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Original 03/15/2011

Please provide the Ohio SBDC feedback on your current needs.

I would like assistance to: (circle all that apply)

Prepare my company for exporting

Improve Cash Flow

Assess operational efficiency of my company

Access additional capital for my company

Schedule another 1-on-1 counseling session