

UH Ventures Accelerator Long Application

Please complete this form to the best of your knowledge. This information will be used to evaluate your company.

You will not be able to save and resume this application once you have started. If you close the application before it has been submitted, your responses will not be recorded and you will need to start over. It is recommended that you review all of the questions before entering your information, compose your responses in a separate document, and copy/paste them into this form. View the form in its entirety [here](#).

Unless indicated, limit your answers to 130 words (600 characters or less).

*** Required**

1. Email address *

2. Company Name *

Enter same name as in Short Form application.

Product

3. Describe in 300 words (5000 characters) or less what your product is. *

4. Do you have a demo? *

Mark only one oval.

Yes

No

In progress

5. Please provide a link to your demo, if applicable.

6. Is there any intellectual property? *

Mark only one oval.

Yes

No

7. If applicable, briefly describe the current status of patent prosecutions as well as any prior art search. Include the description of your patent(s).

Market

8. Describe the current market need/pain/opportunity. *

Cite sources when possible.

9. What options currently exist for your market to address this need/pain/opportunity? *

10. What is your value proposition? *

What product or service are you building, for who, and what problem does it solve?

11. Who are your customers/target demographics? *

12. Describe your target market and indicate its size in \$, as well as its current growth rate. *

Cite sources when possible.

13. Do you have any market traction? *

Example: revenue, customers, user metrics, etc.

Mark only one oval.

Yes

No

Other:

14. If yes, describe market traction below.

15. Who are your main direct competitors? *

16. Who are your main indirect competitors? *

17. What are your key differentiators and/or competitive advantages? *

18. What are the TECHNOLOGICAL barriers to entry and how do you plan to overcome them? *

19. What are the MARKET barriers to entry and how do you plan to overcome them? *

20. What are the REGULATORY barriers to entry and how do you plan to overcome them? *

Team

21. **Have you or members of your team applied to XLR8UH previously? ***

Mark only one oval.

Yes

No

22. **Who are the founders on the team? ***

Provide names, relevant experience, and LinkedIn URLs (if applicable).

23. **Not including founders, how many additional members are there on the team? ***

Provide names, relevant experience, and LinkedIn URLs (if applicable).

24. **Indicate if the team members are part of the core team or if they are outside consultant/contractors, as well as their current role in the company.**

25. **What is the UH affiliation of the founders and/or advisors on the team? ***

Provide names and affiliation (alumni, staff, student, faculty, licensee, etc.)

26. **How long have all the founders worked together as a team? ***

Include prior work experience together.

27. How many combined years of relevant industry/technical experience does your team have? *

28. How many team members have prior startup experience (have exited or successfully run a startup company)? *

29. Does your team have any advisors? *

Mark only one oval.

- Yes
- No

30. If yes, list all individuals and a one-sentence description of their background/accomplishments.

31. Rate your current knowledge level of the Business Model Canvas. *

Mark only one oval.

	1	2	3	4	5	
low, never heard of it	<input type="radio"/>	have proficient knowledge through practical application				

32. How many team members will be actively participating in the 3-month UH Ventures Accelerator program? *

Provide a specific number.

Business

33. What formal business entity do you currently have? *

Mark only one oval.

- Sole Proprietorship
- Partnership
- Delaware C-Corp
- S-Corporation
- Hawaii Corporation
- Limited Liability Company
- I don't have a formal business entity
- Other: _____

34. If you are a corporation, provide date when you were incorporated.

Example: January 1, 2019

35. If you are not incorporated, provide date when you began your business.

Example: January 1, 2019

36. What is your customer acquisition strategy? *

37. What is your exit strategy? *

Milestones

38. Product *

Describe what milestones your team hopes to accomplish in the next 3 months.

39. Market *

Describe what milestones your team hopes to accomplish in the next 3 months

40. Team *

Describe what milestones your team hopes to accomplish in the next 3 months.

41. Financials *

Describe what milestones your team hopes to accomplish in the next 3 months.

42. Business *

Describe what milestones your team hopes to accomplish in the next 3 months.

43. Miscellaneous *

Describe what milestones your team hopes to accomplish in the next 3 months.

Financials

44. What is your revenue model? *

45. Are you post-revenue? *

Mark only one oval.

- Yes
- No

46. If yes, how much revenue have you made to date (in dollars)?

Revenue is the income generated from the sale of goods or services associated with the main operations of an organization before any costs or expenses are deducted. Outside funding such as grants, awards, and money from investors DO NOT count as revenue.

47. What was the date of your first revenue?

Example: January 1, 2019

48. Have you incurred any business related expenses? *

Mark only one oval.

- Yes
- No

49. If yes, what are your expenses incurred to date (in dollars)?

50. Indicate type of expenses, as well as estimated dollar amount.

Example: R&D - \$1000; Salaries and wages - \$5000; etc.

Funding

For each funding source, please provide the date, amount, terms, and source. Please include a semicolon ';' after each piece of information. Example: 12/2018-12/2019; \$250K; non-dilutive grant money; NSF grant. (If zero, put "0")

51. Funding Source: GRANT (include Federal, State, Other). *

ANY grant money received to develop product/service. Even if received BEFORE company formation. Grants are not revenue/income or competition awards.

52. Funding Source: SELF. *

Own money: Includes gifts from family/friends, credit cards, personal loans.

53. Funding Source: FRIENDS AND FAMILY. *

Investment by a friend or family member (Non-Accredited Investor). Not loan or gift from a family member.

54. Funding Source: ANGELS. *

Angel investor (Angel, Angel Funds, or Individual Investors)

55. Funding Source: INSTITUTIONAL INVESTORS. *

Professional investor from a VC fund, Corporate investors, etc. (Not angel/angel funds/individual investors)

56. Funding Source: ACCELERATORS/INCUBATORS *

57. Funding Source: CROWDFUNDING

58. Funding Source: BANK FINANCING. *

Debt financing (bank, peer to peer loan); not personal loans

59. Funding Source: OTHER. *

Competitions, prizes, etc.

60. Total Funding: *

Add up all sources of funding.

Budget

Provide a budget breakdown for the requested use of funds (\$25,000). Include a budgeted amount in dollars, then a brief description of how the funds will be used. i.e. Equipment and supplies - \$4000 for purchasing raw materials for prototype development.

61. Salaries and Wages *

(This should be a dollar amount.)

62. Salaries and Wages - Description *

63. Contractors/Consultants *

(This should be a dollar amount.)

64. Contractors/Consultants - Description *

65. Equipment and Supplies *

(This should be a dollar amount.)

66. Equipment and Supplies - Description *

67. Sales and Marketing *

Include travel expenses. (This should be a dollar amount.)

68. Sales and Marketing - Description *

69. Miscellaneous *

(This should be a dollar amount.)

70. Miscellaneous - Description *

71. Total: *

This is the dollar sum of the items above and must equal \$25,000.

University Technology

72. Have you ever submitted your idea to the UH Office of Technology Transfer? *

Mark only one oval.

- Yes
- No
- Not Applicable

73. Has OTT filed a patent? *

Mark only one oval.

- Yes
- No
- Not Applicable

74. Please provide any further detail if necessary.

Demographic Information

The UH Ventures Accelerator commits to inclusivity across all socio-economic demographics. As an ongoing effort, the section below allows us to track these metrics.

75. Demographics *

Mark only one oval per row.

	0	1	2	3	4	5+
Number of team members with a masters degree or higher	<input type="radio"/>					
Female team members	<input type="radio"/>					
Minority team members	<input type="radio"/>					
Veterans on team	<input type="radio"/>					
Active service members on team	<input type="radio"/>					
Team members with disability	<input type="radio"/>					
Team members from the neighbor islands	<input type="radio"/>					

76. If you have any additional comments, questions, or concerns, please provide them below.

Please review and submit

A copy of your responses will be emailed to the address you provided

