

ScaleUp America Initiative  
Appendix B-3  
ScaleUp Participant Intake Survey

Contact Information

1. Participant 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>
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 post participation in the ScaleUp initiative. 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>

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].
- a. SBA Loan Amount (e.g. 7(a), disaster loan) <Text box here>
  - b. Non-SBA Loan Amount <Text box here>
  - c. Equity Capital Amount <Text box here>
  - d. Line of Credit Amount <Text box here>
  - e. 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]?
- a. Yes
  - b. No

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

*If "No/Do not Know," skip next*

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

### **Goals and Needs**

29. What business needs led you to apply to ScaleUp? (Select all that apply.)
- a. Developing a strategic plan to grow my business
  - b. Gaining access to funding and funding sources
  - c. Developing an improved supply chain network
  - d. Developing marketing and outreach plans
  - e. Gaining access to networking opportunities with economic development organizations, resource partners, financial institutions, other small businesses, etc.
  - f. Developing a new product/service idea into a reality
  - g. Gaining information on business acquisition and purchase
  - h. Others: <Text box here>
30. Rate your agreement with the following statements prior to joining ScaleUp:
- a. I had a business, strategic, or action plan for the business and regularly reviewed (and revised) it.
    - i. Strongly agree
    - ii. Somewhat agree
    - iii. Slightly agree

- iv. Do not at all agree
  
  - b. I regularly used 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 conducted a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis or used a 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. Prior to joining ScaleUp, what resources did you 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
32. Prior to joining ScaleUp, what were your overall business goals? Please explain.  
< Text box here >
33. Prior to joining ScaleUp, what challenges were you facing that prevented you from achieving your business goals? Please explain.  
< Text box here >

**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, 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 business region.

34. Are services similar to those offered through ScaleUp currently available to small businesses in your region?

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

35. 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

36. 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 (Select 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, 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>

37. 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. _____<br>_____ | d. _____<br>_____ |
| b. _____<br>_____ | e. _____<br>_____ |
| c. _____<br>_____ | f. _____<br>_____ |

**Demographic Information**

The following questions will be used to assess whether ScaleUp participants are representative of the population and of the small business owners that make up the comparison group of non-participants for this study.

38. 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

39. Please indicate your ethnicity:

- a. Hispanic or Latino
- b. Not Hispanic or Latino
- c. Prefer not to answer

40. Please indicate whether you consider yourself a person with a disability:

- a. Yes
- b. No
- c. Prefer not to answer

41. Please indicate your gender:

- a. Male
- b. Female
- c. Prefer not to answer



42. 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

43. 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

44. Please indicate your veteran status:

- a. Non-veteran
- b. Veteran
- c. Service Disabled Veteran
- d. Prefer not to answer

45. How did you hear about the ScaleUp initiative? (Select all that apply.)

- a. Through a friend or family member
- b. Through a military information session
- c. Through a government agency
- d. Through a nonprofit or business organization
- e. By searching the Internet
- f. Other (Please explain)< Text box here >