



# SCALE Oregon Application

Let's get started with the basics...

Date \_\_\_\_\_ SBDC Center \_\_\_\_\_

Client Name \_\_\_\_\_

Business Name \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address \_\_\_\_\_

Email \_\_\_\_\_

Oregon Business ID Number \_\_\_\_\_ NAICS Code \_\_\_\_\_

Now let's talk business...

All the information provided will remain confidential. It is used to determine your eligibility for the SCALE program and will help your adviser better understand your business.

Year			
_____	Gross Sales	\$ _____	Net Income \$ _____
_____	Gross Sales	\$ _____	Net Income \$ _____
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How many employees do you currently have?

What is the total FTE (Full Time Equivalent)? This is also the number of employees on schedule to work more than 1,820 hours this calendar year.

Q1 \_\_\_\_\_ Q2 \_\_\_\_\_ Q3 \_\_\_\_\_ Q4 \_\_\_\_\_

### Permission, Confidentiality & Adviser Conflict-of-Interest Statement

I permit the Oregon SBDC Network to use my name and address or email address for surveys and economic impact validation. I understand that any information disclosed will be held in strict confidence. I further understand that the adviser(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) solicit or accept any gift, loan, reward, equity in business, compensation, monetary remuneration, promise of future employment, favor, or service in return for services or recommendation of services.

### Client Signature

### Date

By signing (or if submitted electronically, typing) my name, I understand and agree to the Eligibility & Participation Requirements, and to the Permission, Confidentiality & Adviser Conflict-of-Interest Statement. My signature further confirms that the information provided by me on this form is true and correct. I also agree to pay the \$250 registration fee.

