



Thank you for allowing us to be a part of your business success. This tool is used to evaluate the effectiveness of our business coaching and quantify our economic impact for our stakeholders and funding partners. Your responses are confidential and very important to us.

Please verify all financial impact and/or business milestones that resulted from SBDC assistance.

Client Name: _____ Date: _____

Business Name: _____ File #: _____

Business / Job Data

Started a New Business	Date: _____	Total Jobs Created: _____	Total Jobs Retained: _____
Bought a Business	Date: _____	Full Time: _____	Full Time: _____
Expanded a Business	Date: _____	Part Time: _____	Part Time: _____

Capital Funding

\$ _____	SBA Loan	Guarantee Type: _____
\$ _____	Commercial Loan	Describe: _____
\$ _____	Line of Credit	Describe: _____
\$ _____	Microloan	Describe: _____
\$ _____	Owner Investment	Describe: _____
\$ _____	Venture Capital	Describe: _____
\$ _____	Grant	Describe: _____
\$ _____	Other	Describe: _____
\$ _____	Other	Describe: _____

Change in Business Sales

\$ _____	Increased Sales	\$ _____	Prime Contract
\$ _____	Change in Exports	\$ _____	Sub-Contract
\$ _____	Other	Describe: _____	

Testimonial & Media Release (Optional)

Client Testimonial

I grant permission to the Delaware SBDC to share success stories about, and/or testimonials from, me and my business highlighting my/our success and the contributions of the Delaware SBDC. Delaware SBDC may reach out to me regarding using my/our image, likeness, and/or company name/logo/information (photographs and/or video) for use in any and all of its media publications, including website/social media entries, without payment or any other consideration.

Client Signature: _____

Date: _____

SBDC Advisor: _____

Date: _____