



Economic Impact Verification Survey

FOR COUNSELOR USE ONLY:		
How was impact verified?		
<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> In Person

In order to improve the quality of services we provide to you, we ask you to take a moment to answer a few questions regarding the business counseling assistance provided. The information you provide is held in strict confidence by virtue of being a client of the Tennessee Small Business Development Center network.

CLIENT INFORMATION:

Name of Company: _____ Counselor's Name: _____
 Company Contact: _____ Client's Number: _____

CAPITAL FORMATION:

Loan Received: \$ _____

Loan Type: Commercial Bank Private Investor SBIC CDC LOC
 Pathway Other SBA (type): _____

Equity Cash: \$ _____ Personal Assets: \$ _____

Increase in Retained Earnings: \$ _____ Sales Increase: \$ _____

JOBS: BUSINESS START:

Jobs Created: _____ Jobs Retained: _____ Business started: Date: _____

COMMENTS:

Please use this space to list any comments about the TSBDC and the services you received.

By completing this form and signing below you verify the information included on this form is accurate and true to the best of your knowledge.

Signature: _____ Date: _____