

# ARIZONA CENTER FOR INNOVATION

*Do not provide confidential information on this form – for assessment and referral purposes*

(or attach business card)

Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone # \_\_\_\_\_ e-mail: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing address: \_\_\_\_\_

## Brief comments / description:

What is your (proposed) venture, product or solution?

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## Market Validation

	Idea Stage		Feasibility Study		Market Size		Customers
Notes							

## How will you make money (Business model)

	Idea Stage		Pricing Strategy		Sales Plan		Revenue
Notes							

## Team

	Founder/s only		Mentors/Advisors		Consultants		Employees
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Notes
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Finance

<input type="checkbox"/>	Self-funded	<input type="checkbox"/>	Grants/Loans	<input type="checkbox"/>	Investments	<input type="checkbox"/>	Revenue
Notes							

Technology

<input type="checkbox"/>	Idea Stage	<input type="checkbox"/>	Prototype	<input type="checkbox"/>	Patent	<input type="checkbox"/>	Customer-ready
Notes							

Facilities / Operations

<input type="checkbox"/>	At home	<input type="checkbox"/>	Have office	<input type="checkbox"/>	Have lab	<input type="checkbox"/>	Have manufacturing
Notes							

What services or facilities would you expect to obtain from the Arizona Center for Innovation?

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**Current Challenge** (circle all that apply):

- |                   |                       |            |            |
|-------------------|-----------------------|------------|------------|
| Market Validation | Business Model        | Team       | Finance    |
| Technology        | Intellectual Property | Facilities | Operations |

other (explain)

Additional notes: