

Screening Survey—Local Governance Leaders' Online Survey

DFUSION INC.

Screening Survey for Larger Project

Protocol Title: Women's entrepreneurial endeavors in rural and Tribal communities

Protocol #: NWBC2024-101

Sponsor: National Women's Business Council of the Small Business Administration

OMB Control Number: 3245-0425

ICR Clearance Expiration: 10/31/2025

Principal Investigator: Elizabeth Schieber, PhD

Institution: dfusion Inc.

* 1. With which gender(s) do you identify?

- ☐ Man
- ☐ Woman
- ☐ Nonbinary
- ☐ Two-Spirit
- ☐ Queer (such as genderqueer or gender non-conforming)
- ☐ Cisgender
- ☐ Transgender
- ☐ Additional gender (please specify):

* 2. What is your age?

* 3. With which racial/ethnic categories do you identify? (check all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latina/o/x/e
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Additional race/ethnicity (please specify)

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* 4. What is/are your Tribal affiliation(s)?

* 5. What type of local governance leader are you?

- ☐ I am not a local governance leader
- ☐ Mayor
- ☐ District supervisor
- ☐ City/town council member
- ☐ City/town department head
- ☐ Chamber of Commerce member
- ☐ Tribal leader
- ☐ Other (please describe):

* 6. How long have you served in this role?

- ☐ Less than 3 months
- ☐ Between 3-6 months
- ☐ Between 6 months and 1 year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ Over 5 years

* 7. Is your role elected or appointed?

- ☐ Elected
- ☐ Appointed
- ☐ I don't want to say

* 8. Does your local governance role involve interacting with the local business owners or farmers in your area?

- ☐ Yes
- ☐ No

* 9. Which term best describes the location where you serve as a local governance leader?

- ☐ Urban (population over 50,000; Note, **if you are an indigenous person, do NOT select this option**, select one of the Tribal options below)
- ☐ Suburban (population 5,000 to 50,000)
- ☐ Rural (population under 5,000)
- ☐ Tribal (sovereign land)
- ☐ Tribal (not sovereign land; Note to Indigenous Persons: Please select this option if you are indigenous and do not live or work on sovereign land as we are not screening you for Urban v Rural location)
- ☐ Other (please describe):
- ☐ I am not sure

* 10. What is your zip code?

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It looks like you're eligible to participate!

Please read the informed consent form below and sign it if you wish to participate in the interview

**DFUSION INC.
SUBJECT INFORMATION AND INFORMED CONSENT FORM**

Protocol Title: Women’s entrepreneurial endeavors in rural and Tribal communities
Protocol #: NWBC2024-101
Sponsor: National Women’s Business Council of the Small Business Administration

Principal Investigator: Elizabeth Schieber, PhD
Institution: dfusion Inc.
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Telephone: 831-222-5003

KEY INFORMATION ABOUT THIS RESEARCH STUDY

You are being asked to be a subject in a study because you either have experience as a woman entrepreneur or are a local governance leader in your community. This study is looking at the experiences and perceptions of women entrepreneurs in rural and Tribal communities in the United States. The National Women’s Business Council (NWBC) wants to know what is happening with women entrepreneurs and what programs and policies might be needed to better support women.

If you take part in this study, you will complete an online survey sharing your perceptions. This will help the NWBC inform future efforts to help people like you.

The following table has the key study information to help you decide why you might or might not want to participate in the research.

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Purpose	The purpose of this study is to learn women entrepreneurs' experiences with starting their businesses, obtaining funding, and use of professional networks to support their ventures. Specifically, we are collecting the experiences from rural areas and from Indigenous women. The NWBC will use this information to form policy recommendations and resource allocation to best serve women entrepreneurs from these underserved groups. The nature of this study is an interview with a woman from your community. You will not receive any experimental drugs or procedures as part of this study.
Voluntary Participation	Your decision to be in this study is voluntary.
Withdrawal	If you decide to be in this study and then change your mind, you can leave the study at any time without penalty.
Length of Participation	Participants will complete one interview that should take no longer than 60 minutes to complete.
Procedures	The main procedures in the study include: • Complete an online screening survey to assess eligibility for the study (5-10 minutes) • Complete an interview
Risks	There are no physical risks to you as part of this study. You might feel discomfort with some of the questions that probe into your business journey, and you can choose to not answer any questions that cause discomfort. There is minimal risk related to data storage. The research team will keep the information you share confidential, and your name or other identifying information will not be associated with it. Audio recordings are destroyed after we transcribe and de-identify them. All of your information will be stored on secure servers.
Benefits	There are no direct benefits for participating in the study; however the information collected from participants will be used by the NWBC to make policy recommendations and support programs that are useful to women entrepreneurs in the future
Alternatives to Study Participation	If you would like to share feedback with the SBA or NWBC without participating in this study, you may contact the SBA office of advocacy at https://advocacy.sba.gov/about/contact-us/

Costs	There is no cost to you to participate in this study.
Compensation	Participants will receive \$25 compensation for their time.
Confidentiality	There are provisions in place by the study protocol and study site to help protect the privacy and confidentiality of your personal information and study information.

This overview does not include all of the information you need to know before deciding whether or not to take part. More detail is given in the full consent document on the pages that follow. Review the rest of this consent form before deciding about participation.

INFORMED CONSENT FORM

This consent form explains the research study. Before you decide to be a part of this study, you need to know why the research is being done, what it will involve and the risks and benefits. Ask the study staff to explain anything in this form or if you want more information. Please take time to read this form carefully. Feel free to discuss it with your relatives and friends. If you agree to take part in this research study, you must sign this consent form.

DISCLOSURE OF FINANCIAL INTERESTS

The National Women's Business Council (NWBC), the sponsor of this study, is providing funds to dfusion Inc. on a per subject basis for conducting this research study.

PURPOSE OF THE STUDY

The purpose of this study is to assess the support needs of women entrepreneurs from rural and Tribal communities in the United States.

NUMBER OF SUBJECTS AND LENGTH OF STUDY PARTICIPATION

About 250 subjects will participate in this study in the United States.

Your participation in this study is expected to last one hour.

STUDY PROCEDURES

Participants will be asked to complete a ~60 minute interview

SUBJECT RESPONSIBILITIES

As a subject in this study, you will complete a screening survey, informed consent form, and a ~60 minute interview

RISKS AND DISCOMFORTS

There are minimal risks involved in this research. You might feel discomfort with some of the questions that probe into community, and you can choose to not answer those questions.

All data will be deidentified and stored on secure servers. Audio recordings will be transcribed, any identifying information will be removed, then the audio will be destroyed.

NEW INFORMATION

You will be notified in a timely way if important new findings become known that may affect your willingness to continue in the study.

BENEFITS

There are no direct benefits from participating in this study. The information collected from participants will be used by the NWBC to make policy recommendations and support programs that are useful to women entrepreneurs.

ALTERNATIVES TO STUDY PARTICIPATION

You do not have to participate in this study. If you wish to share your feedback on business support programs, you may contact the SBA here: <https://advocacy.sba.gov/about/contact-us/>

COSTS OF PARTICIPATION

There are no costs to you to take part in this study.

COMPENSATION

You will receive \$25 for completing this study. You will be reimbursed by Trucentive.

VOLUNTARY PARTICIPATION AND WITHDRAWAL

Your participation in this study is voluntary. You may stop participating at any time, without penalty or loss of compensation.

CONFIDENTIALITY

To the extent allowed by law, every effort will be made to keep your personal information confidential. However, information from this study will be submitted to the study sponsor. The signed consent form may be looked at by the NWBC and the Institutional Review Board. While these parties are aware of the need to keep your information confidential, total confidentiality cannot be guaranteed. The results of this research project may be presented at meetings or in publications; however, you will not be identified in these presentations and/or publications.

If you take part in this study, you will be assigned a unique subject code to help protect your privacy. Your study records will be labeled with this code that does not directly identify you. The study site staff securely stores the linking code between your name and study information.

COLLECTION OF IDENTIFIABLE PRIVATE INFORMATION

Identifiers will be removed from your information. After such removal, the information could be used for future research studies or distributed to another investigator for future research studies without your additional informed consent.

CONTACTS FOR QUESTIONS, COMPLAINTS, CONCERNS

If you have any questions or requests for information relating to this research study or your participation in it, or if you want to voice a complaint or concern about this research, you may contact Dr. Elizabeth Schieber at elizabeth.schieber@dfusioninc.com, (660) 254-2997 or Ms. Tamara Kuhn at tamara.kuhn@dfusioninc.com, (831) 222-5003.

If you have any questions about your rights as a research subject or complaints regarding this research study, or you are unable to reach the research staff, you may contact a person independent of the research team at the Biomedical Research Alliance of New York Institutional Review Board at 516-318-6877. Questions, concerns or complaints about research can also be registered with the Biomedical Research Alliance of New York Institutional Review Board at www.branyirb.com/concerns-about-research. The IRB is a committee that reviews research studies to help protect the rights and welfare of study subjects.

STATEMENT OF CONSENT-SIGNATURE PAGE

By signing this form, I confirm the following:

- I have read all of this consent form.
- All of my questions have been answered to my satisfaction.
- I can leave the study at any time without giving a reason and without penalty.
- I will be given a copy of this signed and dated consent form to keep.
- I do not give up any legal rights that I would otherwise have if I were not in this study.

* 11. By typing your full name in the box below, you are stating: **I voluntarily agree to participate in this study.**

* 12. Please provide your email address to receive a copy of this informed consent and your compensation.