



ATTACHMENT I
CY25 - 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 or Investor Name: _____ Date Approved: _____

\$ Amount and Description: _____

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

Lender or Investor Name: _____ Date Approved: _____

\$ Amount and Description: _____

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

Lender or Investor Name: _____ Date Approved: _____

\$ Amount and Description: _____

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

By Making Me Aware of Action(s) That I Needed to Take or Not Take to Avoid a Negative Impact on My Business

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.

Created by: NMSBDC Lead Center

Date: December 10, 2024



ATTACHMENT I
CY25 - SBDC SERVICE CENTER
CLIENT GROWTH ASSESSMENT

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.

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: