

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

Date: \_\_\_\_\_ Company name: \_\_\_\_\_

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

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

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
Notes							

## Finance

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

Are you interested in pursuing a high-growth business strategy which may involve raising money from outside sources, including venture capital and other funds? \_\_\_ yes \_\_\_ no \_\_\_ not sure

## 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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Are you using technology based on University of Arizona intellectual property? Please check what applies

<input type="checkbox"/>	Have an executed license agreement	<input type="checkbox"/>	In negotiation for a license agreement	<input type="checkbox"/>	Have not yet started the licensing process	<input type="checkbox"/>	No connection to UA
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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: