



IMPACT INDEX

InBIA IMPACT Survey

Downloadable Survey
Guide & Instructions

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UNIVERSITY OF
CENTRAL FLORIDA

2016 Fiscal Year Survey Questions

Welcome to the 2016 IMPACT Survey, Phase I. Before starting the survey, please read the instructions about survey operation and institutional data needed to complete the survey. All survey instructions are provided to you at the beginning of the IMPACT survey.

Overview

InBIA, in partnership with the University of Central Florida, is honored to host the IMPACT Index data aggregation task for the US Economic Development Administration, which will greatly benefit all participants including InBIA members. By participating as a respondent your information will contribute to a national dataset that will be available within the next year to bring unprecedented resources back to your organization.

Aggregated across as many entrepreneurship programs as we and the EDA can capture, you will be able to use the data to help with future planning, obtaining funding, and developing critical partnerships for your organization.

EDA's goal for the IMPACT Index is an interactive, longitudinal dataset that will be searchable by variables including geographic region, industry focus, and program type. The IMPACT reporting tool will allow you to create personalized reports to benchmark your programs with a national dataset, and ideally enable you to pursue federal and regional funding to develop important infrastructure assets for your organization. The IMPACT dataset will provide easily accessible, averaged impact measurements that are often required when pursuing such resources for your entrepreneurial program.

The dataset will be maintained by InBIA, and will be perpetually available to the EDA, survey participants and other qualified institutions to help community leaders identify key performance drivers and entrepreneurial demographics that are unique to their regions or industrial sectors. The IMPACT Index will provide you with tangible economic impact data needed by key stakeholders and annual report designers. In addition, IMPACT data could potentially assist with the development of community funding proposals.

Phase I

The first phase of the IMPACT survey is now open and will collect key performance metrics on programs that support entrepreneurs. At the end of the survey for Phase I you will be asked if you have any data on client companies to help seed the initial data collection for Phase II.

Phase II

The second phase of the IMPACT survey will be conducted after a baseline of organizations have been established in Phase I, which is anticipated to be in mid 2017. Phase II aims to collect performance metrics on companies that have gone through the entrepreneurial support programs that completed Phase I.

If you have any questions feel free to contact us at 407-965-5653 Ext. 600 or via email at impactindex@inbia.org

Access to the Survey

The IMPACT Survey will take approximately 40 minutes to complete. For your convenience, the survey has been setup with a 'Save and Continue' feature. Please review the instructions below on how to access the survey and resume where you left off.

Invitation was emailed to you:

After you have begun the survey and need to leave for any reason, please use the unique link that was provided to you via email to return to the IMPACT survey. When exiting the survey, select the 'Save and Continue' option at the top of your browser window, highlighted in grey. Your responses will be saved and you can return at any time using the link provided to complete the survey.

Joined the Survey through our Website, InBIA Exchange, or other media outlet:

After you have begun the survey and need to leave for any reason, please select the 'Save and Continue' option at the top of the browser window, highlighted in grey. You will be prompted to provide an email address (and verify the address). After verifying the address, please select save. You will be sent an email (to the email you provided) containing a unique link to return and complete the IMPACT survey at your convenience.

Please record the email that link was sent to and date of Save:

Email: _____

Date Saved: _____

If you have any questions feel free to contact us at 407-965-5653 Ext. 600 or via email at impactindex@inbia.org

General Instructions

Survey Term & Reporting Period: Fiscal Year 2016

The IMPACT survey requests data for your fiscal year 2016 regardless of the month your fiscal year begins in. The 2016 reporting period may be any 12-month period that ends in the calendar year 2016, e.g., 6/2015 – 6/2016, 9/2015 – 8/2016, etc.

The 2016 fiscal year survey will be available to respondents for a specific period of time. The 2016 fiscal year deadline will be announced on the IMPACT survey website at <http://impactindex.inbia.org>. Respondents may respond to the survey, update or change their survey responses as many times as needed before submitting their survey. After submission, changes may only be made under special arrangements with the survey administrator (impactindex@inbia.org).

Confidential Status

Organizational data will remain confidential to responding organizations and will not be published, outside of your personal benchmark report. The benchmark report will be sent directly to the survey respondent. Neither the institution's name nor individual organizational data will be visible to other parties or through the database searches. However, confidential data will be included within the aggregate dataset and reports.

Questions and Data

Every question has been worded to attempt to reduce ambiguities. If you are not able to provide an exact response to a question, please provide your best estimate to the question, as opposed to providing no answer at all. Recognizing that confusion may still occur, you are encouraged to contact the IMPACT research team for clarification.

The IMPACT Index survey covers a broad array of innovative entrepreneurship programs. Even if you are not an incubator or accelerator, you can still help us! The questions you will be asked in the survey pertain to the specific selections you make about the range of programs and services your organization offers. Large programs with multiple components may be asked to answer questions on a variety of program offerings, while smaller programs with a singular focus should be able to move through the survey quickly. Required questions are marked with a (*) throughout this guide.

If you have any questions feel free to contact us at 407-965-5653 Ext. 600 or via email at impactindex@inbia.org

Submitting and Updating

Unlike some surveys, where your data is final upon saving, IMPACT lets you input and update your data multiple times until the close date. This feature allows you to correct problems with data previously entered or complete the survey in multiple sessions. There is no need to wait until all of your data has been collected to start the survey. Frequent saving of your responses insures that your work is saved in the event of a computer problem, etc.

Note: Save (SAVE) your responses often. If you leave the survey unattended for more than *15 minutes*, then your current page data may be discarded, and you will see a 'timeout error' message. If you see this message, you can login back into the survey through your unique link **sent via email or through our website at <http://impactindex.inbia.org>**.

Error Checking

IMPACT checks your data for possible problems. If you receive a message asking you to review your response to a survey item it may be due to the following issues:

- A. You did not complete a question that is required*
- B. The data you entered is not compatible with the answer format of the question (e.g., if you are asked for a dollar figure, only numbers in a currency format are accepted)*
- C. There may be a typographical error in the data you provided (e.g., there may be a comma inserted in a number sequence)*

****These form errors must be resolved before your SAVE will be accepted.***

Data Collection Worksheet

Please use this document as an instructional guide to aid in identifying metrics needed to complete the IMPACT survey. The Data Collection Worksheet includes all of the Phase I survey items that require preidentified data pertaining to your facility, staff, budgets, and other key performance metrics. These items are marked with a (#) symbol throughout this guide.

If you have any questions feel free to contact us at 407-965-5653 Ext. 600 or via email at impactindex@inbia.org

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Legend:

Questions marked with an asterisk (*) are required

Questions marked with a hash symbol (#) may require data collection or reports to complete

If you have any questions feel free to contact us at 407-965-5653 Ext. 600 or via email at impactindex@inbia.org

Classification of Organization Type

1) The IMPACT survey is available to organizations and programs that serve entrepreneurs. Below, is a list of program definitions being utilized for the IMPACT study. Please review these definitions and select the program type that best identifies your organization's **PRIMARY** operation.*

- | | |
|--|--|
| <input type="checkbox"/> Incubator
<input type="checkbox"/> Seed Accelerator
<input type="checkbox"/> Pre-Accelerator
<input type="checkbox"/> Coworking space
<input type="checkbox"/> Makerspace
<input type="checkbox"/> SuperHub
<input type="checkbox"/> Small Business Development Center (SBDC) | <input type="checkbox"/> Branded Third-party Entrepreneurship Programs
<input type="checkbox"/> Student Entrepreneurship Center
<input type="checkbox"/> Technology Transfer and Commercialization Office
<input type="checkbox"/> Higher Education Academic Department
<input type="checkbox"/> Economic Development Center or Organization |
|--|--|

2) In addition to your primary function that was previously identified, does your organization provide any additional programs, services or space? *

(Check all that apply)

No Additional Programs	<input type="checkbox"/>
Business Incubator	<input type="checkbox"/>
Seed Accelerator	<input type="checkbox"/>
Pre-Accelerator	<input type="checkbox"/>
Coworking Space	<input type="checkbox"/>
Maker Space	<input type="checkbox"/>
Small Business Development Center (SBDC)	<input type="checkbox"/>
Branded Third-party Entrepreneurship Program	<input type="checkbox"/>
Student Entrepreneurship Center	<input type="checkbox"/>
Technology Transfer or Commercialization Office	<input type="checkbox"/>
Higher Education Academic Department	<input type="checkbox"/>
Economic Development Center or Organization	<input type="checkbox"/>
Virtual Program	<input type="checkbox"/>

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Background Questions

3) What is the corporate structure of your organization?*

- ☐ For profit
- ☐ Not for profit
- ☐ Government agency (non higher education)
- ☐ Higher education academic institution
- ☐ Other

4) Which of the following best describes the area your program is located/serves?

- ☐ Rural area (less than 150 citizens per sq/km & 50,000 total within region served)
- ☐ Mid-density Urban area (between 150 - 2,250 citizens per sq/km & under 750,000 total in region served)
- ☐ High-density Urban area (above 2,250 citizens per sq/km & over 750,000 in region served)

5) What is the geographic region your organization serves?*

- ☐ Neighborhood/Section of City
- ☐ City
- ☐ County
- ☐ Multi-county region
 - ☐ State/Province
- ☐ National
- ☐ International

6) Have you run at least one cohort of companies through your *accelerator program*?

- ☐ Yes
- ☐ No
- ☐ We are planning to start our accelerator program in the next 6 months

7) How many *cohorts* have completed your accelerator program?*

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 21 - 25 |
| <input type="checkbox"/> 1 - 5 | <input type="checkbox"/> 26 - 30 |
| <input type="checkbox"/> 6 - 10 | <input type="checkbox"/> 31 - 35 |
| <input type="checkbox"/> 11 - 15 | <input type="checkbox"/> 36 - 40 |
| <input type="checkbox"/> 16 - 20 | <input type="checkbox"/> 41+ |

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8) How many cohorts do you run or plan to run annually?* #

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> 1 - 5 | <input type="checkbox"/> 26 - 30 |
| <input type="checkbox"/> 6 - 10 | <input type="checkbox"/> 31 - 35 |
| <input type="checkbox"/> 11 - 15 | <input type="checkbox"/> 36 - 40 |
| <input type="checkbox"/> 16 - 20 | <input type="checkbox"/> 41+ |
| <input type="checkbox"/> 21 - 25 | |

9) What is the average number of companies accepted in each cohort? #

I. Do you host a Demo Day or some culmination event for the accelerator program?

- ☐ Yes
- ☐ No
- ☐ We intend on developing such an event in the near future

II. Where do you host your culminating event?

- ☐ At our facility
- ☐ At a local hotel or event venue
- ☐ At a partner location (university, corporation, coworking, incubator space)
- ☐ We don't host these types of events
- ☐ Other- Write in _____

III. Are there any additional costs to companies that have been accepted into your accelerator program?

- ☐ No additional costs
- ☐ Housing
- ☐ Office Space
- ☐ Parking
- ☐ Other- Write in _____

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Operations Questions

10) Does your organization have any of the following?*

	Yes	No
Paid staff (full or part-time)		
A board of advisors		
Volunteers		

11) How many of the following types of paid staff members does your organization have? #

Senior level staff (Directors and above): _____

Full-time Operations staff: _____

Part-time staff and Contractors: _____

Paid Mentors: _____

Student Interns: _____

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12) Approximately, what percent of time does your senior leadership staff spend on the following activities within a typical week? #

0-20% 21-40% 41-60% 61-80% 81-100%

Delivery of programs and services to companies					
Managing mentor/service provider network					
Facilities management					
Recruitment of new company prospects					
Fundraising for seed fund					
Fundraising for operational funding					
Staff management/development					
Overhead/basic operational activities					
Other					

13) How many Advisory Board members does your organization currently have?* #

--

14) How many of your advisory board members have experience in the following areas (board members can be included in more than one category)? #

Angel or Venture Capital Investors:	_____
Bankers:	_____
Corporate/Industry Experts - Non-Technical:	_____
Corporate/Industry Experts - Technical:	_____
Experienced Entrepreneur or Business Owner:	_____
Government or Economic Development Leaders:	_____
University Leaders/Researchers:	_____
Other:	_____

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15) How many non-member volunteers support your programs and events?* # *(List average figures per month)*

16) On average, what is the total number of volunteer-hours provided to support your programs each month? #

17) Approximately, what are your organization's total annual expenses?*

- | | |
|--|--|
| <input type="checkbox"/> 0-\$500,000 | <input type="checkbox"/> \$2,000,001-\$2,500,000 |
| <input type="checkbox"/> \$500,001-\$1,000,000 | <input type="checkbox"/> \$2,500,001-\$3,000,000 |
| <input type="checkbox"/> \$1,000,001-\$1,500,000 | <input type="checkbox"/> \$3,000,001 + |
| <input type="checkbox"/> \$1,500,001-\$2,000,000 | |

18) For the most recent fiscal year, please indicate the approximate percentage of total expenses for each of the following:* #

	0%	1-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%
Building mortgage/lease/rent											
Utilities, Internet, Telephone, etc.											
Staff Salaries											
Education/training for staff											
Legal and Accounting											
Consultants/Outside contractors											
Marketing (Website, Press Releases, Collateral, etc.)											
Event Costs											
Other expenses											

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19) Are there any additional costs to companies that have been accepted into your accelerator program?

** (If so, please select all that apply below)*

☐ No additional costs

☐ Parking

☐ Housing

☐ Other - Write In:

☐ Office space

20) Which of the following Social Media and Marketing tools does your organization actively use?

☐ eNewsletter

☐ Articles

☐ Twitter

☐ White papers

☐ LinkedIn

☐ Member company case studies

☐ Facebook

☐ Academic publications

☐ Blogs

☐ Other - Write In:

☐ Press releases

Affiliations & Partnerships

21) Is your organization affiliated with any of the following?*

Yes, one

Yes, multiple

No

	Yes, one	Yes, multiple	No
University or college			
Private corporation			

22) Tell us about the academic institution(s) your organization is affiliated with. # University/College Name*:

23) How is your organization connected with the academic institution(s)? (Select all that apply) ☐ They provide space at no-cost

☐ They provide discounted space

☐ They are the sole funder of our program

☐ They are one of many sponsors for our facility/program

☐ They provide assets, education programs, or other services to our clients

☐ They host an NSF sponsored iCorps Program (USA only)

☐ Our institution supports the academic institution's Technology Transfer Office at some level ☐

Other - Write In:

☐ Not applicable

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24) Which of the following does the academic institution help fund?

- | | |
|--|--|
| <input type="checkbox"/> Dedicated Building or Real Estate | <input type="checkbox"/> Startup Funding (grants, loans, seed funding) |
| <input type="checkbox"/> Offices or Desk Space for Entrepreneurs | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Program or Operational Funding | <input type="checkbox"/> Not applicable |

25)How is your organization connected with your corporate affiliate?

- ☐They provide space at no cost
- ☐Not applicable
- ☐They provide space at a discount
- ☐They provide tangible assets or other in-kind resources for our facility/programs
- ☐They provide mentors or other personnel
- ☐They sit on our Advisory Board
- ☐They vet our startup companies' ideas or are strategic investors in our startup companies ☐
- Other - Write In:

26) What is your corporate sponsor providing to your organization? (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Office or Desk space for Entrepreneurs | <input type="checkbox"/> Startup Funding (grants, loans, seed funding) |
| <input type="checkbox"/> Program or Operational Funding | <input type="checkbox"/> Other - Write In: |

Programming & Tenant/Client Offerings

27) Does your program host events?*

- ☐Yes
- ☐No

28) For each event type presented below, how many events does your organization host annually? #

- Meetups on Business or Financing Topics: _____
- Meetups on Technical Topics: _____
- Matchmaking Events (Industry or Customer): _____
- Startup Weekends: _____
- Lunch and Learn Workshops: _____
- One Million Cups: _____
- Founders Talks: _____
- Demo Day or Showcase Events for Member Companies: _____
- Hackathons: _____

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29) How flexible is your event participation requirement for companies in your programs?

- ☐ Companies can choose how much they participate in education, event and mentoring programs.
- ☐ We require participation in a few key programs, with most of our activities being optional for companies.
- ☐ There is a formalized weekly or monthly program that is mandatory for all our companies
- ☐ We do not offer formal programs, just space and optional networking socials ☐

Other - Write In: _____

30) How many educational program offerings does your organization host annually for each of the following categories? #

Business Fundamental Workshops (e.g., legal, accounting): _____

Business Plan Development Workshops (e.g., Business Model Canvas): _____

Raising Capital Workshops (e.g., Angel, venture-capital, crowdfunding): _____

SBIR or STTR Grant Development Workshops: _____

Import or Export Workshops: _____

Technology Education Workshops (e.g., programming, design, patent strategies): _____

Commercialization Workshops for students/faculty: _____

31) Does your program currently offer mentorship services to your member companies?* ☐Yes

☐No

☐We are planning to add a mentoring network in the next 6 months

32) For each of the following categories, identify how many mentors are actively involved in your programs. #

Experienced Entrepreneurs (Non-technical industries): _____

Experienced Entrepreneurs (Venture-backed companies): _____

Technical Experts with small business experience: _____

Faculty Researchers: _____

Fortune 1000 corporate leaders: _____

Angel or Venture Capitalists: _____

Bank or Private equity executives: _____

Lawyers: _____

Accountants: _____

Human Resource Professionals: _____

33) How many times a month do the following mentor activities occur? #

Scheduled 1:1 Meetings (Mentors & Founders): _____

Mentor Office Hours (Total number of hours for all mentors): _____ Mentor-led

Workshops or Speaking events: _____

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34) Do you have a formal *Mentor Orientation* and on-boarding process?

☐ Yes

☐ No

35) Do you have a *Mentor Policy Handbook* that has been updated in the past 12 months?

☐ Yes

☐ No

36) Who is responsible for tracking and logging mentor-companies engagements?

☐ Program Staff logs engagements ☐ We don't track mentor-company engagements ☐ Mentors track their time and meetings ☐ Other - Write In:

☐ Companies log engagements

37) How often are member companies encouraged to meet with Mentors?

☐ Every Week ☐ Mentor meetings are optional, but encouraged

☐ Twice per month ☐ Other - Write In:

☐ Once per month

38) What percent of companies in your program actively engage with Mentors on a weekly basis? #

--

39) Does your organization provide loans to startup companies or oversee a government-sponsored loan program?*

☐ Yes

☐ No

40) Do you oversee a Small Business Administration (SBA) Loan program?

☐ Yes

☐ No

41) What is the source of funds for your loan program?

(Select all that apply)

☐ Government Agency ☐ Bank or Financial Institution

☐ Individual Investors ☐ Non Bank Corporate Partners

☐ Foundation or Non-profit ☐ Other - Write In:

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42) Please provide the following loan metrics. #

(Data should be from the date the first loan was made)

What year did your loan program start?:

How many loans, on average, are made each year?:

What is the average loan size?:

What is the total amount of loan funds deployed since inception?:

How many loan transactions have defaulted since inception?:

43) Does your organization do either of the following?

(a) provide grants to startup companies

(b) oversee a government sponsored grant program*

☐ Yes

☐ No

44) What is the source of funds for your grant program?

(Select all that apply)

☐ Government Agency

☐ Bank or Financial Institution

☐ Individual Investors

☐ Non-bank Corporate Partners

☐ Foundation or Non-profit

☐ Other - Write In:

45) What is the most important performance metric that would indicate success of the grant program?

(Examples: Job growth, workforce training, number of spin-out companies, etc.)

46) Please provide the following metrics on your grant program.

(Data should be from the date the first grant was awarded)

What year did your grant program start?:

On average, how many grants are made each year?:

What is the average grant size?:

What is the total amount of grant funds deployed since inception?:

47) Where do you host your culminating event (e.g., Demo Day, Showcase)?

☐ At our facility

☐ We don't host these type of events

☐ At a local hotel or event venue

☐ Other - Write In:

☐ At a partner location (university, corporation,

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coworking, incubator space)

48) On average, how many individuals attend your culminating event (e.g., Demo Day, Showcase)?
(Do not include the startup companies that are part of the event)

49) Does your organization have an affiliate seed fund that provides cash in exchange for a percent of equity in startup companies in your programs?*

- ☐ Yes
☐ No
☐ We are planning to offer equity funding in the next 6 months

50) What year was the first investment from this funding program made? #

- ☐ No investments made yet
☐ 2016
☐ 2015
☐ 2014
☐ 2013
☐ etc.

51) What is the main source of capital for your fund?

- ☐ Individual investors or Program partners
☐ Corporate partners
☐ Public or Government funds
☐ Other - Write In:

52) From what area are the majority of your investor partners located?

- | | |
|--|--|
| <input type="checkbox"/> Local (City or township) | <input type="checkbox"/> National or Federal |
| <input type="checkbox"/> Regional (Multiple cities or townships) | <input type="checkbox"/> International |
| <input type="checkbox"/> State | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Multi-state | |

53) How often do you raise equity funds (to invest in companies in your programs)?

- | | |
|--|--|
| <input type="checkbox"/> Once - we use returns to capitalize future member companies | <input type="checkbox"/> Every 2-3 years |
| <input type="checkbox"/> We raise a fund for every cohort or program cycle | <input type="checkbox"/> Every 3-5 years |
| <input type="checkbox"/> Every year we raise a new fund | <input type="checkbox"/> Longer than 5 years |

54) What is the total size of your current fund (in U.S. dollars)?

If you have any questions feel free to contact us at 407-965-5653 Ext. 600 or via email at impactindex@inbia.org

55) Is it mandatory for companies to take funds as a condition of participating in your (seed funded) program?

☐ Yes, it is required

☐ No, it is optional

56) What is the average investment size of the FIRST round of financing invested in each company? #
(Please list all figures in U.S. dollars)

57) What type of investment model is used to invest the FIRST round of capital from your fund?*

☐ Convertible note that converts to stock in future rounds

☐ Common stock purchased

☐ Preferred shares of stock purchased

☐ Other - Write In (Required): *

58) What is the typical equity stake you take in the FIRST round of funds given? #

☐ -5%

☐ 16-20%

☐ 6-10%

☐ 21-25%

☐ 11-15%

☐ 26+

59) Is follow-on funding available from this fund?

☐ Yes

☐ No

☐ No, but we have access to a different fund for follow-on rounds

60) Approximately, what is the average total amount invested in each company in your portfolio (average of all rounds)? #

☐ 0-\$100,000

☐ \$400,001-\$500,000

☐ \$100,001-\$200,000

☐ \$500,001+

☐ \$200,001-\$300,000

☐ \$300,001-\$400,000

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61) Please provide the following fund metrics. #

(Data should be from the date the first investment was made)

How many first round investments have been made?:

How many follow on investments have been made?:

How many successful exits has the fund had?:

How many investments have failed?:

62) Do you offer virtual participation options for member or client companies in your programs?* ☐ Yes

☐ No

☐ We are planning to add virtual option in the next 6 months

63) How many companies *currently* participate in your virtual programs? #

64) If applicable, how many of the companies that participate virtually were previously located in your physical incubator location? #

65) How many companies have participated in your virtual program since it began? #

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Tenant/Client Questions

66) Select up to 3 industry segments your organization/tenants/clients are most aligned with.*

- | | |
|---|--|
| <input type="checkbox"/> No specific industry (Mixed use)
<input type="checkbox"/> Advanced Materials (Ceramics, polymers, etc.)
<input type="checkbox"/> Agricultural Sciences
<input type="checkbox"/> Art or Fashion
<input type="checkbox"/> Biotechnology or Life Sciences
<input type="checkbox"/> Civil Infrastructure or Construction
<input type="checkbox"/> Defense or Aerospace
<input type="checkbox"/> Educational Technology
<input type="checkbox"/> Energy or Clean Technology
<input type="checkbox"/> Environmental Sciences
<input type="checkbox"/> Financial Information Technology (FinTech)
<input type="checkbox"/> Food Product or Beverage Concepts
<input type="checkbox"/> Gaming or Digital Media | <input type="checkbox"/> Government Contracting
<input type="checkbox"/> Healthcare Information Technology
<input type="checkbox"/> Healthcare Services
<input type="checkbox"/> Homeland or Cyber Security
<input type="checkbox"/> Medical Devices
<input type="checkbox"/> Nanoscience
<input type="checkbox"/> Retail
<input type="checkbox"/> Social Ventures
<input type="checkbox"/> Software, Internet or Mobile Apps
<input type="checkbox"/> Tourism
<input type="checkbox"/> Professional Services or Consultants
<input type="checkbox"/> Other - Write In: |
|---|--|

67) Please select *Yes* for all company founder demographics or geographies that your organization specifically focuses on as part of its overall mission and *No* for those that do not apply. *

	Yes	No
No Specific Demographics or Geographies		
College or University Students		
Economically Underserved Populations		
Foreign/international companies		
Minority Populations		
Native Americans		
Women		
Youth		
Other - Write In		

68) What are the 3 most common professional backgrounds of company founders in your programs? (Select up to 3)

- | | |
|---|---|
| <input type="checkbox"/> College or University Students
<input type="checkbox"/> Faculty Researchers
<input type="checkbox"/> Former Corporate Employees
<input type="checkbox"/> Independent Consultants or Designers
<input type="checkbox"/> Non-technical Small Business Owners | <input type="checkbox"/> Serial Entrepreneurs
<input type="checkbox"/> Technology Millennials
<input type="checkbox"/> Veterans
<input type="checkbox"/> Other - Write In: |
|---|---|

If you have any questions feel free to contact us at 407-965-5653 Ext. 600 or via email at impactindex@inbia.org

69) For companies currently in your program, *what percent* are in each of the following categories? #

	0%- 10%	1- 10%	11- 20%	21- 30%	31- 40%	41- 50%	51- 60%	61- 70%	71- 80%	81-91- 90%	100%
Idea Stage											
Working Prototype, Minimally Viable Product (MVP) or Pre-Revenue Stage											
Early Revenue Stage (under \$250k), still validating market need											
Early Growth Stage (\$250,000 - \$2,000,000). Revenue growth for at least 6 straight months											
Profitable Growth (over \$2,000,000 in revenue)											

70) Do you focus on the following types of client companies in your food/kitchen incubator?

(Select YES if you focus on these types of clients or NO if you do not)

	Yes	No
Farmers		
Startup and small businesses		
Larger established domestic food processors		
Larger established international food processors		
Retailers and food service operators		
Other- Write in		

If you have any questions feel free to contact us at 407-965-5653 Ext. 600 or via email at impactindex@inbia.org

71) Do you offer the following types of services in your food/kitchen incubator?

(Select YES if you offer these services or NO if you do not)

	Yes	No
Marketing and sales strategy		
Consumer research		
Focus groups		
Sensory analysis strategy		
Product/process development		
Quality assurance and food safety procedures		
Regulatory assistance		
Nutrition Analysis		
Analytical Testing		
Engineering, equipment specification and installation		
Technology commercialization		
Separate research and development facility		

72) Do you support the following types of products categories in your food/kitchen incubator?

	Yes	No
Dairy processing		
Meat/poultry processing		
Seafood processing		
Fresh-cut produce processing		
Milling/blending		
Baked Goods		
Hot filling capabilities (including bottling)		
MAP or Vacuum Packaging		
Wine/Beer production		
Retort processing		

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Dehydrated foods

Mission & Goals

73) Rate the importance of the following overarching goals in your organization.

	Not Applicable to Program	Very Important	Somewhat Important	Neither Important Nor Unimportant	Somewhat Unimportant	Very Unimportant
Creating Jobs						
Fostering Entrepreneurial Culture						
Accelerating Growth of Local Economy						
Commercializing Research through Startups						
Return on Investment for Investors/Sponsors						
Corporate Innovation (Intrapreneurship)						
Encouraging Minority or Women Entrepreneurs						
Moving People from Welfare to Work						

Income/Funding

74) How are your accelerator's operations financed?

- | | |
|--|---|
| <input type="checkbox"/> Privately owned accelerator fully financed by partners | <input type="checkbox"/> Non-profit accelerator (Community-sponsored) |
| <input type="checkbox"/> Privately owned accelerator with partial government support | <input type="checkbox"/> Corporate Sponsored accelerator |
| <input type="checkbox"/> Government operated accelerator | <input type="checkbox"/> University Affiliated accelerator |
| | <input type="checkbox"/> Other (Write In): |

75) What is your organization's total annual revenue, including subsidies?* #

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☐0-\$500,000

☐\$500,001-\$1,000,000

☐\$1,000,001-\$1,500,000

☐\$1,500,001-\$2,000,000

☐\$2,000,001-\$2,500,000

☐\$2,500,001-\$3,000,000

☐\$3,000,001 +

76) Does your organization receive subsidies to cover operational costs from a government, university or economic development agency?*

☐Yes

☐No

77) Approximately, what is the total percent of organizational revenue received from government, university or economic development agencies?

	0	1- 10%	11- 20%	21- 30%	31- 40%	41- 50%	51- 60%	61- 70%	71- 80%	81- 90%	91- 100%
Local government/EDA											
State/Province government/EDA											
National government/EDA											
University											

If you have any questions feel free to contact us at 407-965-5653 Ext. 600 or via email at impactindex@inbia.org

78) For the most recent fiscal year, please indicate approximately what percent of your revenue totals came from the following: #

	0%	1-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%
Membership/Rent for office space											
Educational Program Participation fees											
Event & Social Revenues											
Corporate Sponsorship/Subsidies											
Donations											
Returns from Client Stock											
Grant Funding from Government Agencies											
Grant Funding from Corporate/Philanthropic Foundations											
Other sources											

Application and Graduation Metrics

79) Does your organization have an application process for accepting companies or entrepreneurs into your space?*

☐ Yes

☐ No

If you have any questions feel free to contact us at 407-965-5653 Ext. 600 or via email at impactindex@inbia.org

80) Tell us about your application intake and acceptance rates:* #

About how many applications does your organization receive annually on average? _____

About how many application does your organization accept annually on average? _____

About what percent of applications are from companies located outside your state/province? _____

81) What are the two most important selection criteria your program looks for in applicants?

(Select up to 2 criteria)

No specific criteria, our application is a lease application only

Affiliation with sponsoring University/College or Corporation

Founder experience

Founder passion

Market Opportunity

Industry/cluster alignment with program mission

Potential attractiveness to Angel/Venture capital investors

Social Impact

Solid Business Plan (completed)

Intellectual property ownership

82) Do you have formal graduation policies or criteria?*

☐ Yes, companies must graduate or leave if they are not progressing

☐ No, companies may stay as long as they wish

☐ Not sure

83) Are accelerator cohort companies allowed to stay at your facility after program completion (e.g., Demo Day)?

☐ Yes

☐ No

84) How long are accelerator graduates allowed to stay in your facility?

☐ As long as they want - no time limits

☐ 0-6 months

☐ 7-12 months

☐ 13+ months

85) After completion of the accelerator program, do you charge graduates rent or a membership fee to use the facility?

☐ Yes

☐ No

If you have any questions feel free to contact us at 407-965-5653 Ext. 600 or via email at impactindex@inbia.org

86) What is the average monthly cost (rent or membership) for accelerator graduates to use your facility? *(Please put all figures in U.S. dollars)*

87) What is the top trigger for companies to successfully graduate from your program?* *(Select one)*

- | | |
|--|--|
| <input type="checkbox"/> Achieved mutually agreed-upon milestone | <input type="checkbox"/> Exceeded threshold revenue run rate |
| <input type="checkbox"/> Exceeded maximum time allowed in program | <input type="checkbox"/> Outgrew available space |
| <input type="checkbox"/> Exceeded maximum staff allowed in company | <input type="checkbox"/> Successfully completed the program |
| <input type="checkbox"/> Exceeded threshold for capital raised | <input type="checkbox"/> Other - Write In: |

88) What services do you provide to companies that have successfully graduated from your programs? *(Select all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Continued access to your mentor network | <input type="checkbox"/> Proactive introductions to partner and corporate connections |
| <input type="checkbox"/> Option to attend educational workshops | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Option to rent office or desk space | |
| <input type="checkbox"/> Continued access to specialty labs | |
| <input type="checkbox"/> Proactive introductions to investors | |

89) On average, how many months do companies participate in your program before graduating or moving on to a new space?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 0-6 months | <input type="checkbox"/> 25-30 months |
| <input type="checkbox"/> 7-12 months | <input type="checkbox"/> 31-36 months |
| <input type="checkbox"/> 13-18 months | <input type="checkbox"/> 37 + months |
| <input type="checkbox"/> 19-24 months | |

90) Please provide a few graduation metrics:*

How many companies have successfully graduated from your programs since your program started?: _____

How many companies successfully graduated from your program in the past 12 months?: _____

How many companies failed before graduating since your program started?: _____

How many companies failed before graduating in the past 12 months?: _____

How many graduated companies are still in business today?: _____

91) Can graduated companies rent office or desks in your facilities after they graduate?*

- ☐ Yes, but only for a limited time
- ☐ Yes, and they can stay as long as needed
- ☐ No, they must move into a new space after graduation
- ☐ Other - Write In:

92) Please estimate the percent of companies that have graduated or moved from your center and:* # *(Total sum should add up to 100%)*

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Remained local: _____
Moved outside your state/territory: _____
Moved outside your county: _____
Moved outside your country: _____

Facilities

93) Does your organization utilize a physical facility/space to serve entrepreneurs or companies?*

- ☐ Yes
☐ No

94) Tell us about the facilities or space you use to run your program(s). * (Select all that apply)

- ☐ We own our space
☐ We have a long-term lease (minimum of 12 months)
☐ We rent space only during the months we run our programs
☐ Our space is provided by a sponsor or partner
☐ We are a virtual program (no office or desk space)
☐ Other - Write In:

95) What is the total square footage of your facility?* #

(Please use U.S. metrics, i.e., square feet)

96) What type of specialty laboratories or space does your facility have?*

(Please select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Commercial Kitchen |
| <input type="checkbox"/> Biotechnology or Wet Lab | <input type="checkbox"/> Computer Electronics Prototyping |
| <input type="checkbox"/> Maker Space | <input type="checkbox"/> Clean rooms |
| <input type="checkbox"/> Ideation (Idea Creation) Space | <input type="checkbox"/> Advanced Materials Lab |
| <input type="checkbox"/> Food Production or Packaging Equipment | <input type="checkbox"/> Other - Write In: |

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97) What percent of your facilities are dedicated to each of the following?* #

	0%	1-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%
Private Offices for member companies											
Open Coworking or Hot desk area											
Staff Office or Desk space											
Break Room/Kitchen											
Conference/Training Rooms											
Event Space (for meet ups, speakers, etc.)											
Common Areas (lounges, hallways, lobby, recreation areas, etc.)											
Commercial Kitchen (Food Product Manufacturing)											
Laboratory, Maker spaces or other specialty area											
Other											

98) How many of the following work spaces are available in your facility?* #

Private Offices:

Dedicated Desks (assigned space) in open coworking space:

Shared "Hot Desks" (first come, first serve) in open coworking space:

Conference Rooms (Capacity of 20):

Training Rooms (Capacity over 20):

Open Event Space for meet ups, speakers (Capacity over 50):

Common Lounge Areas:

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Phone Booths (private call rooms): _____

99) How many attendees does your event-based meeting space hold? #

100) What type of equipment is available to companies?

(Select all that apply)

- ☐ 3D Printers
- ☐ Electronic Prototype Equipment
- ☐ CAD/CAM Software Platform
- ☐ Laser Cutters
- ☐ Vacuum Floors (system that continuously removes debris from floor)
- ☐ Other - Write In

101) For the types of space listed below, on average how many desks or offices are occupied each month?*

	N/A	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51 +
Private Office Space												
Dedicated Desk												
Shared Desks												

102) Does your facility include maker space areas?* #

- ☐ Yes
- ☐ No
- ☐ We are planning to add a maker space area in the next 6 months

103) What is the square footage of your maker space? # (Please list all figures in square feet)

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104) What are the average *hourly* member fees (in USD) for each of the following types of space? #

	Free (no cost to member)	\$1 – 50	\$51 – 100	\$101 – 200	\$201 - 500	\$501 – 1000	\$1001-Over	N/A
Conference Rooms								
Training Rooms								
Open Event Areas								
Commercial Kitchen (Food Product Manufacturing)								
Laboratory Usage								

105) Do you rent your conference, event, kitchen or laboratory spaces to non-member entities to use?*

☐ Yes

☐ No

106) What are the average *hourly* rental fees (in USD) for outside entities to use each of the following types of space? #

	Free (no cost to member)	\$1 – 50	\$51 – 100	\$101 – 200	\$201 - 500	\$501 – 1000	\$1001-Over	N/A
Conference Rooms								
Training Rooms								
Open Event Areas								
Commercial Kitchen (Food Product Manufacturing)								

If you have any questions feel free to contact us at 407-965-5653 Ext. 600 or via email at impactindex@inbia.org

Laboratory Usage									
------------------	--	--	--	--	--	--	--	--	--

107) What are the average *monthly* member fees (in USD) for each of the following types of space?* #

	Free (no cost to member)	\$1 – 100	\$101- 300	\$301- 500	\$501- 750	\$751- 1000	\$1001- 1500	\$1501- 2000	\$2001- over	N/A
Private Office										
Shared Open Desk										
Dedicated Desk										
Commercial Kitchen (Food Product Manufacturing)										
Laboratory Use										

108) Where do companies work while they are participating in your accelerator program?*

- | | |
|--|--|
| <input type="checkbox"/> In your facility | <input type="checkbox"/> We partner with an academic institution |
| <input type="checkbox"/> They work virtually | <input type="checkbox"/> We partner with a private corporation for space |
| <input type="checkbox"/> We partner with an incubator or coworking space | <input type="checkbox"/> Other - Write In: |

109) What is the space usage agreement in place with your partner?

- ☐ We lease the space during the accelerator program
- ☐ The space is provided to us at no charge
- ☐ Other - Write In:

110) What percent of your space is *dedicated* to running accelerator cohorts? #

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111) Do you possess the following types of certifications or regulatory inspections in your food/kitchen incubator?

Select YES if you have the certification or NO if you do not

	Yes	No
Local health department inspection		
FDA inspection		
USDA inspection		
GFSI third party certification (such as SQF or BRC)		

112) What is the equipment provided in your food/kitchen incubator facility primarily suited for?

Please select one option

- ☐ Very early stage companies using basic restaurant kitchen equipment
- ☐ Mid/large companies using larger kettles (30 gal) and some automation
- ☐ Larger companies with their own equipment and mostly independent
- ☐ Commercial graduates doing higher volumes per day

Impact Metrics

113) Do you provide periodic performance or impact reports to key stakeholders or investors?*

- ☐ Yes (at least once a quarter)
- ☐ Yes (at least once a year)
- ☐ Yes (every few years)
- ☐ No

114) Which of the following performance metrics are you are required to report? #

- ☐ Number of jobs created
- ☐ Amount of investment capital raised by companies
- ☐ Amount of revenue generated by companies

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- ☐ Founder demographics/diversity (minorities, women, veterans, etc.)
- ☐ Number of companies participating in your programs
- ☐ Other metric (please describe): _____
- ☐ Other metric (please describe): _____

115) Do you track the following metrics for companies, current and graduated, that have participated in your program?

	Yes	No
Combined company revenues		
Outside grant funding awarded to companies		
Equity capital raised by companies		
Number of people employed by companies		

116) In U.S. dollars, what are the combined revenues for all companies that have participated in your program? #

(Please include current and graduated companies) In the last 12 months:

Since program started:

117) How much outside grant funding has been awarded to all companies, current and graduated, that have participated in your program (excluding capital and grant funds managed by your program)? # (Please put all figures in U.S. dollars) In the last 12 months:

Since the program started:

118) How much equity capital has been raised by all companies, current and graduated, that have participated in your program (excluding capital and grant funds managed by your program)? # (Please put all figures in U.S. dollars) In the last 12 months:

Since the program started:

119) How many companies are currently in your program?

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120) Since the beginning how many companies have you served?

121) How many entrepreneurs/ students does your program currently serve?

122) How many entrepreneurs have you served since the beginning of your program?

123) Since your program began, approximately how many people have been employed by companies in your program? #

Open Responses

120) What are the top three challenges your organization faces today?

121) Please share a few innovative programs or services that your member companies find highly valuable.

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122) Please share some of your graduation policies or criteria that you felt were highly effective.

123) Please share innovative strategies you have implemented for maintaining an active mentor network of successful entrepreneurs, industry experts, investors or technical experts.

Phase I Complete

124) Do you have a current list of companies that graduated from your program? If so, please upload the list here in a either a Microsoft Excel or Word document.

Please indicate in the file what program the companies graduated from (*You may upload up to 4 documents, 500k maximum file size each*)

If you have any questions feel free to contact us at 407-965-5653 Ext. 600 or via email at impactindex@inbia.org

125) Do you provide a list of your graduated companies on a website?

If so, please provide the url for the page where the graduated companies information can be found.

If you have any questions feel free to contact us at 407-965-5653 Ext. 600 or via email at impactindex@inbia.org