**Idea Foundry Impact Innovations Program Application Preview**

Please use this document to preview the application questions and draft your responses before filling out the online form. Only applications submitted via the online form will be evaluated for acceptance into the program.

**A. Contact Information**

**Full name.**  *For the main point of contact.*

**Email Address**. *To be used as the main form of contact with the Idea Foundry team concerning your application.*

**Phone Number.** *For the main point of contact.*

**Additional Team Members.** *Please list the full names of any additional team members.*

**B. Innovation Information**

**Innovation/Venture Name.** *For unformed entities, give the name you plan on giving to the startup. If you don't have one yet, write your last name and we will help you choose a name later. For formed entities: give the formal name of the business entity.*

**Intended Place of Business.** *Where do you intend to operate this business? (City, State, Country)*

**Summary.** *In one sentence, please describe your innovation/venture. (200 character max.)*

**The Problem.** *Briefly describe the problem that you’re addressing and why it is important to you. What local or global issue catalyzed you to pursue this endeavor? (2,000 character max.)*

**The Solution.** *Please provide a brief summary of your innovation including how it makes an impact. Idea Foundry acknowledges the proprietary nature of the information you disclose and we will use this information for evaluating your entry into the selected program. However, this application does not represent a Non-Disclosure or Confidentiality Agreement. (2,000 character max.)*

**Current Project Stage.** *Choose one of the following:*

Concept | Prototype | Pilot | Commercial-Ready/Tested | Launched Commercially

**History.** *Please provide a brief history of the idea/innovation from conception to its current state so that we may understand the evolution of your concept. (2,000 character max.)*

**Stakeholders.** *Who are your stakeholders? This includes paying customers as well as additional beneficiaries. Where are you making a difference, and whom does it affect? (2,000 character max.)*

**Team Experience/Success.** *Describe the skills and experiences that enable you and your team to be successful in this endeavor. (2,000 character max.)*

**Competitors.** *Have you identified your competitors? What is the competitive advantage of your innovation? What makes your business unique? (2,000 character max.)*

**IP Protection Details.** *If applicable, please describe steps taken around intellectual property protection, including status and dates of invention disclosure filings. (1,000 character max.)*

**Other Programs.** *Are you currently involved in any other accelerator programs, partnerships, or collaborations – within or outside of a university? Note that Idea Foundry does not perform its advising services concurrently with other programs. We believe entrepreneurs in early-stage startups are best served by having one major adviser at a time.*

*If yes, please provide program name and details. (e.g. program names, program duration and date enrolled, funding received, use of proceeds, etc.)*

**Investor Interest.** *Have any companies or investors expressed interest in the innovation?*

*If yes, please provide details;*

**C. Timeline and Resources Needed**

**Greatest Challenge.** *What do you anticipate as the greatest hurdle to developing your idea? (2,000 character max.)*

**Cash Needed.** *Identify the total dollar amount of cash you think you need to get through this stage of business development.*

**Use of Cash.** *Please indicate the categories for which you plan to utilize the cash as well as your estimated amount for each category. For example: legal fees, equipment, supplies, web design, marketing, accounting fees, etc.*

**Development Timeline.** *Please describe the timeline for development (e.g. major milestones, dates of completion, etc.).*

**Standard Services Needed.** *Select which standard business development services you think would be most helpful in the advance of your innovation. Select up to 5.*

Assistance with filing a grant application | Market/industry research | Customer discovery | Competitive landscape Partner strategy | Business planning/strategy | Financial strategy | Freedom to operate analysis/ IP protection Technical expertise | Legal expertise | Marketing strategy | Team recruitment | Development of staffing plans

**Additional Services Requested.** *If you need any help that wasn't specifically identified in the list above, explain below.*

**D. Demographic Information**

This section is OPTIONAL and helps our team accurately report our demographic reach. It does NOT affect the selection process for the Impact Innovations program.

If applying with a team, please indicate the demographic information of ALL team members in a leadership role.

**Gender Identity.** *Please indicate the gender identity of ALL team members in a leadership role. For example, in a founding team which identifies as 2 women and 1 man, you would select both female and male.*

Male | Female | Other | Prefer Not to Say

**Race/Ethnicity.** *Please indicate the race(s)/ethnicity(ies) of ALL team members in a leadership role. Individuals may identify as more than one category; please select all that apply.*

African American / Black | American Indian or Alaskan Native | Asian | Hispanic / Latino | White

**Nationality.** *Nationality is used to assess our ability to reach and support immigrant entrepreneurs from diverse backgrounds. Immigration status is NOT requested in this application. If any members of your team have a nationality outside of the U.S., please list the country names.*

**Main Contact Employment Status.**

Unemployed | Employed Part Time | Employed Full Time | Student | Prefer Not to Say | Other

**Title and Employer/Degree Program.** *Please indicate your title and the name of your employer. If you are a student, please indicate your Program Name, University, and expected graduation year*

**Acknowledgement.** I certify that all of the information included in this application is true, complete and accurate. I understand that all components of this application are subject to verification and I give my permission for any person or entity to provide Idea Foundry with information to verify this application. I understand that this application does not transfer any intellectual property rights to Idea Foundry for any idea disclosed in this application and that such rights continue to be owned by the inventor/author/university/employer in accordance with its published policies and applicable law. I acknowledge that this application does not represent a Non-Disclosure or Confidentiality Agreement.