



ATTACHMENT I
CY24 - SBDC SERVICE CENTER
CLIENT GROWTH ASSESSMENT

We focus on developing skilled entrepreneurs and strong businesses and would like to record what impact the New Mexico SBDC Program services had on your success and the success of your business since our last meeting. Your response is critical so that we can continue to receive the funding that enables us to provide our no cost services to small business owners like you.

SBDC Services Helped Me to Start a New Business Yes No

Business Start Date: _____

SBDC Services Helped Me to Grow my Business Yes No

By Adding Employees

Number of full-time employees added: ____ Number of part-time employees added: ____

I now have a total of _____ full-time employees and _____ part-time employees.

By Adding Capital

SBA Loan Non-SBA Loan Equity (investment) Other (including grants)

Lender or Investor Name: _____ Date Approved: _____

Description: _____

Dollar Amount: _____

SBA Loan Non-SBA Loan Equity (investment) Other (including grants)

Lender or Investor Name: _____ Date Approved: _____

Description: _____

Dollar Amount: _____

SBA Loan Non-SBA Loan Equity (investment) Other (including grants)

Lender or Investor Name: _____ Date Approved: _____

Description: _____

Dollar Amount: _____

SBDC Services Helped Me to Stay in Business Yes No

By Making Me Aware of Action(s) I Need to Take or Not Take to Avoid Negative Business Impact

Number of Jobs Saved: ____

I have a total of ____ full-time employees and ____ part-time employees.

The services provided by the New Mexico Small Business Development Center Program played a role in our business achieving the impact(s) stated above.

Business Name: _____ Owner Name: _____

Owner Signature _____ Date: _____

The above information will be held in confidence. We may compile and use information from you and other clients in the aggregate. We will not disclose or use your individual data without your written permission.



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SBDC @: _____

Client ID: _____

Business Name: _____

By signing below, I am affirming that this impact data has been checked and is verified as correct and the claimed impact is reasonable, and fair based on the counseling session notes and attachments in Neoserra.

SBDC Business Counselor Name: SBDC Business Counselor Signature:	Date:
SBDC Center Director Name: SBDC Center Director Signature:	Date:
For Center Director Impacts SBDC Associate State Director Name: SBDC Associate State Director Signature:	Date: