

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

and the salary charged? \_\_\_\_\_

(d) Employee & supervisor signed the T&E reports? \_\_\_\_\_

**Federal  
Funds**

**Match  
Funds**

(insert ✓if OK)

(e) Contains a certification to correctness? \_\_\_\_\_

(f) Leave reports are reconciled to institutional records? \_\_\_\_\_

(g) Reference to the SBA project,  
either by account number or title? \_\_\_\_\_

Exceptions Noted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Review of expenditure documents**

a) Expenditures comply with OMB Cost Circulars  
Section J. of A-21 \_\_\_\_\_

Exceptions Noted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Clear descriptions and benefit \_\_\_\_\_

c) Cost splits reasonable \_\_\_\_\_

d) Mileage logs include purpose of trip \_\_\_\_\_

e) Budget classifications correct \_\_\_\_\_

f) Expenditures approved by center director \_\_\_\_\_

g) Expenditures within proper grant period \_\_\_\_\_

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Exceptions Noted:

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**4. Review of misc. administrative functions**

**YES**                      **NO**  
(insert ✓ as appropriate)

- a) Fringe Benefits - institutional supporting documentation available?
- b) Long distance records are retained in dept. and reconciled to institutional records?

_____	_____
_____	_____

**In-Kind Expenditures**

- a) Furniture / equipment – fully depreciated?
- b) Time and effort reflected on time sheets? and tie back to salary documentation?
- c) Duplication of costs included in IDC pools? (if applicable)
- d) Other In-kind documentation acceptable? (auditable detail?)

_____	_____
_____	_____
_____	_____
_____	_____

Exceptions Noted:

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**6. Program Income**

**YES**                      **NO**  
(insert ✓ as appropriate)

- a) Separate account established?
- b) All program income returned?
- c) Ledger totals for expenses and balances match Prog. Income as reported to UH?

_____	_____
_____	_____
_____	_____

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- d) Reconciliation process in place to ensure income totals receipts and that all deposits are received? \_\_\_\_\_

Exceptions Noted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Management**

**YES**  
**(insert ✓ as appropriate)**

**NO**

- |   |       |       |
|---|-------|-------|
| (a) Equipment purchased listed in budget or letter of approval on file? | _____ | _____ |
| (b) Reviewed property inventory listing?                                | _____ | _____ |
| (c) Spot check of inventory to actual ok?                               | _____ | _____ |
| (d) Computers (high-risk, non-capital assets) inventoried?              | _____ | _____ |

Exceptions Noted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Indirect Costs ( F&A Costs)**

- |   |       |       |
|---|-------|-------|
| (a) Recent Indirect Cost proposal available for review? | _____ | _____ |
| (b) Duplication of direct costs in F&A costs?           | _____ | _____ |

**Review of Written Institutional Policies – Adequacy and Adherence**

- |                   |       |       |
|-------------------|-------|-------|
| a) Compensation   | _____ | _____ |
| (b) Purchasing    | _____ | _____ |
| (c) Cash Handling | _____ | _____ |
| (d) Travel        | _____ | _____ |

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(e) Property Management

\_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**APPENDIX K: Minimum Definitions for Economic Impact**  
(Adopted by California SBDC program in CY2011.)

**Awards and Contracts**

Awards and contracts are tracked for varying purposes. Awards are not counted in Sales, Jobs, or Investment categories in WebCATS. Income from awards and contracts **should be recorded as increase in sales as it occurs.**

**Businesses Created**

As computed by EDMIS, a business start-up is deemed as being created as a result of ongoing center assistance if at any previous session (the client was not "in business," and at a subsequent session or update (in the fiscal year being reported) was "in business".

A client is in business when they have completed required registration(s), if applicable, with the local, state, and/or Federal government (e.g., DBA registration, get a business license, agency issued tax identifications, etc.) AND have documented transactions from the sale of a product or professional or personal service for the purpose of gain or profit

Other criteria for being in business may include;

- Has contracted for or compensated an employee(s) or independent contractor(s) to perform essential business functions;
- Has acquired debt or equity capital to pursue business operations (e.g., to purchase inventory, equipment, building, business, etc.); or
- Has incurred business expenses in the operation of a business.

It is critical to ensure new clients **Date Established** is correctly entered into WebCATS as the date they **met** the criteria above. No date should be entered until they **do** meet those criteria. Entering a date established will prompt the user to allow the system to create a business started milestone, and creating a new business started milestone record will prompt the user to allow the system to enter a date established in the client record. The answer in both cases should be **yes.**

**Change in Staff**

*Change in Staff* and *Jobs Created* both roll up to *Jobs Created*.

*Change in Staff* is a confusing legacy milestone and misunderstanding can detract from center's *Jobs Created*. We have discontinued it's use.

**Increase in Sales**

Record *increases* only.

*Record increases in sales for the current period over previous like period.*

Report no more than *quarterly*.

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Continue recording increases for as long as the SBDC continues providing *any* counseling to that client.

Sales increases are aggregate numbers. The new value is the **new total** number, and the initial value is where you started. For example if a client has annual sales and tells you sales are up 10,000 in the first quarter over last year it is reported like this; **Sales increase 110,000 starting value = 100,000**. Initial values should auto populate from the client record. Mistakes can result in negative milestones.

Examples of SBDC counseling that may result in an increase in sales;

- Develop a marketing plan or advise on advertising
- Assist client in preparing a business plan to start a business
- Assist an existing business with a business acquisition resulting in an increase in sales
- Obtain financing to expand existing business
- Export actions
- Obtain government contract
- Barter

### **Jobs Created**

May be full or part time

Owner's job counts as one, unless the owner isn't working the business

A job is created if our services help someone create a job that wasn't in existence before

Job increases are aggregate numbers. The new value is the **new total** number, and the initial value is where you started. For example if a client has 2 jobs and reports 2 new ones it is reported like this; **jobs= 4 and initial jobs= 2**. Initial values are recorded (and kept updated) in the client record. Mistakes can result in negative milestones.

Examples of SBDC counseling that may result in jobs created;

Assist in starting a business

Business expansion

Assist an existing business with a business acquisition resulting in an increase in employees

Assist business in increasing Sales

### **Jobs Retained**

Job Retention is jobs that would have been eliminated due to downsizing or closure. A milestone resulting from jobs retained should never be double-counted as a jobs created. It is important to identify that jobs are at risk as part of the client assessment. In addition, identify as at-risk in your Scope of Work (SOW) and select jobs retained as a potential outcome of the

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SOW. If you're in the middle of a SOW and it becomes apparent that the business is at-risk, document in your session notes and revise the SOW.

Here are some criteria you can use to identify at-risk businesses;

- A looming potential for layoffs
- Can't make payroll
- Behind on loan payments
- Behind on payables
- Behind on rent
- Any apparent significant negative change in cash flow
- Client facing imminent decline in sales for any reason
- Client is or will be facing new or increased competition
- Detrimental changes in COGS
- Company is disaster-struck (i.e. fire, flooding, unexpected facility or equipment loss, etc.)
- Transitional hardships for the business such as change in ownership causing financial stress
- Unmanageable budget deficit

Others – please identify in session notes if you determine the client's business to be “at risk” for any other reason not listed here

If the business remains at-risk from one year to another, jobs are considered to be retained in the new year and until the business is turned around and should be reported as jobs retained each year until the business stabilizes. The same job should not be counted as retained for more than 3 years. If the business has not stabilized after this time SBDC resources may be better utilized elsewhere.

Examples of SBDC counseling that may result in job retention;

- Improve cash flow of the business by increasing Sales, improving profitability, reducing expenses, improved accounts receivable collections, or reducing bad debts
- Obtain financing, but only in instances where additional capital enabled the business to increase sales, cash flow or profitability
- Provide overall management assistance

### **Capital Infusion**

Capital infusion includes all forms of debt and investments from all sources (i.e., lines of credit, consumer debt products used specifically for the business, angel investors, owner's capital contributions, etc.). Credit lines and other revolving debt facilities/instruments are to be recognized for the full amount of the line of credit when established and not to be based on individual draw-downs.

It is an aggregate total of the following:

- Dollar amount of SBA loans
- Dollar amount of non-SBA loans
- Dollar amount of equity capital (to include private investment)

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**Reporting Capital Infusion**

Capital infusion will be tracked throughout each year. Capital infusion is the aggregate amount of total SBA Loans, total non- SBA loans, and total Equity Capital Received. Capital infusion shall be reported in WebCATS as it occurs, and uploaded to EDMIS on a quarterly basis.

Examples of SBDC counseling that may result in capital infusion;

- Assist client in preparing a business plan
- Assist client in preparing financial projections
- Provide analysis & guidance in obtaining capital. This includes obtaining a business loan, line of credit, equipment leasing, Accounts Receivable financing, export financing, personal & home equity loans, venture capital, and other equity investments.

**Milestones**

Milestones are business results tracked and recorded in the normal course of case management by the Business Advisors and entered into WebCATS. Clients should be willing to attest any milestone recorded was accomplished with some assistance from SBDC services. There should also be evidence in the session notes and activity that the milestone represents results based on counseling in that subject. Do not invest time recording negative milestones

**APPENDIX L: SBDC Center Closeout Action Plan**

<b>Action Steps</b>	<b>Description</b>	<b>Submission Deadline</b>	<b>Date Submitted/ Completed</b>
Transfer of Client Files to Lead Center	All SBDC Active/Inactive Files from the past three (3) years are to be transferred to the Lead Center.		
Complete List of Equipment and Other Property <ul style="list-style-type: none"><li>• <i>Appendix R: SBDC List of Equipment and Other Property</i></li></ul>	Please complete the provided spreadsheet for all equipment and supplies obtained for the SBDC.  Include quarter and year of purchase.  Use original purchase price in "value" column.		
Transfer of Equipment and Other Property to Lead Center or Designee	Equipment and other Property accumulated all years since the inception are to transfer to the Lead Center.		
Complete List of Intellectual Property,	Please complete the provided spreadsheet.		



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Curriculum and other SBDC Materials <ul style="list-style-type: none"> <li>• <i>APPENDIX N: SBDC Service Center Closeout List of Intellectual Property</i></li> </ul>			
Transfer of Intellectual Property to Lead Center or Designee	<p>Intellectual Property developed in all years since inception are to transfer to the Lead Center.</p> <p>For curriculums, provide electronic copies of marketing materials, handouts, slide decks, power points, presenter notes and supporting documents used for each training. Where none exist, please provide an explanation.</p>		
Complete List of Contracts, Programs and Partnerships <ul style="list-style-type: none"> <li>• <i>APPENDIX O: SBDC Service Center Closeout List of Contracts, Programs and Partnerships</i></li> </ul>	<p>All contracts, partnerships and sponsorship arrangements that have been made directly with the SBDC and/or have gone toward supporting programs, marketing, administration or operations of the SBDC are to be listed for the Center since host institution began its involvement with the program.</p> <p>This includes both cash and in-kind match <b>and</b> all funding that was not included in SBA reported match but that went toward SBDC operations in any manner.</p> <p>This list should be inclusive for the past three (3) years of operation.</p>		
Transfer all Contracts, Partnership Agreements, Sponsorship Agreements and MOUs to Lead Center or Designee	<p>Copies of all contracts, agreements, MOUs must be provided. Where no formal written document was recorded, please provide supporting emails and/or materials that represent the partnership(s) if any money was received by the SBDC and/or by the host institution on behalf of the SBDC.</p>		

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<p>Complete and send to Lead Center the List of SBDC Advisors and Stakeholders</p> <ul style="list-style-type: none"> <li>• <i>APPENDIX Q: Closeout List of Advisors and Stakeholders</i></li> </ul>	<p>Include both current and past Advisory Board Members.</p> <p>Include relevant contacts from local jurisdictions worked with.</p> <p>Include corporate contacts that have sponsored activities of the SBDC and/or participated in panels, forums or other programs of the SBDC.</p>		
<p>Program Income Detailed Report</p> <ul style="list-style-type: none"> <li>• <i>APPENDIX S: SBDC Fiscal Reports and Billing Templates</i></li> </ul>	<p>The SBDC Lead Center will use the most current Program Income Report to be submitted by the host institution as the Closeout Program Income Report.</p>		
<p>Transfer of Program Income to Lead Center</p>	<p>Please issue a check of the program income balance as of the effective termination date to California State University, Fullerton Auxiliary Services Corporation.</p>		
<p>Final Neoserra Data Upload</p>	<p>Neoserra passwords granted to employees and contractors will be disabled on [effective date of termination]. If there is a need to extend Neoserra access to specific named individuals in order to complete Neoserra data entry, special arrangements can be made.</p> <p>The host organization is accountable for complete Neoserra data upload. All paid consultant hours will be cross-referenced between invoices and Neoserra by the Lead Center to ensure complete and accurate final upload.</p>		
<p>Complete Closeout Program Narrative Report</p>	<p>Format for this report is attached. Please note that the format for this report is different than quarterly progress reports submitted by the</p>		

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<ul style="list-style-type: none"> <li><b>APPENDIX P:</b> <i>Closeout Program Narrative Report</i></li> </ul>	<p>Center and replaces the normal year-end report that is submitted for a continuing center.</p> <p>Please be complete in response to all elements of the attached format.</p>		
<p>Closeout Fiscal Reports and Billing</p> <ul style="list-style-type: none"> <li><b>APPENDIX S:</b> <i>SBDC Fiscal Reports and Billing Templates</i></li> </ul>	<p>Format for this report is attached.</p> <p>No expenses will be reimbursed that are incurred after the effective termination date.</p> <p>Copies of backup documentation supporting general ledger journal entries must be submitted along with general ledger and invoice summary.</p>		
<p>Stakeholder and Client Notifications</p>	<p>Referring clients requesting services to the new SBDC host upon the termination date, i.e. web page, telephone communications.</p>		

**APPENDIX N: SBDC Service Center Closeout List of Intellectual Property**

**SBDC Service Center:**

Physical Address:

**Person Completing Form:**

Date of Completion:

I have reviewed the list of intellectual property provided below and find it to be an accurate and complete record of all intellectual property developed by and for the SBDC Service Center and donated to the SBDC Service Center.

**Host Authorized Signature:**

Name:

Title:

**Instructions:** Please provide a complete listing of intellectual property developed by, on behalf of, purchased by or donated to the SBDC Service Center during its operation. Provide the quarter and year of development/purchase/donation and the value at that time. Please note whether each item was used to generate program income and if so, the total amount of program income generated per year of use. The final column to the right will be completed by the Lead Center upon receipt of all Intellectual Property.

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Categories/ Items	Description	Developmental Costs/ Dollars invested	How was the IP used?	Program Income generated, by year from IP	Date Developed/ Acquired	Source of Funds Used	Most recent update/modification
<u>Training Curriculum</u>							
<u>Handouts and Client Materials</u>							
<u>Trademarks, Copyrights, Patents</u>							
<u>Other</u>							

I have reviewed the list of intellectual property detailed above and find it to be an accurate and complete record of items received by the Orange County/Inland Empire SBDC Lead Center on behalf of California State University, Fullerton Auxiliary Services Corporation. Any discrepancies from the typed document and what was transferred have been initialed by the Host and Lead Center representatives at the time of transfer.

**Lead Center Authorized Signature:**

Name:

Title:

## APPENDIX O: SBDC Service Center Closeout List of Contracts, Programs and Partnerships

**SBDC Service Center:**

Physical Address:

**Person Completing Form:**

Date of Completion:

I have reviewed the list of Contracts, Programs and Partnerships provided below and find it to be an accurate and complete record of all Contracts, Programs and Partnerships of the SBDC hosted by the [Host Institution Name].

**Host Authorized Signature:**

Name:

Title:

**Instructions:** Please provide a complete listing of all contracts, partnerships, MOUs and other collaborations that resulted in a contribution of money and/or in-kind donations (including contributed promotions, free speakers, and other donations) to the SBDC or Host Institution on behalf of the SBDC over the duration of the relationship. As appropriate, note multiple contract years and dollar/in-kind amounts per year.

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List of Agreements: With Whom SBDC and/or Host Institution partnered with?	Description of Partnership/ Agreement	Financial Contribution Amount (or In-Kind Donation)	Start & End Dates	Amount (if any) documented as match to SBA funding.	Quarter and Year of SBA match	Any outstanding obligations as of 12/31/11 ?	Contact Info (name, phone, email)	Reviewed by Lead Center
<u>Corporate Contracts/ Partnerships/ Agreements</u>								
<u>Jurisdictional Contracts/ Partnerships/ Agreements</u>								
<u>Federal and State Government Contracts/ Partnerships/ Agreements</u>								
<u>Other</u>								

I have reviewed the list of contracts, programs and partnerships detailed above and have cross referenced it with the physical documents (contracts, partnership agreements, MOUs, etc.) provided to the Lead Center. My initials above and my signature below indicate consistency between the list provided and the supporting documents provided.

Lead Center Authorized  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

## APPENDIX P: Closeout Program Narrative Report

### I. Information about 2011 Operations

#### A. Highlights for the entire year of 2011

- Please include information about major events and new partnerships.
- Please include an analysis of contractual milestones (service and economic impact) and commentary on any shortcomings)

#### B. A description of resources developed by the SBDC in 2011.

#### C. Two polished Client Success Story using standard formatting.

#### D. SBDC major activities that fall into any of the below SBA categories:

- ONLY major items within these categories.

- 0100 ADVOCACY
- 0200 CAPITAL FORMATION
- 0300 INNOVATION AND TECHNOLOGY TRANSFER
- 0400 INTERNATIONAL TRADE
- 0500 MINORITY SMALL BUSINESS DEVELOPMENT
- 0600 RESOURCE DEVELOPMENT
- 0700 PROCUREMENT
- 0800 SPECIAL EMPHASIS GROUPS
- 0900 ECONOMIC DEVELOPMENT
- 1000 RESEARCH
- 1100 OTHER ACTIVITY

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- 1200 SUCCESS STORIES
- 1300 TRAVEL
- 1400 PROBLEMS
- 1500 FINANCIAL REPORTS
- 1600 WOMEN-OWNED BUSINESSES
- 1700 ECONOMIC IMPACT
- 1800 VETERANS AND RESERVISTS
- 1900 MANUFACTURING
- 2000 ONLINE ACTIVITY

**II. Closeout Information About the Center**

- A. A short description of SBDC's history under the departing host's leadership, including major accomplishments and challenges, by year, since the Center's inception.
- B. Overall observations, difficulties encountered, and recommendations for improving SBDC services and operations going forward.
- C. Copies of major media exposure of Center and SBDC Clients.

**III. Outstanding Obligations**

- A. All in-process counseling cases (clients with in-process Scopes of Work)
  - a. Indicate the name of the client, the WebCATS I.D. number for the business and the consultant who has most recently worked with that client.
- B. All in-process/already calendared trainings and events
  - a. Include a description of each, any partners/sponsors involved, any trainers who have already been assigned and other relevant information
- C. All other in-process and/or incomplete projects and programs that may continue forward under new leadership of the center and/or need to be renegotiated by the Lead Center/ new host going forward.
  - a. Include conversations held with potential funding partners that have not yet materialized, but that were potentially going to materialize in 2012.

**APPENDIX Q: Closeout List of Advisors and Stakeholders**

**SBDC Service Center:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Person Completing Form:** \_\_\_\_\_

**Date of Completion:** \_\_\_\_\_

I have reviewed the list of Advisors and Stakeholders provided below and find it to be an accurate and complete of all Advisors and Stakeholders of the Center.

**Host Authorized Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

*Instructions: Please provide a complete listing of all Advisors and Stakeholders who worked closely with the Center or Host on behalf of the Center. This list should include individuals who contributed expertise, contacts money and other support to the Center since it's inception.*

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NAME	ORGANIZATION	TITLE	PHONE	EMAIL	STREET ADDRESS	CITY	STATE	ZIP	Month/Year of Last Communication with this Person
<u>Board of Advisors</u>									
<u>Corporate Advisors/ Stakeholders</u>									
<u>Host Advisors/ Stakeholders</u>									
<u>Other</u>									

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**Appendix R: SBDC List of Equipment and Other Property**

**SBDC Service Center:**

Physical Address:

**Person Completing Form:**

Date of Completion:

I have reviewed the list of equipment and other property provided below and find it to be an accurate and complete record of items purchased and/or donated for use by the SBDC Service Center hosted by the [Host Institution Name].

**Host Authorized Signature:**

Name:

Title:

**Instructions:** Please provide a complete listing of equipment and other property purchased by or donated to the SBDC Service Center during its operation. Provide the quarter and year of purchase/donation and the value at that time. Any item with a purchase price/ value of \$500 or more at the time of purchase or donation should be included in this list. If there are multiple units of a particular item, please list each unit individually. The final column to the right will be completed by the Lead Center upon receipt of all Equipment and Other Property.

Categories/ Items	Description	Serial/ID Number	Listing of Software installed if CPU	Price/ Value Each	Date Acquired	Source of Funds Used	Current Location	Useful Life (Yrs)
<u>Computers/ installed software</u>								
<u>Un-installed Software</u>								
<u>Monitors</u>								
<u>Furniture</u>								
<u>Phones/speakers/projectors</u>								
<u>Other</u>								
<u>Accounts</u> Center Paypal Center Domain Web Host	Web Address	Account Name	Admin User Name	Admin PW				

I have reviewed the list of equipment and other property detailed above and find it to be an accurate and complete record of items received by the Orange County/Inland Empire SBDC Lead Center on behalf of California State University, Fullerton Auxiliary Services Corporation. Any discrepancies from the typed document and what was transferred have been initialed by both the Center Host and Lead Center representatives at the time of transfer.

**Lead Center Authorized**

**Signature:**

Name:

Title:

**APPENDIX S: SBDC Fiscal Reports and Billing Templates**



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<b>Expenditure Summary and Payment Request Form</b>		<b>CASH MATCH</b>
<b>Contract Number: SBDC</b>		
<b>Grantee Name:</b>	Host Institution Name	
	SBDC Service Center Name	
<b>Reporting Period:</b>	Date Range of report	
<b>Request Number:</b>	0	
<b>Fund Source:</b>	CASH MATCH	

MATCH SOURCE	PROPOSED	RECEIVED	BALANCE
Please list all sources of Cash Match funding and the amount(s) per source.			
Inland Empire SBDC	\$0	\$0	\$0

List all costs in these categories. If this information is not received with reimbursement request, your reimbursement will be delayed until this form is completed.

**LIST ALL LINE ITEMS FROM BUDGET.**

Cost Categories	Approved Contract Budget	Year to Date Expenditures (Prior Request)	Expenses Incurred This Report	Line#	Total Year to Date Expenditures
<b>Personnel - Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>
Director	0.00	0.00	0.00	CMP.1	0.00
Contracts Manager	0.00	0.00	0.00	CMP.2	0.00
Lead Counselor	0.00	0.00	0.00	CMP.3	0.00
Counselor	0.00	0.00	0.00	CMP.4	0.00
Counselor/Biznet	0.00	0.00	0.00	CMP.5	0.00
Staff Accountant	0.00	0.00	0.00	CMP.6	0.00
Admin. Assistance	0.00	0.00	0.00	CMP.7	0.00
					0.00
<b>Fringe Benefits</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>
Fringe Benefits %	0.00	0.00	0.00	CMF.1	0.00
					0.00
<b>Travel - Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>
In-State	0.00	0.00	0.00	CMT.1	0.00
					0.00
<b>Equipment-Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>
Equip/Program Technology	0.00	0.00	0.00	CME.1	0.00
					0.00
<b>Supplies-Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>
Gen Office/Operational	0.00	0.00	0.00	CMS.1	0.00
					0.00
<b>Contractual-Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>
Workshops/Training	0.00	0.00	0.00	CMC.1	0.00
Client Counseling	0.00	0.00	0.00	CMC.2	0.00
Other Contractual Services	0.00	0.00	0.00	CMC.3	0.00
					0.00
<b>Consultants-Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>
Special Projects	0.00	0.00	0.00	CMC.4	0.00
					0.00
<b>Other-Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>
Employee Development	0.00	0.00	0.00	CMO.1	0.00
Client Resource Library	0.00	0.00	0.00	CMO.2	0.00
Outreach/Advertising	0.00	0.00	0.00	CMO.3	0.00
Facilities Operations	0.00	0.00	0.00	CMO.4	0.00
Telecommunications	0.00	0.00	0.00	CMO.5	0.00
Postage	0.00	0.00	0.00	CMO.6	0.00
Printing	0.00	0.00	0.00	CMO.7	0.00
Other	0.00	0.00	0.00	CMO.8	0.00
					0.00
<b>Total Direct</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>

Certification: I hereby certify that all expenditures from these project funds are for approved project costs only. Further, I certify that supporting documentation on actual expenditures is on file in our office.

Center Director	Date	Date Prepared
Preparer		

## ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES &amp; PROCEDURES

Expenditure Summary and Payment Request Form  
Contract Number: SBDC

IN-KIND MATCH

Grantee Name: Host Institution Name  
SBDC Service Center Name  
Reporting Period: Date Range of report  
Request Number: 0  
Fund Source: IN-KIND MATCH  
0

MATCH SOURCES			BALANCE	
Please list all sources of Cash Match funding and the amount(s) per source.				
		\$0	\$0	\$0

List all costs in these categories. If this information is not received with reimbursement request, your reimbursement will be delayed until this form is completed.

## LIST ALL LINE ITEMS FROM BUDGET.

Cost Categories	Approved Contract Budget	Year to Date Expenditures (Prior Request)	Expenses Incurred This Report	Total Year to Date Expenditures
<b>Personnel - Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00
<b>Fringe Benefits</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Fringe Benefits %	0.00	0.00	0.00	0.00
<b>Travel - Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
In-State Travel Match	0.00	0.00	0.00	0.00
<b>Equipment-Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Equip/Program Technology	0.00	0.00	0.00	0.00
<b>Supplies-Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Gen Office/Operational	0.00	0.00	0.00	0.00
<b>Contractual-Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Workshops/Training	0.00	0.00	0.00	0.00
Client Counseling Match	0.00	0.00	0.00	0.00
Other Contractual Match	0.00	0.00	0.00	0.00
<b>Consultants-Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Special Projects	0.00	0.00	0.00	0.00
<b>Other-Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Client Resource Library	0.00	0.00	0.00	0.00
Outreach/Advertising	0.00	0.00	0.00	0.00
Facilities Operations	0.00	0.00	0.00	0.00
Telecommunications	0.00	0.00	0.00	0.00
Postage	0.00	0.00	0.00	0.00
Printing	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00
<b>Total Direct</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Indirect</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Charges</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

Certification: I hereby certify that all expenditures from these project funds are for approved project costs only. Further, I certify that supporting documentation on actual expenditures is on file in our office.

Center Director

Date

Date Prepared

Preparer

## ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES &amp; PROCEDURES

## SF2113 / PROGRAM INCOME

Contract Number: SBDC

<b>HOST INSTITUTION</b>	Host Institution Name _____	<b>PERIOD</b>	Date Range of report _____
	SBDC Service Center Name _____		

1) Net Program Income Carried Forward From the Prior Year(s) \$ 0.00

## 2) Current Year Gross Program Income

Reporting Period:	Date Range of report		
SOURCE	PRIOR ACCUM.	CURRENT ACCUM.	CURRENT YTD ACCUM.
Training	0.00	0.00	0.00
Sales of Books etc	0.00	0.00	0.00
Advertising	0.00	0.00	0.00
Research Work	0.00	0.00	0.00
Trade Shows	0.00	0.00	0.00
Other (Describe):	0.00	0.00	0.00
Computer Use	0.00	0.00	0.00
Conference Room Rental	0.00	0.00	0.00
Loan repayment	0.00	0.00	0.00
Copier Use	0.00	0.00	0.00
			0.00
			0.00
			0.00
<b>TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

TOTAL CURRENT YEAR PROGRAM INCOME \$ 0.00

## 3) Current Year Program Income Expenditures

Reporting Period:	Date Range of report		
EXPENSE CATEGORY	PRIOR EXPEND.	CURRENT EXPEND.	CURRENT YTD EXPEND.
Personnel	0.00	0.00	0.00
Fringe	0.00	0.00	0.00
Consultants	0.00	0.00	0.00
Subcontracts	0.00	0.00	0.00
Travel	0.00	0.00	0.00
Equipment	0.00	0.00	0.00
Supplies	0.00	0.00	0.00
Loan to SBDC	0.00	0.00	0.00
Loan to SBRC	0.00	0.00	0.00
Workshop change	0.00	0.00	0.00
<b>TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

TOTAL CURRENT YEAR PROGRAM EXPENDITURES \$ 0.00

4) Current Year Net Income (2-3) \$ 0.00

5) Net Program Income Carried Forward to Following Year (1+4) \$ 0.00

## 6) Narrative Description of how program income was used to further program objectives.

--------------

I certify that this report is true in all respects and that all disbursements have been made in accordance with current SBA requirements. I further certify that this institution maintains working papers supporting these figures.

NAME and TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_ Date Prepared

Preparer \_\_\_\_\_

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

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**APPENDIX T: Annual Renewal Proposal Template**



**Orange County / Inland Empire SBDC Network  
Renewal Proposal Template**

**Prepared By: [Director Name], SBDC Director**

**Date:**

**Address:**

**Website:**

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

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<b>ORGANIZATION STRUCTURE .....</b>	<b>zz</b>
<b>PROGRAM OBJECTIVES .....</b>	<b>zz</b>
100 ADVOCACY .....	aaa
200 CAPITAL FORMATION.....	aaa
300 INNOVATION AND TECHNOLOGY TRANSFER .....	aaa
400 INTERNATIONAL TRADE .....	aaa
500 MINORITY SMALL BUSINESS DEVELOPMENT .....	aaa
600 RESOURCE DEVELOPMENT .....	bbb
700 PROCUREMENT .....	bbb
800 SPECIAL EMPHASIS GROUPS .....	bbb
900 ECONOMIC DEVELOPMENT, FAITH BASED AND COMMUNITY INITIATIVES.....	bbb
1000 RESEARCH .....	ccc
1100 OTHER ACTIVITY .....	ccc
1200 SUCCESS STORIES .....	ccc
1300 TRAVEL .....	ccc
1400 PROBLEMS .....	ccc
1500 FINANCIAL REPORTS .....	ccc
1600 WOMEN-OWNED BUSINESSES .....	ccc
1700 ECONOMIC IMPACT .....	ccc
1800 VETERAN AND SERVICE CONNECTED-DISABLED VETERAN -OWNED BUSINESSES, RESERVISTS ON ACTIVE DUTY AND OTHER RESERVE COMPONENT MEMBERS OF THE U.S. MILITARY .....	ddd
1900 MANUFACTURING.....	ddd
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<b>PERSONNEL RESUMES.....</b>	<b>eee</b>
<b>OTHER FUNDS.....</b>	<b>eee</b>

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## **PROGRAM MANAGEMENT**

Provide a brief summary describing:

1. The service area of the Service Center;
2. The methodology and justification for the service area resources distribution using, but not limited to, multiple factors such as population or business census, population/counselor distribution formulas, etc.);
3. Correlation of resource distribution to needs assessment studies; and
4. The management and coordination of the SBDC throughout the area being served.

If applicable, describe plans for the addition of any new programs. As part of the management strategy, describe the staffing plan including management strategy for vacancies (interim measures and acceptable vacancy timeframes), general staffing policy as it pertains to key personnel, desirable client wait time for counseling assistance and changes you anticipate making in the coming year.

## **ON-LINE CLIENT SERVICES**

It is incumbent on all Federal Government agencies to increase use of available technology to improve services and streamline operations. The continued expansion and use of technology in all sectors of commerce today is creating new opportunities as well as placing increased demand on the SBDC program to provide greater access to services through web-based technology. SBA views the use of web-based technology as a means to increase outreach within existing budgets, access populations or areas otherwise difficult to reach, and offer services 24/7 when appropriate. Providing clients with tools and access to information on-line, should provide greater flexibility for SBDC counselors to provide counseling and other one-on-one activities with clients.

Submit a project plan which uses web-based technology for direct client service delivery. As part of the proposal narrative, applicants should describe how on-line service delivery is incorporated into their overall service delivery plan. Where possible and to reduce duplicative efforts, SBA's Small Business Training Network (SBTN) at [www.sba.gov/training](http://www.sba.gov/training) should be used for on-line training. The project plan for online services should describe the current level of service and/or the approach being taken to progress to a higher level. This discussion should include the planned operating environment and the process to be taken to achieve it, including timelines, benchmarks, anticipated results, resources and budget.

## **ORGANIZATION STRUCTURE**

Include an organizational chart for the SBDC. The chart must indicate the positioning of the Service Center within the organization and the department or division and person to whom the SBDC Center Director reports.

## **PROGRAM OBJECTIVES**

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Provide a brief summary of major program objectives and ongoing programs, highlighting any new programs, special projects or activities. To facilitate reporting, categorize the information presented using the reporting titles listed below B to the extent possible listed below. (Success stories do not need to be included in the renewal proposal.)

**100 ADVOCACY**

Describe planned activities related to the following:

1. Support for small business interests within the SBDC's jurisdiction to improve the climate for small business and contribute to the vitality of the small business sector.
2. Include, as appropriate: public speeches, testimonies before state and/or federal legislatures and small business week activities.

**200 CAPITAL FORMATION**

Describe planned activities related to the following:

1. Develop or assist in developing capital for small businesses (e.g., loans, microloans, grants, Community Express).
2. Developing close linkages with SBICs, venture capital firms, Certified Development Companies (CDCs) and state and local finance programs.

**300 INNOVATION AND TECHNOLOGY TRANSFER**

Describe planned activities related to the following:

1. Identifying innovation and technology developed by the Federal Government and/or academic organizations having commercial or practical potential and alerting industry and state and local governments to its availability.
2. Transferring expertise and equipment available from the Federal Government to the private sector
3. Transferring innovation and technology from business to business, SBIR activities, etc. Note in particular, any collaboration with the National Institute of Standards and Technology (NIST), and with the Environmental Protection Agency (EPA) for multi-media pollution prevention, Clean Air Act and other environmental assistance activities.
4. Providing information and education on the use of technology in everyday business activities or processes.

**400 INTERNATIONAL TRADE**

Describe planned activities related to the following:

1. Promoting increased exports by small businesses such as: supporting Export Assistance Centers (USEACs); evaluating small business firms' export capabilities; assisting with a client's export related financing needs, providing counseling, training and outreach assistance including conducting USEAC E-TAP programs and other co-partnership events; partnering with public and private sector organizations involved in export development; data base development; match services and market research; and participating in World Trade Week

**500 MINORITY SMALL BUSINESS DEVELOPMENT**

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Describe planned activities related to the following:

1. Helping minorities participate in the free enterprise system such as: working on Asian American initiatives; Black or African-American initiatives; Hispanic American initiatives; Native American initiatives; Native Hawaiian or Pacific Islanders initiatives; assisting 8(a) clients in the developmental stage and other stages; and linking minority clients with other assistance opportunities and conferences.

#### 600 RESOURCE DEVELOPMENT

Describe planned activities related to the following:

1. Collaborating with funding or other partners to assist the SBDC in its mission through recruiting, developing and overseeing private and public resource organizations/individuals for the purpose of providing business development counseling, training and outreach efforts.
2. Address key partnerships and collaborations

#### 700 PROCUREMENT

Describe planned activities related to the following:

1. Fostering opportunities for increasing small business' share of procurement dollars spent by the government and private sector through conferences, computer matching services such as SBA's —Business Matchmaking assistance to Certificate of Competency businesses and prime contractor outreach.

#### 800 SPECIAL EMPHASIS GROUPS

Describe planned activities related to the following:

1. Assistance to: people with disabilities; Native Americans; young entrepreneurs; targeted associations; industry groups and other groups identified by SBA and/or the SBDC.  
(Note: Report minority, veteran and service connected-disabled veteran and women's efforts separately under Minority Small Business Development, Veteran and Service Connected-Disabled Veteran Owned Business and Women Owned Businesses.)

#### 900 ECONOMIC DEVELOPMENT, FAITH BASED AND COMMUNITY INITIATIVES

Describe planned activities related to the following:

1. Activities that are not specific to an individual client, do not fit in other categories, and are aimed at supporting/strengthening the economic environment in the SBDC's territory.
2. Areas reported on may include Agri-Business, Rural Development, Community Development, corporate downsizing or plant closing assistance, Convention/Tourism and Incubators.
3. Activities aimed toward assisting small business and community economic development organizations such as providing counseling, training and outreach to community



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organizations, churches or other such entities with a significant focus on supporting the needs of small businesses.

1000 RESEARCH

Describe planned activities related to the following:

1. Research efforts aimed toward assisting small business and economic development such as database development and needs analysis.

1100 OTHER ACTIVITY

Provide information regarding any efforts which do not fit in the categories above such as participation in RICS or broadband efforts. Describe and provide information about any SBDC —best practices to be used by SBA and archived in the Clearinghouse. This also may include dissemination of basic business information as well as any specific information requested by the SBA Project Officer and mutually agreed upon with the SBDC Lead Center Director.

1200 SUCCESS STORIES

This section is not required for the renewal proposal, however, the service center will be required to report at least three examples of assistance provided in which tangible results occurred in both the semi-annual and annual report(s).

1300 TRAVEL

Provide a description of any unplanned or unbudgeted out-of-state travel for Lead and Service Centers.

1400 PROBLEMS

Provide a description of any and all problems that may have significant impact on the program or program objectives.

1500 FINANCIAL REPORTS

Furnish copies of service center budget justification, budget narrative, and personnel list.

1600 WOMEN-OWNED BUSINESSES

Describe briefly collaboration the Women's Business Centers (WBCs) and any seminars or specialized counseling approaches or other activities aimed at women entrepreneurs.

1700 ECONOMIC IMPACT

Provide the negotiated goals for the coming year for your service center below.

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**1800 VETERAN AND SERVICE CONNECTED-DISABLED VETERAN –OWNED BUSINESSES, RESERVISTS ON ACTIVE DUTY AND OTHER RESERVE COMPONENT MEMBERS OF THE U.S. MILITARY**

Describe planned activities related to the following:

1. Assistance targeted toward veteran and service connected-disabled veteran owned businesses, as well as Reservists and National Guard members called to active duty, such as: Veteran Entrepreneurial Training Programs; summits for veteran business owners; activities in conjunction with the Department of Veterans Affairs Vocational Rehabilitation and Employment Services; Employer Support of the Guard and Reserve (E.S.G.R.) and National Guard State Adjutants; DELTA Program; marketing and assistance for the Military Reservist Economic Injury Disaster Loan program; Patriot Express program; base closings and RIF counseling; and, DOD or DOL Transition Assistance Program (TAP) seminars.

**1900 MANUFACTURING**

Describe planned activities related to the following:

1. Assistance to manufacturing companies or their employees, including displaced manufacturing workers. Can include efforts and support to troubled companies, companies challenged by foreign competition, NAFTA and foreign labor alternatives. This may also include cooperation efforts with other local organizations or government units concerned with manufacturing issues such as the National Institute of Standards and Technology's (NIST) Manufacturing Extension Partnership (MEP) Program.

**2000 ONLINE ACTIVITY**

Describe planned activities related to the following:

1. Activities and accomplishments which demonstrate use of web-based technology to enhance direct client service delivery such as: the use of on-line counseling (e-mail and real-time) and training; on-line expert systems or diagnostic tools to identify needed services; audio or video streaming; electronic registrations and scheduling; webinars; and other targeted uses of the Internet to facilitate delivering information to clients more cost effectively.
2. A summary of on-line enhancements achieved over the past three years.

**SBDC SCHEDULED CLOSURES**

Provide a listing of all scheduled SBDC Service Center closures, whether for holidays or shutdown of the recipient organization. Anticipated closures shall be included in the annual renewal application. Emergency closures shall be reported to the Lead Center as soon as feasible to do so. SBDC service providers shall be open during the normal business hours of their sponsoring SBDC organizations.

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## **ADVISORY BOARD**

Each SBDC may establish an advisory board in accordance with 15 U.S.C. 648(j). If the SBDC wishes to employ an advisory board the proposal must include a list of the members of the SBDC advisory board, including their titles and a description of the board's responsibilities.

A majority of the advisory board members must be representatives from small businesses or associations representing small businesses located throughout the entire area of service. Veterans, women, minorities and Native Americans should be represented, as appropriate. There should be regular periodic meetings each year. The reasonable cost of travel of any board member for official board activities may be paid out of the SBDC's budgeted funds. An SBDC's proposal must include the date of its board's most recent meeting.

## **CONFLICT OF INTEREST POLICY**

By submitting a renewal proposal, the SBDC agrees to use the SBDC Network Conflict of Interest Agreement and Policy.

## **TRAINING**

Include a list of the types of training to be offered during the budget period. To assist SBA, categorize the types of events to be offered on a quarterly basis by topic per line ten of SBA Form 888. Recipients will be expected to provide the Lead Center with a quarterly calendar of training or access electronically to comparable information.

## **PERSONNEL RESUMES**

Include resumes for any new key personnel directly employed by the SBDC (i.e., Lead and Service Center directors and special program directors such as for technology or International Trade) since the start of the last program year. It does not include trainers, counselors, or support staff.

## **OTHER FUNDS**

The proposal must fully describe any other federal or state small business assistance programs, contributions or grant funds (excluding foundation accounts) managed by the SBDC network outside the SBA Cooperative Agreement. Include the source and amount of funds provided by each organization and the purpose for which the funds have been provided.

The SBDC must maintain an updated list of funding sources and amounts for each source of funds received by the SBDC network including grants, contracts and contributions. In addition, for each source of funds, documentation regarding the name and phone number of the donor/contractor/grantor, the amount of funding, the intended purpose and any requirements, stipulations or deliverables must be maintained and made available during the annual financial review process.

## ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES &amp; PROCEDURES

SBDCs managing other small business programs outside the SBA Cooperative Agreement must maintain separate accounting/financial records to ensure a clear audit trail for the funds provided under the SBDC Cooperative Agreement. Costs may not be proposed or claimed for activities for the SBDC program, regardless of funding source, for which the scope of activity is inconsistent with this Program Announcement

In accordance with 15 U.S.C. 648(a)(5), the AA/OSBDC must concur with all federal initiatives to be accomplished through the SBDC networks.

**SBDC Budget Justification**

BUDGET JUSTIFICATION - Year \_\_\_\_\_  
(ESTIMATED COSTS)

Name of SBDC Center:

Host Institution &amp; Name of SBDC

DESCRIPTION	SBA	CASH MATCH	IN-KIND	INDIRECT	TOTAL
<b>A. PERSONNEL</b> (Please complete page 3, Personnel List)					
Total Salaries and Wages	\$0.00	\$0.00	\$0.00		\$0.00
<b>B. FRINGE BENEFITS</b> Full-time staff _____ % rate Part-time staff _____ % rate					
Total Fringe Benefits	\$0.00	\$0.00	\$0.00		\$0.00
<b>C. TRAVEL</b> In-state: _____ miles @ _____ /mi. Out of state:					
Total Travel	\$0.00	\$0.00	\$0.00		\$0.00
<b>D. EQUIPMENT</b>					
Total Equipment	\$0.00	\$0.00	\$0.00		\$0.00
<b>E. SUPPLIES</b>					
Total Supplies	\$0.00	\$0.00	\$0.00		\$0.00

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

BUDGET JUSTIFICATION CONTINUED

Page 2 of 3 Pages

DESCRIPTION	SBA	CASH MATCH	IN-KIND	INDIRECT	TOTAL
F. CONTRACTUAL					
Total Contractual	\$0.00	\$0.00	\$0.00		\$0.00
G. CONSULTANTS					
Total Consultants	\$0.00	\$0.00	\$0.00		\$0.00
H. OTHER					
Total Other	\$0.00	\$0.00	\$0.00		\$0.00
I. TOTAL DIRECT COST	\$0.00	\$0.00	\$0.00		\$0.00
J. INDIRECT COSTS _____ % rate	\$0.00			\$0.00	\$0.00
TOTAL BUDGET	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

NOTE: All categories must be supported using this budget justification format. If additional space is required, for a narrative description, attach a separate sheet. A budget justification must be completed for the Lead Center and Service Centers. Totals must agree with the 424 and 424A.

## ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES &amp; PROCEDURES

## SBDC Budget Narrative

LINE ITEM	TOTAL	BUDGET EXPLANATION
<p>For each position of the SBDC, show Federal, Match, Annual Salary, Number of months, Level of Effort in Percentage, and Total Amount used as the basis to estimate personnel costs. For key personnel, list name and position title. For SBDC employees who are not key persons or personnel to be hired only position title is required.</p>		
<b>A. PERSONNEL</b>	<b>FTE</b>	
Key Personnel Costs	0	[Center Name] SBDC:
Professional Staff	0	[Center Name] SBDC:
Clerical Staff	0	[Center Name] SBDC:
<b>Total Personnel</b>	<b>0</b>	
<p>Show fringe rates for full-time and part-time staff. Do not include fringe cost in the total amount required for personnel.</p>		
<b>B. FRINGE BENEFITS</b>		
Benefits of Full-Time and Part-Time Personnel	0	[Center Name] SBDC:
<b>Total Fringe Benefits</b>	<b>0</b>	
<p>Provide purpose for in state and out of state travel. For local travel not requiring preauthorization provide total anticipated mileage and mileage rate. For travel requiring preauthorization, itemize destinations, mode of transportation, airfare or other transportation rates, number of trips, and number of travelers. Prior approval of the SBA is required for foreign and unplanned out-of-state (not in approved budget) travel.</p>		
<b>C. TRAVEL</b>		
In-State Mileage	0	[Center Name] SBDC:
Other In-State	0	[Center Name] SBDC:
Out-of-State / ASBDC	0	[Center Name] SBDC:
		[Center Name] SBDC: Unplanned out-of-region travel includes travel to State Meetings, Network Meetings, local organizations, and training expenses outside of Orange, Riverside and San Bernardino Counties.
Unplanned Out-of-Region	0	
<b>Total Travel</b>	<b>0</b>	
<p>List items costing \$5,000 or more. The recipient organization must maintain an inventory including cost and detailed</p>		
<b>D. EQUIPMENT</b>		

## ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES &amp; PROCEDURES

description of each item. Equipment inventory must be made available upon request of the SBA.

	0	<b>[Center Name] SBDC:</b>
<b>Total Equipment</b>	<b>0</b>	
		<p>Show anticipated cost of supply items such as general office, operational, computer supplies, and other supply items costing less than \$5,000. The recipient organization must maintain an inventory of controlled supplies of higher dollar value or high potential for loss such as projectors, cell phones, furniture, etc., and it must be made available upon request of the SBA.</p>
<b>E. SUPPLIES</b>		
General Office and Operational	0	<b>[Center Name] SBDC:</b>
<b>Total Supplies</b>	<b>0</b>	
		<p>Should service center propose sub-contractual cost, please provide budget details, such as statement of work, number of hours and rate of pay.</p>
<b>F. CONTRACTUAL</b>		
<b>Total Contractual</b>	<b>0</b>	<b>[Center Name] SBDC:</b>
		<p>Specify the consultant's purpose and indicate the number of hours and rate of pay.</p>
<b>G. CONSULTANTS</b>		
<b>Total Consultants</b>	<b>0</b>	<b>[Center Name] SBDC:</b>
		<p>This category may include, but is not limited to computer software, copying, postage, printing, publications, subscriptions, dues; telephone, conference fees, and office space (indicate square footage).</p>
<b>H. OTHER</b>		
Accounting	0	<b>[Center Name] SBDC:</b>
Community Outreach	0	<b>[Center Name] SBDC:</b>
Conference Fees/ASBDC Dues	0	<b>[Center Name] SBDC:</b>
Communications	0	<b>[Center Name] SBDC:</b>
Copying	0	<b>[Center Name] SBDC:</b>
Data Processing	0	<b>[Center Name] SBDC:</b>
Events	0	<b>[Center Name] SBDC:</b>
Facilities	0	<b>[Center Name] SBDC:</b>
Insurance	0	<b>[Center Name] SBDC:</b>
Internet Media	0	<b>[Center Name] SBDC:</b>
Library Purchases	0	<b>[Center Name] SBDC:</b>

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Marketing	0	[Center Name] SBDC:
Minor Equipment	0	[Center Name] SBDC:
Office Equipment Repair & Maintenance	0	[Center Name] SBDC:
Postage	0	[Center Name] SBDC:
Printing	0	[Center Name] SBDC:
Professional Development	0	[Center Name] SBDC:
Publications	0	[Center Name] SBDC:
Software	0	[Center Name] SBDC:

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<b>Total Other</b>	<b>0</b>
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<b>I. TOTAL DIRECT COSTS</b>	<b>0</b>
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**J. INDIRECT COSTS**

Indirect Costs/Waived Indirect Match	0
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<b>Total Indirect</b>	<b>0</b>
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<b>TOTAL BUDGET</b>	<b>0</b>
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Appendices – Page kkk

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

## CSUF Subrecipient Commitment Form

Prime Recipient: **CSU Fullerton Auxiliary Services Corporation (CSUF ASC)**  
on behalf of: **California State University, Fullerton (CSUF)**  
c/o CSUF Office of Grants and Contracts  
800 N. State College Boulevard, CP-205, Fullerton, CA 92834  
Tel.: (657) 278-2106; Fax: (657-278-3000); Email: [ogc1@fullerton.edu](mailto:ogc1@fullerton.edu)

Date: (mm/dd/yy) \_\_\_\_\_

### SUBRECIPIENT COMMITMENT FORM

#### SUBRECIPIENT INFORMATION

Subrecipient Legal Name: \_\_\_\_\_  
Subrecipient's PI: \_\_\_\_\_ CSUF's PI: \_\_\_\_\_  
Prime Sponsor: \_\_\_\_\_  
CSUF Proposal Title: \_\_\_\_\_  
Subrecipient Total Funds Requested: \_\_\_\_\_ Performance Period Begin: (mm/dd/yy) \_\_\_\_\_  
☐ ARRA Funded Performance Period End: (mm/dd/yy) \_\_\_\_\_

#### SECTION A: Proposal Documents

The following documents are included in our subaward proposal submission and covered by the certifications below:

- ☐ Statement of Work (required)
- ☐ Budget and Budget Justification (required)
- ☐ This Subrecipient Commitment Form (required) completed and signed by Subrecipient's Authorized Official
- ☐ Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format (required for proposals over \$550,000)
- ☐ Biosketches of Key Personnel in agency-related format

Other \_\_\_\_\_

#### SECTION B: Special Review and Certifications

1. **Facilities and Administrative Rates** included in this proposal have been calculated based on:
  - ☐ Subrecipient's federally-negotiated F&A rates for this type of work, or a reduced F&A rate that Subrecipient hereby agrees to accept. (If this box is checked, a copy of your F&A rate agreement must be furnished to CSUF before a subaward will be issued.)
  - ☐ other rates (please specify the basis on which the rate has been calculated in Section D: Comments)
  - ☐ Not applicable (no indirect cost requested)
2. **Fringe Benefit Rates** included in this proposal have been calculated based on:
  - ☐ Rates consistent with or lower than Subrecipient's federally-negotiated rates. (If this box is checked, please send a copy of your FB rate agreement to CSUF before a subaward will be issued.)
  - ☐ Based on actual rates.
  - ☐ Other rates (please specify the basis on which the rate has been calculated in Section D: Comments)
3. **Subrecipient Business Status:**

<input type="checkbox"/> Large Business	<input type="checkbox"/> Institution of Higher Education	<input type="checkbox"/> Foreign Owned
<input type="checkbox"/> Small Business	<input type="checkbox"/> Nonprofit Organization	<input type="checkbox"/> For profit organization

If a small business, identify business classification ("certified by the Small Business Administration")

<input type="checkbox"/> Small Disadvantaged Business (SDB)* (8a)*	<input type="checkbox"/> Service-disabled veteran-owned business (SDVOSB)
<input type="checkbox"/> Women-owned small business (WOSB)	<input type="checkbox"/> HUBZone small business*
<input type="checkbox"/> Veteran-owned small business (VOSB)	<input type="checkbox"/> Alaska Native Corporation (ANC) (43USC1601)
<input type="checkbox"/> Minority Serving Institution (e.g., HBCU, HSI, MI, etc.)	
4. **Affirmative Action Compliance:**

Indicate in accordance with the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2) that your organization has:

  - ☐ a written affirmative action program has been developed and is on file
  - ☐ a written affirmative action program has not been developed and is not on file
  - ☐ not previously had contracts subject to the written affirmative action programs

## ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES &amp; PROCEDURES

5. Human Subjects: ☐ Yes ☐ No

Exemption Number or IRB Approval Date: (mm/dd/yy) \_\_\_\_\_

IRB Number: \_\_\_\_\_

(Note: Surveys, interviews, observations, or use of secondary data may be considered human subjects research. Contact your institution's IRB office for guidance.)

If answer to the above is "Yes" copies of the determination of exemption or IRB approval must be provided before any subaward will be issued. Please send the documents to CSUF Office of Grants and Contracts as soon as they become available. Please indicate the CSUF PI's name, Project Title, and subcontract number (for reference), if available.

## If "Yes" and NIH funding is involved

Have all key personnel involved completed human subjects training? ☐ Yes ☐ NoNote: All key personnel engaged in human subjects research must take NIH human subjects training or other human subjects research training ([http://grants.nih.gov/grants/policy/hrs\\_educ\\_freq.htm](http://grants.nih.gov/grants/policy/hrs_educ_freq.htm)) as required by NIH.Does your organization/institution have a Federalwide Assurance (FWA) Number? ☐ Yes ☐ No If "Yes" provide number: \_\_\_\_\_6. Animal Subjects: ☐ Yes ☐ No

Approval Date: (mm/dd/yy) \_\_\_\_\_

IACUC Number: \_\_\_\_\_

If "Yes" copies of the IACUC approval must be provided before any subaward will be issued. Please obtain approval and forward required documents to the CSUF Office of Grants and Contracts, as soon as they become available. Please indicate the CSUF PI's name, Project Title, and subaward number (for reference), if available.

Does your organization/institution have a PHS Animal Welfare Assurance Number? ☐ Yes ☐ No If "Yes" provide number: \_\_\_\_\_Is your organization/institution AAALAC accredited? ☐ Yes ☐ No If "Yes" provide number: \_\_\_\_\_

## 7. Responsible Conduct of Research (RCR):

The prime sponsor of this project is:

☐ National Institutes of Health

**Policy:** NIH requires that all trainees, fellows, participants, and scholars receiving support through any NIH training, career development award (individual or institutional), research education grant, and dissertation research grant must receive instruction in responsible conduct of research. This policy will take effect with all new and renewal applications submitted on or after January 25, 2010, and for all continuation (Type 5) applications with deadlines on or after January 1, 2011. This Notice applies to the following programs: D43, D71, F05, F30, F31, F32, F33, F34, F37, F38, K01, K02, K05, K07, K08, K12, K18, K22, K23, K24, K25, K26, K30, K99/R00, KL1, KL2, R25, R35, T15, T32, T34, T36, T37, T90/R90, TL1, TU2, and U2R. This policy also applies to any other NIH-funded programs supporting research training, career development, or research education that require instruction in responsible conduct of research as stated in the relevant funding opportunity announcements.

**Compliance:** NIH policy requires participation in and successful completion of instruction in responsible conduct of research by individuals supported by any NIH training/research education/fellowship/career award. It is expected that course attendance is monitored and that a certificate or documentation of participation is available upon course completion. NIH does not require certification of compliance or submission of documentation, but expects institutions to maintain records sufficient to demonstrate that NIH-supported trainees, fellows, and scholars have received the required instruction.

**Resources:** The NIH Research Training website (<http://grants.nih.gov/training/extramural.htm>) includes additional information on instruction in responsible conduct of research and links to the Office of Research Integrity (<http://ori.hhs.gov/>), links to instructional materials, and examples of programs that have been regarded as good models for instruction in responsible conduct of research (<http://bioethics.od.nih.gov/researchethics.html>). The National Academy Press has published the 3rd. edition of the classic, *On Being a Scientist*, and is available online at [http://books.nap.edu/catalog.php?record\\_id=12192](http://books.nap.edu/catalog.php?record_id=12192).

☐ National Science Foundation

**Statutory Requirement:** "The Director shall require that each institution that applies for financial assistance from the Foundation for science and engineering research or education describe in its grant proposal a plan to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduate students, graduate students, and postdoctoral researchers participating in the proposed research project."

**Certification Regarding Responsible Conduct of Research (RCR):**

The AOR is required to complete a certification that the institution has a plan to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduates, graduate students, and postdoctoral researchers who will be supported by NSF to conduct research. Additional information on NSF's Responsible Conduct of Research (RCR) policy is available in the Award and Administration Guide (AAG), Chapter IV.B.

**Institutional Responsibilities:**

- An institution must have a plan in place to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduates, graduate students, and postdoctoral researchers who will be supported by NSF to conduct research. As noted in NSF Grant Proposal Guide (GPG) Chapter II.C.1a, institutional certification to this effect is required for each proposal.
- While training plans are not required to be included in proposals submitted to NSF, institutions are advised that they are subject to review, upon request.
- An institution must designate one or more persons to oversee compliance with the Responsible RCR training requirement.
- Institutions are responsible for verifying that undergraduate students, graduate students, and postdoctoral researchers supported by NSF to conduct research have received training in the responsible and ethical conduct of research.

## 8. Cost Sharing:

☐ Yes ☐ No

Amount: \_\_\_\_\_

(Cost sharing amounts and details should be included in the Subrecipient's budget)

## 9. Conflict of Interest (applicable to DHHS, NSF, or any other sponsor that has adopted the federal financial disclosure requirements):

☐ Not applicable because this project is not being funded by NIH, NSF, or CDC☐ Subrecipient hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50,

Subpart F "Responsibility of Applicants for Promoting Objectivity in Research". Subrecipient also certifies that, to the best of the institution's knowledge: (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy; and, (2) all identified conflicts of interest have, or will have, been satisfactorily managed, reduced or eliminated in accordance with Subrecipient's conflict of interest policy prior to the expenditure of any funds under any resultant agreement.

☐ Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by CSUF's policy

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10. Fiscal Responsibility:

The Subrecipient certifies that its financial system is in accordance with generally accepted accounting principles and (mark all that apply):

- ☐ has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they are received  
☐ maintains internal controls to ensure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts and grants  
☐ complies with applicable laws and regulations  
☐ can prepare appropriate financial statements, including the schedule of expenditures of Federal awards  
☐ there are no outstanding audit findings. If there are findings, submit a copy of the most recent report that describes the findings and steps to be taken to correct the finding.

11. Debarment, Suspension, Proposed Debarment:

Is the PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs or activities? If "Yes" please explain in Section D: Comments. ☐ Yes ☐ No

The Subrecipient certifies that they: (answer all questions below)

- ☐ Are ☐ Are Not presently debarred, suspended, proposed for debarment, or declared ineligible for award of Federal Contracts  
☐ Are ☐ Are Not presently indicted for, or otherwise criminally or civilly charged by a governmental entity  
☐ Have ☐ Have Not within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property  
☐ Have ☐ Have Not within three (3) years preceding this offer, had one or more contracts terminated for default by any Federal Agency

SECTION C: Audit Status

1. A-133 Audit Status

A. Does the Subrecipient receive an annual audit in accordance with OMB Circular A-133? ☐ Yes ☐ No

If "Yes", has the audit been completed for the most recent fiscal year? ☐ Yes ☐ No

If "No", when is it expected to be completed: (m/d/yyyy) \_\_\_\_\_

B. Were any audit findings reported? (If "yes", explain in Section D: Comments below) ☐ Yes ☐ No

Note: A complete copy of Subrecipient's most recent report, or the Internet URL link to a complete copy must be furnished to CSU Fullerton Auxiliary Services Corporation before a subaward will be issued.

C. If "No", does the Subrecipient receive overall federal funding of at least \$500,000 per year? ☐ Yes ☐ No If "No", skip item D

D. Subrecipient is a: ☐ For-profit entity that expends Federal or Sub-Federal funds and has a DCAA audited rate  
☐ For-profit entity that does not expend Federal funds or have annual audits  
☐ Foreign entity

Note: If Subrecipient does not receive an A-133 audit, the CSU Fullerton Auxiliary Services Corporation will require the Subrecipient to complete an Audit Certification and Financial Status Questionnaire, and may require a limited scope audit before a subaward will be issued.

2. Federal Funding Accountability and Transparency Act (FFATA)

Location of Subrecipient (City/State/Congressional District/Country): \_\_\_\_\_

Note: If primary place of performance is different than Location of Subrecipient, provide location where project will be performed (City/State/Congressional District/Country)

DUNS Number of Subrecipient receiving award: \_\_\_\_\_

Is Subrecipient owned or controlled by a parent entity? ☐ Yes ☐ No

If "Yes", please provide DUNS number and location (City/State/Congressional District/Country) of parent entity: \_\_\_\_\_

Is Subrecipient currently registered in Central Contractor Registration (www.ccr.gov)? ☐ Yes ☐ No

SECTION D: Comments (please attach additional pages if necessary)

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

**APPROVED FOR SUBRECIPIENT**

The information, certifications, and representations above have been read, signed, and made by an authorized institutional representative of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. By their signatures below, Subrecipient and its Principal Investigator certify (1) that the information submitted within the application is true, complete and accurate to the best of the Subrecipient's and PI's knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the Institution and PI to criminal, civil, or administrative penalties; and (3) that the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress and other administrative reports as required if an award is made as a result of the prime recipient's application.

Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.

Signature of Subrecipient's Authorized Institutional Representative

Date

Name and Title of Authorized Institutional Representative

TIN or EIN of Subrecipient's Organization/Institution

Address

City, State, Zip

Email Address

Signature of Subrecipient's Principal Investigator

Date

Name and Title of Administrative Point of Contact

Address

City, State, Zip

Phone

Fax

Email Address

[Print Form](#)

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

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**APPENDIX U: Client Potential Assessment (Business Viability)**

**HIGH POTENTIAL**

- A
- \*Significant economic impact potential (demonstrated by potential for job creation, sales, financial backing)
  - \*Strong business model / Competitive advantage
  - \*No major obstacles (demonstrated by: strong financials, identified markets, strong sales, experienced mgmt, viable/strong advisors and/or board of directors )
  - \*Company is in a position for growth and desires to grow
  - \*Client can articulate what assistance is needed in order to grow and is highly "coachable"
  - \*High likelihood of obtaining financing, good FICO score, or financing is in place
  - \*Experienced management
  - \*Experienced or serial entrepreneur
- A-
- Above, but:
- \*Moderate challenges (Examples: cash flow issues, market opportunity/threat, growth issues, high initial capital outlay for hard assets)      Client has articulated desire to tackle these challenges
- .....

**MODERATE POTENTIAL**

- B
- \*Moderate economic impact potential (good referral from a valued source, potential good story, smaller scale employment)
  - \*Demonstrates potential, but has fairly significant challenges (greater cashflow issues, financing needs, market issues )
  - \*Company may be in a position for growth, or may be in just a stable position
  - \*Asking for assistance; moving in the right direction, has some resources for moving forward
  - \*Experienced management or willing/able to learn or to delegate to externals/hire team members
  - \*Moderate potential for obtaining financing but needs infusion of capital.
- B-
- \*Good quality self employment with moderate potential for impact (self + contractuels or a few employees)
  - \*Company may/may not be in a position for growth
  - \*Desire to learn to manage the company well
- .....

**LOW POTENTIAL**

- C
- \*Lifestyle, self employed, home based
  - \*Shortage of resources
  - \*Inexperienced management; inability to hire to accommodate shortfalls in experience
  - \*Minimal/No opportunity for growth – company in a declining position
- .....

**NON VIABLE**

- D
- \*Low Probability of Success
  - \*Poor or No Credit
  - \*Minimal Experience
  - \*Minimal Savings
  - \*No demonstrated willingness to change/fix things
- .....

**SURVIVAL MODE**

- S
- \*Bank has reduced line of credit and/or called their loan
  - \*On the watch list at the bank
  - \*Has laid off staff already and is looking at further lay-offs
  - \*Cash flow is at or below break-even
  - \*Owner is no longer taking a pay check

## ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES &amp; PROCEDURES

## APPENDIX V: Sample National Impact Study Questionnaire

Orange County/ Inland Empire SBDC  
SMALL BUSINESS DEVELOPMENT CENTER (SBDC)  
IMPACT STUDY QUESTIONNAIRE

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

1. Please indicate the year you either started or purchased your business. *If never please indicate.*

Year Started \_\_\_\_\_ or Year Purchased \_\_\_\_\_

Never Started or Purchased ☐

2. What was the major activity of your business or proposed business in 2010? *Please check one.*

- ☐ Retailing  
☐ Services (personal OR professional)  
☐ Wholesale (distribution, etc.)  
☐ Manufacturing  
☐ Construction (all general, and other contractors)  
☐ Other (please specify) \_\_\_\_\_

3. Counting yourself, how many full-time employees (35 hours or more per week) and part-time employees (less than 35 hours per week) did you have at the end of each of the following years that you were in business? *If you were not in business just write zero (0) in the appropriate blank(s).*

2010 \_\_\_\_\_ full-time employees  
2011 \_\_\_\_\_ full-time employees2010 \_\_\_\_\_ part-time employees  
2011 \_\_\_\_\_ part-time employees

4. Please estimate the number of jobs saved as a result of the SBDC assisting you in improving your business strategy or operations.

Existing Full-time jobs saved \_\_\_\_\_  
Existing Part-time jobs saved \_\_\_\_\_

5. What were your gross sales revenues (i.e., before expenses) for the following calendar years? *If you were not in business during one or both years write zero (0) in the appropriate blank(s).*

2010 \$ \_\_\_\_\_  
2011 \$ \_\_\_\_\_

6. Please estimate the amount of gross sales revenues maintained as a result of the SBDC assisting you in improving your business strategy or operations.

Existing revenues maintained \$ \_\_\_\_\_

7. Did the SBDC assist you in obtaining debt or equity financing?

☐ Yes☐ No

Existing

8. Please estimate the total amount of debt and equity financing your business raised in 2011 and 2012.

SBA Loans \$ \_\_\_\_\_  
Other Loans/Debt Financing \$ \_\_\_\_\_  
Equity Raised from Investors \$ \_\_\_\_\_

9. Was the overall service you received from the SBDC beneficial?

☐ Yes☐ No

10. How would you rate the knowledge and expertise of your SBDC counselor? *(Please circle one).*

Excellent   Above Average   Average   Below Average   Poor

11. How would you describe your overall working relationship with the SBDC counselor who provided counseling to you? *(Please circle one).*

Excellent   Above Average   Average   Below Average   Poor

12. Would you recommend that other businesspersons contact the Small Business Development Center?

☐ Yes☐ No

13. Was comparable assistance available from a private consultant at a price you could afford?

☐ Yes☐ No

14. How many family managers (not including yourself) and non-family managers does your business have?

# Family Managers \_\_\_\_\_ # Non-family Managers \_\_\_\_\_

15. What percentage of the business do you own?  
What percentage do other family members own?

% Owned by Myself \_\_\_\_\_ % Owned by Family \_\_\_\_\_

16. Do you intend for the future successor as president of your business to be a family member?

☐ Yes☐ No

17. Do you intend to eventually pass your share of the ownership of the business to one or more family members?

☐ Yes☐ No

18. In the past 3 years or since start-up (whichever is shorter), estimate your firm's average annual sales growth.

&lt;0%   0%   1-5%   6-10%   11-15%   16-20%   &gt;20%