**Idea Foundry Equitable Entrepreneurship Application**

Thank you for your interest in the Idea Foundry Equitable Entrepreneurship Program. We’re excited to hear from entrepreneurs in our community who are passionate about building businesses that will shape our region.

Please complete this application as thoroughly as possible. Tell us who you are, describe your passion and inspiration, and explain how your business will make a profit and at the same time, a difference. All fields are required unless stated otherwise, so please read and answer all questions carefully.

Additional pages or supporting documents can be attached either as a separate attachment or in the space provided at the end of this application. Please email completed application forms along with resumes of any team members to [info@ideafoundry.org](mailto:info@ideafoundry.org).

If you have any uncertainty regarding this application, the application processes, or the program, please contact us at [info@ideafoundry.org](mailto:info@ideafoundry.org).

*Incomplete applications will not be considered.*

**Idea Foundry acknowledges the proprietary nature of the information you disclose on this application and we will use this information for evaluating your entry into the Program. However, this application does not represent a Non-Disclosure or Confidentiality Agreement.**

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.

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| **Applicant Signature** | **Date** |
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**Part 1:**

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| **Primary Applicant Details** | | | |
| **Full Name** | | | |
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| **I am applying for the EE Program and identify as one or more of the following: (information provided here is used for data collection and impact reporting and does not affect the selection process).** | | | |
| * **Foreign-born Naturalized Citizen** * **Foreign-born Permanent Resident** * **Foreign-born Individual Seeking Permanent Residency** * **1st Generation U.S. Citizen** * **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **If applicable, please indicate your country of origin:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | * **African American** * **Asian American** * **Hispanic or Latino/a American** * **Native American** * **Non-Hispanic White** * **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **If applicable, please indicate your identified race or ethnicity:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Contact Information - For main point of contact** | | | |
| **Email** | **Phone** | **Mailing Address** | **Current Employer/Affiliation** |
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| **Additional Team Member Information (List all additional team members that will be involved in the commercialization efforts and their affiliations.)** | | | |
| **Name/Role** | | **Contact Information** | **Current Employer/Affiliation** |
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| **Describe the skills and/ or experiences that enable you and your team members to be successful in this endeavor. (What do each of you bring to the table including time commitment, lead roles and gaps in skill set?)** |
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| Business Information | |
| **Business Name or Project Name** |  |
| **Website (leave blank if not applicable)** |  |
| **Social Media (leave blank if not applicable)** |  |
| **Provide a brief description of your proposed business.** | |
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| **Business Need** |
| **Briefly describe the need for your business. (eg. problems addressed by your business, your value proposition, what makes you unique, etc.)** |
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| **Why is this business important to you?** |
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| **Who are your stakeholders? (Where are you making a difference, and who does it affect?)** |
| *Note: Please specify between paying customers and non-paying beneficiaries if these groups are not the same.* |
| **Who are your competitors? What makes your business unique?** |
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| **Position / Needs re: Idea Foundry Support** |
| **What stage is your business currently in? (idea, proof of concept, prototype, pilot) Please describe major milestones you have accomplished for your business up to this point.** |
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| **Please describe the timeline for development (e.g. future milestones, dates of completion, etc.)** |
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| **What and how much do you need to bring you to the next level? (ex: Do you need business development expertise, space, equipment purchase, additional team members, cash, etc.?)** |
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| **Please describe what types of services would be most helpful in the advancement of your business.** |
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| **How did you hear about the Idea Foundry Equitable Entrepreneurship Program?** |
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Thank you for applying! Submission of this application implies that all information provided is factual to the best of your knowledge. Please read over your answers carefully, making sure you have completely and accurately represented yourself and your ideas. We look forward to learning more about your business and will be in touch with you as soon as possible.