



## SBDC Impact Evaluation

Since your last visit we would like to update your Business Information

**Through the assistance of the SBDC and since your last visit have you:**

Started your Business (Legal Name) \_\_\_\_\_ Date \_\_\_\_\_

Current FT \_\_\_\_ Current PT \_\_\_\_

Jobs Retained FT \_\_\_\_ PT \_\_\_\_

Explain: \_\_\_\_\_

Director Use Only	
Center IC FT _____	Center IC PT _____
Created FT _____	Created PT _____
Center IC FT _____	Center IC PT _____
Retained FT _____	Retained PT _____
Increased Sales \$ _____	

Obtained a Loan: \$ \_\_\_\_\_ If SBA Loan Type: 504 7a other

Invested Your Own Capital: \$ \_\_\_\_\_

Other Capital Investment: \$ \_\_\_\_\_ Explain: \_\_\_\_\_

Current Sales: \$ \_\_\_\_\_

Awarded a Contract: \$ \_\_\_\_\_

Contract Type: Commercial/Private DOD Prime DOD Sub Federal Prime  
Federal Sub State Prime State Sub Local Prime Local Sub

Client Name \_\_\_\_\_

Client Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Counselor \_\_\_\_\_

*Thank you for taking the time to fill out this evaluation.*

*We encourage you to return to the SBDC to receive confidential, one-on-one counseling services. Revised 2/4/2013*

*Gray Area Reserved for Director*