

ScaleUp America Initiative
Appendix B-4
ScaleUp Participant Follow-Up 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. Secondary (personal) telephone number (for use in the event that a business closure requires verification)? <Text box here>

6. Business Address?
 - a. Street Address: <Text box here>
 - b. City: <Text box here>
 - c. State: <Text box here>
 - d. Zip Code: <Text box here>

7. Is this business currently operating?
 - a. Yes
 - b. No

8. Did you graduate from ScaleUp?
 - a. Yes
 - b. No

Goals and Needs

9. To what extent do you agree or disagree that your business needs and goals were objectively and thoroughly assessed as part of the ScaleUp initiative or curriculum?
 - a. Strongly agree
 - b. Agree
 - c. Neutral

- d. Disagree
 - e. Strongly disagree
10. To what extent do you agree or disagree that the ScaleUp initiative offered a range of services relevant to your needs and goals?
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
11. Please explain any business needs you have that remain unfilled today. <Text box here>
12. To what extent do you agree or disagree that the services you received through the ScaleUp program helped or will help you overcome your challenges and fulfill your business goals?
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
13. Please explain why you feel that ScaleUp either helped you or did not help you overcome your challenges and fulfill your business goals. <Text box here>
14. Rate your agreement with the following statements as of today:
- a. 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 use 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

15. 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 business region.

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

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

17. 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

18. 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>

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

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

Business Statistics

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

20. 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>
21. For calendar year [YEAR], what was the gross sales revenue of the business? <Text box here>
22. For calendar year [YEAR], what was the profit or loss of the business? <Text box here>
23. For calendar year [YEAR], what was the total payroll of the business, including independent contractors? <Text box here>
24. 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*

25. 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 >

26. 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*

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

28. 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

29. 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) >

30. 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

31. 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

32. Did any of the following occur during calendar year [YEAR] (Select all that apply)?

- a. Opened a new location
- b. Started to offer franchising opportunities
- c. Became full or part owner of this or another operating business
- d. Opened a new business that was not operating at the start of the ScaleUp initiative
- e. Advised a friend or colleague on starting or growing a business

Satisfaction with ScaleUp

33. Overall, how satisfied are you with the services and assistance you received from the ScaleUp initiative?
- Very satisfied
 - Satisfied
 - Undecided
 - Unsatisfied
 - Very unsatisfied
 - Not applicable / did not receive these services
34. How satisfied are you with the ScaleUp classroom training sessions you attended?
- Very satisfied
 - Satisfied
 - Undecided
 - Unsatisfied
 - Very unsatisfied
 - Not applicable / did not receive these services
35. How satisfied are you with the one-on-one assistance you received from the ScaleUp initiative?
- Very satisfied
 - Satisfied
 - Undecided
 - Unsatisfied
 - Very unsatisfied
 - Not applicable / did not receive these services
36. How satisfied are you with the networking opportunities and assistance you received from the ScaleUp initiative?
- Very satisfied
 - Satisfied
 - Undecided
 - Unsatisfied
 - Very unsatisfied
 - Not applicable / did not receive these services
37. How satisfied are you with the assistance and access to financial capital you received from the ScaleUp initiative?
- Very satisfied
 - Satisfied
 - Undecided
 - Unsatisfied
 - Very unsatisfied
 - Not applicable / did not receive these services

38. How satisfied are you with the business growth plan you created during the ScaleUp initiative?
- a. Very satisfied
 - b. Satisfied
 - c. Undecided
 - d. Unsatisfied
 - e. Very unsatisfied
 - f. Not applicable / did not receive these services
39. How satisfied are you with the knowledge and ability of the ScaleUp advisors you worked with?
- a. Very satisfied
 - b. Satisfied
 - c. Undecided
 - d. Unsatisfied
 - e. Very unsatisfied
 - f. Not applicable / did not receive these services
40. Are there things that could have made your overall ScaleUp initiative experience better? Please explain. < Text box here >
41. Is there anything you would like to add? <Text box here>