

ATTACHMENT I  
CY26 - SBDC SERVICE CENTER  
CLIENT GROWTH ASSESSMENT

We focus on developing skilled entrepreneurs and strong businesses and would like to identify 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 important so that we can continue to improve our services and sustain the funding support that enables us to provide our no cost services to small business owners like you.

**New Mexico SBDC Services Helped Me to Start a New Business**  Yes  No  N/A

Business Start Date: \_\_\_\_\_

**New Mexico SBDC Services Helped Me to Grow my Business**  Yes  No  N/A

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, Investor or Owner Name: \_\_\_\_\_ Date Approved: \_\_\_\_\_

\$ Amount and Description: \_\_\_\_\_

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

Lender, Investor, or Owner Name: \_\_\_\_\_ Date Approved: \_\_\_\_\_

\$ Amount and Description: \_\_\_\_\_

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

Lender, Investor, or Owner Name: \_\_\_\_\_ Date Approved: \_\_\_\_\_

\$ Amount and Description: \_\_\_\_\_

**SBDC Services Helped Me to Stay in Business**  Yes  No  N/A

The NMSBDC Network provided me counseling and/or training for action(s) I needed to take or not take to Avoid a Negative Impact on My Business.

Including myself, I currently have (#) \_\_\_\_\_ 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 by me and is verified as correct and the claimed impact is reasonable, and fair based on the counseling session notes and attachments in Neoserra.

<b>SBDC Business Counselor Name:</b> <b>SBDC Business Counselor Signature:</b>	<b>Date:</b>
<b>SBDC Center Director Name:</b> <b>SBDC Center Director Signature:</b>	<b>Date:</b>
For Center Director Impacts <b>SBDC Associate State Director Name:</b> <b>SBDC Associate State Director Signature:</b>	<b>Date:</b>