



Self Employment Assistance Program

Please type all of the information on this form

CID (XX-XXX.XXX.XXX):

Date:

You must have a qualifying worker profile score from the Oregon Employment Department to participate in the SEA Program

To apply for the SEA Program, follow these steps:

1. Complete the enclosed SEA Application--Section 1 and the Business Feasibility Worksheet.
2. Mail, Fax or Email the completed application using the contact information below. Include copies of documentation showing proof that you may operate the type of proposed business in the State of Oregon (**do not submit original documents**). Occupational certifications must be in place prior to submitting the application for approval of the SEA Program.

Methods of submitting SEA application:

Mail: ATTN: UI Special Programs Center FO 040 | PO Box 14518 | Salem, OR 97309

Fax: (503) 947-1833 | Toll Free Fax: (877) 353-7700

Online (Contact us form): unemployment.oregon.gov/contact-us

If you have any questions about the SEA Program, Contact the UI Special Programs Center at:
(503) 947-1800 or toll free at (800) 436-6191

NOTE: To be eligible for Unemployment Insurance, you must continue to be able, available and actively seeking work until you are notified by the UI Special Programs Center that you are approved for the SEA Program.

The Oregon Employment Department is an equal opportunity agency. Free auxiliary aids and services are available to individuals with disabilities, and free language assistance is available to persons with limited English proficiency.

El Departamento de Empleo de Oregon es una agencia que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos y asistencia de idiomas para personas con discapacidades o conocimiento limitado del inglés, a pedido y sin costo.

Self Employment Assistance (SEA) Program



OFFICE USE ONLY

Application CAT: 854

Worker Profile Score:	Date:
OED Staff Name:	Phone:
OED Staff Signature:	

SECTION 1: To be completed by the applicant (please type)

CID (XX-XXX.XXX.XXX):		
First Name:	MI:	Last Name:
Address:		
City:	State:	Zip Code:
Phone:	Email:	
Business Name:		
Type of Business:		
Status in obtaining License(s), Certification(s) and any other required insurance(s):		

<input type="checkbox"/>	I certify the above information is true and correct to the best of my knowledge. I understand that I may run out of unemployment insurance benefits and that extensions may not be available.
<input type="checkbox"/>	I authorize the Employment Department, Workforce Innovation and Opportunity Act (WIOA), providers and the Small Business Development Center (SBDC) to share information necessary for the facilitation and administration of the SEA Program.
<input type="checkbox"/>	Eligibility for SEA is not retroactive for weeks of self-employment prior to the date of approval. Eligibility for regular unemployment insurance for any week prior to approval requires that an individual be able to work, available for work, and actively seeking work for that week.

Applicant Signature:	Date:
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Business Feasibility Worksheet

Important information: This worksheet will help you organize the essential information about you and your business concept. Please answer the following questions as completely as possible. Your responses will be used to evaluate your potential for success in the SEA Program. You are strongly encouraged to return the application and Feasibility Work Sheet responses to the Employment Department as soon as possible, due to the limited number of weeks that SEA participants are allowed to claim unemployment insurance benefits.

Section 1 - BUSINESS OVERVIEW

1. What is the nature of your business? Detail the products/services that you will be providing.

2.a. Have you established a location to conduct your business? Yes No

2.b. If not, what is the expected date of occupancy?

3. Are you free from direction or control of any other entity? Yes No

4. What is your 6-12 month goal? Please include specific information.

5. What is your 2-3 year goal? Please include specific information.

Section 2 - QUALIFICATIONS & SKILLS

6. Describe your qualifications to operate this business successfully (examples: relevant education, certification, previous experience, etc).

7.a. Have you ever owned a business before? Yes No

7.b. If yes, what type of business?

8. Do you have any business skills (talents or abilities specific to running a business) that will aid your success in this business (i.e. communication skills, financial management, marketing, leadership, etc)?

Section 3 - STARTUP COSTS

For Startup Business Calculator, visit: <http://www.csgnetwork.com/bizstartupcalc.html>

9. What are the estimated startup costs needed to set up this business?

10.a. Will you be fully financially responsible for these costs? Yes No

10.b. If not, what amount and percentage will you invest?

10.c. If needed, where will the additional funding come from?

11.a. Have the terms for the financing been finalized? Yes No

11.b. If not, what is the estimated date of completion?

12. What is your current credit score?

13.a. Have you filed bankruptcy in the last 7 years?

Yes No

13.b. If yes, when?

14. Do you have any personal assets that can be used to secure a loan in the event financing from a financial institution is necessary?

Yes No

Section 4 - FINANCIAL DUE DILIGENCE

For Financial Templates, visit: <https://www.score.org/resource/business-planning-financial-statements-template-gallery>

For Startup Business Calculator, visit: <http://www.csgnetwork.com/bizstartupcalc.html>

15. Currently, how much do you contribute, in dollars, to your household expenses?

16. What will your estimated business expenses be?

17. To cover your business expenses and financial responsibility to your household, how much product/services will the business need to provide to meet these financial obligations?

18. What is your plan should you encounter a shortfall?

19. Have you created a preliminary budget for your business? Yes No

Section 5 - LICENSING AND REGULATIONS

20.a. Is this a new or existing business? New Existing

20.b. Is it registered with the State of Oregon? Yes No

20.c. If so, what is the Business Registry Number or Business Identification Number (BIN)?

21.a. Have all the required licenses, insurance and certifications been obtained? Yes No

21.b. If not, what is the estimated date of completion?

Section 6 - MARKET RESEARCH

22.a. How would you describe the demand for your product/services?

22.b. How have you determined that your product/services are needed?

23.a. How would you describe your targeted customer?

23.b. Where is the targeted market area?

24. Who will buy your products and services?

25. As a new business, what are some of the barriers that you may encounter (i.e. licensing/permitting, limited funding, start-up logistics, time constraints, personal, etc)?

26. What market research have you done to support the need for your products/services?

Section 7 - MARKETING ANALYSIS

27. What marketing tools will you use to market your business (i.e. social media, signage, media advertising, etc.)?

28.a. What is your estimated marketing budget for the next 6 months?

28.b. Is this included in your business expenses?

Yes

No

Section 8 - COMPETITIVE ANALYSIS

29. Provide the names of 3 of your potential competitors or explain a lack of competition.

30. What makes your business competitive within its respective market?

31. What means will you provide your clients/customers to contact you (i.e. email, mailing address, phone number)?

32. How much control will you have over the operation of the business and how/products/services are delivered?

33. Provide 3 milestones (action or event marking a significant change or stage in development) that will indicate to you that your business is on the path to success (i.e. repeat business, reputation-based customer acquisition, profit, overbooking, etc.)?

34.a. As a new business owner, what are some of the personal or business challenges you may encounter (i.e. maintaininglicensing, competition, financial stress, market instability, confidence, etc.)?

34.b. How will you attempt to address/prevent these challenges?

35.a. What are some of the potential risks associated with this type of business (i.e. safety/environmental hazards, malpractice, bankruptcy, market instability, personal safety, etc.)?

35.b. How will you attempt to address/prevent these risks?

Additional Information (if needed)

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