

ScaleUp America Initiative
Appendix B-7
Comparison Group Intake Survey

Contact Information

1. Name?
 - a. First Name <Text box here>
 - b. Last Name <Text box here>

2. Name of business? <Text box here>

3. Preferred e-mail address? <Text box here>

4. Preferred telephone number? <Text box here>

5. Business address?
 - a. Street Address: <Text box here>
 - b. City: <Text box here>
 - c. State: <Text box here>
 - d. Zip Code: <Text box here>
 - e. Please check here if this is the address we should use to mail your \$50 VISA gift card upon submission of the survey, or provide an alternative address here: <Text box here>

6. Are you an owner of the business?
 - a. Yes
 - b. No

Skip pattern: If "No," go to next

If "Yes," skip next

7. What is your title? <Text box here>

8. Are you an owner of any other business(es)?
 - a. Yes
 - b. No

Business Description

9. When was the business started (or acquired in the case of previous ownership)? (Format: MM/YYYY) <Text box here>

10. In what industry would you classify your business (please select one):

- Accommodation or Food Services
- Arts, Entertainment, or Recreation
- Agriculture, Forestry, or Fishing & Hunting
- Administrative & Support, Waste Management, or Remediation Services
- Construction
- Educational Services
- Finance or Insurance
- Health care or Social Assistance
- Information
- Management of Companies & Enterprises
- Manufacturing
- Mining
- Professional, Scientific & Technical Services
- Public Administration
- Real Estate, Rental, Leasing
- Retail Trade
- Services (other than those already listed)
- Transportation or Warehousing
- Utilities
- Wholesale Trade

11. Do any of the following disadvantaged business certificates or designations apply to the business? (Select all that apply)

- a. Women-owned business
- b. Minority-owned business
- c. Veteran-owned or service-disabled veteran-owned business
- d. Small Disadvantaged Business
- e. SBA 8(a) certified business
- f. HUBzone certified business
- g. Other (please explain): <text box here>
- h. No certificates or designations
- i. Do not know

Skip pattern: If "Yes," to A go to next

If "No/Do not know," skip next

12. What percentage of the business is female owned?

- a. <Text box here>
- b. Do not Know

13. What is the legal structure of the business?

- a. Sole Proprietorship
- b. LLC
- c. S-Corporation
- d. Partnership
- e. Corporation
- f. Other (Please specify) <Text box here >
- g. Do not know

14. Are any business sales conducted online?

- a. Yes
- b. No

15. Does your business have a 9-digit DUNS number?

- a. Yes
- b. No
- c. Do not know

16. What is the business EIN number, if applicable? <Text box here>

The business EIN would allow SBA to track your business growth over time by matching the record to other federal datasets. Your EIN will be kept strictly confidential and securely stored.

Business Statistics

The following questions will be used to assess changes in key indicators of business growth over the next year. You may provide estimates if necessary.

17. At the end of calendar year [YEAR], how many paid employees (including paid owners) did the business have?

- a. Total number of full-time employees (35 hours or more per week): <Text box here>
- b. Total number of part-time employees: <Text box here >
- c. Total number of independent contractors (part time or full time): <Text box here>

(OMB Control Number: 3245-X~~XXX~~)

18. For calendar year [YEAR], what was the gross sales revenue of the business? <Text box here>

19. For calendar year [YEAR], what was the profit or loss of the business? <Text box here>

20. For calendar year [YEAR], what was the total payroll of the business, including independent contractors? <Text box here>

21. Did the business obtain government contract(s) during calendar year [YEAR]?

- a. Yes
- b. No

Skip pattern: If "Yes," go to next

If "No/Do not know," skip next

22. Provide the following information for each type of government contract obtained during calendar year [YEAR]:

- a. Number of Government Contracts/Subcontracts
 - i. No. of Federal government contracts < Text box here >
 - ii. No. of State government contracts < Text box here >
 - iii. No. of Local government contracts < Text box here >
- b. Annual value of Government Contracts and Subcontracts Received
 - i. Value of Federal government contracts < Text box here >
 - ii. Value of State government contracts < Text box here >
 - iii. Value of Local government contracts < Text box here >

23. Did the business serve customers in countries outside of the United States during calendar year [YEAR]?

- a. Yes
- b. No

Skip pattern: If "Yes," go to next

If "No/Do not know," skip next

24. Provide the amount of gross sales revenue related to serving customers outside of the United States during calendar year [YEAR]. <Text box here>

25. Did the business obtain new financing (e.g. loan, line of credit) during calendar year [YEAR]?

- a. Yes
- b. No

Skip pattern: If "Yes," go to next

If “No/Do not know,” skip next

26. Provide the amount and type of new financing obtained during calendar year [YEAR].
- SBA Loan Amount (e.g. 7(a), disaster loan) <Text box here>
 - Non-SBA Loan Amount <Text box here>
 - Equity Capital Amount <Text box here>
 - Line of Credit Amount <Text box here>
 - Other Forms of Financing (e.g. grant, SBIR, family loan) < Text boxes here (please specify type and amount)>
27. Did the business have patent or technology licensing activity during calendar year [YEAR]?
- Yes
 - No

Skip pattern: If “Yes,” go to next

If “No” skip next

28. During calendar year [YEAR]:
- How many patents did your business file? <Text box here>
 - How many patents were awarded to your business? <Text box here>
 - Did your business license technology from an external source? Yes/No
 - Did your business license technology to another organization? Yes/No

Goals and Needs

29. What are your current business needs? (Select all that apply.)
- Developing a strategic plan to grow my business
 - Gaining access to funding and funding sources
 - Developing an improved supply chain network
 - Developing marketing and outreaching plans
 - Gaining access to networking opportunities with economic development organizations, resource partners, financial institutions, other small businesses, etc.
 - Developing a new product/service idea into a reality
 - Gaining information on business acquisition and purchase
 - Others: <Text box here>
 - Do not know
30. Rate your agreement with the following statements as of today:
- I have a business, strategic, or action plan for the business and regularly review (and revise) it.

- i. Strongly agree
 - ii. Somewhat agree
 - iii. Slightly agree
 - iv. Do not at all agree

 - b. I regularly use financial data and analysis to manage the business.
 - i. Strongly agree
 - ii. Somewhat agree
 - iii. Slightly agree
 - iv. Do not at all agree

 - c. I regularly conduct a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis or similar tool (e.g., Porter’s five forces) in order to develop and refine my business’ strategy.
 - i. Strongly agree
 - ii. Somewhat agree
 - iii. Slightly agree
 - iv. Do not at all agree
31. What resources do you currently use to help you achieve your business goals and needs?
(Select all that apply)
- a. Small Business Administration (SBA) district office
 - b. SBA website
 - c. Small Business Development Centers (SBDC)
 - d. SCORE Association
 - e. Women’s Business Centers (WBC)
 - f. Veteran’s Business Outreach Centers (VBOC)
 - g. U.S. Export Assistance Center (USEAC)
 - h. Procurement Technical Assistance Center (PTAC)
 - i. Local government economic development office
 - j. Lender services
 - k. Chamber of Commerce
 - l. Friends and colleagues
 - m. Others (e.g. incubator or accelerator program, university-run program)<Text box here>
 - n. None

Small Business Ecosystem Assessment

Many entrepreneurs and communities recognize the importance of the small business ecosystem in supporting and encouraging the growth of small businesses. In a given region, this ecosystem is often understood to include (among other things):

- The availability of appropriate skilled and unskilled labor,
- Private- and public-sector supports and services (e.g., legal and accounting services, local chambers, educational institutions, and SBA resource centers),
- Well-developed entrepreneurial networks and supply chains,
- The availability of financing through multiple channels, and
- A supportive culture of innovation, creativity, and experimentation.

We are interested in your assessment of the overall strength of the small business ecosystem in your region.

32. How strongly do you agree or disagree with the following statement: “My region is currently home to a well-developed small business ecosystem that supports business growth.”

- a. Strongly agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly disagree

33. In which of the following areas do you feel that the small business ecosystem in your region could improve, directly enhancing your ability to scale-up your business (Please check all that apply):

- a. The availability of appropriate skilled and unskilled labor
- b. Private- and public-sector supports and services (e.g., legal and accounting services, local chambers, educational institutions, and SBDC)
- c. Well-developed entrepreneurial networks and supply chains
- d. The availability of financing through multiple channels
- e. A supportive culture of innovation, creativity, and experimentation
- f. Other: <Text box here>

34. For each of the items you selected in the Question above, please provide a short explanation of what could be improved in your region.

- a. _____

- b. _____

- c. _____

- d. _____

- e. _____

- f. _____

Demographic Information

The following questions will be used to assess whether the small business owners that have not participated in the ScaleUp initiative and make up the comparison group for this study are representative of the ScaleUp participant population.

35. Please indicate your race (Mark one or more):
- a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian or Other Pacific Islander
 - e. White
 - f. Prefer not to answer
36. Please indicate your ethnicity:
- a. Hispanic or Latino
 - b. Not Hispanic or Latino
 - c. Prefer not to answer
37. Please indicate whether you consider a person with a disability:
- a. Yes
 - b. No
 - c. Prefer not to answer
38. Please indicate your gender:
- a. Male
 - b. Female
 - c. Prefer not to answer
39. Please indicate your highest level of education:
- a. Some high school or less
 - b. High school diploma
 - c. Some college
 - d. Associate's degree
 - e. Bachelor's degree
 - f. Some graduate school
 - g. Master's degree or equivalent
 - h. Doctorate, law, or medical degree or equivalent

- i. Prefer not to answer
40. Please indicate your military status:
- a. No military, Reserve, or National Guard experience
 - b. Active Reserve or National Guard
 - c. Active military
 - d. Retired or not currently active military, Reserve, or National Guard
 - e. Prefer not to answer
41. Please indicate your veteran status:
- a. Non-veteran
 - b. Veteran
 - c. Service Disabled Veteran
 - d. Prefer not to answer