IMPACT Index SURVEY For EC's

Consent

Are you at least 18 years of age and DO YOU provide consent to participate in the research study? *

- ○ Yes, I am over 18 years of age and agree to participate in the study.

- ○ No, I do not wish to participate in the study.

Contact Information

Please confirm or update the contact information for the individual completing the survey. *

First Name

[contact("first name")]

Last Name

[contact("last name")]

Title

[contact("role")]

Email Address

[contact("email")]

Phone Number

[contact("work phone")]

Center Background

Please verify or update the legal name of the organization you are reporting on. *

[contact("organization")]

What year was the organization founded? *

What country is your organization located in? *

United States
Afghanistan
Albania
Algeria
Andorra
Angola
Antigua and Barbuda
Argentina
Armenia
Australia
Austria
Azerbaijan
Bahamas, The
Bahrain
Bangladesh
Barbados
Belarus
Belgium
Belize
Benin
Bhutan
Bolivia
Bosnia and Herzegovina
Botswana
Brazil
Brunei
Bulgaria
Burkina Faso
Burundi
Cambodia
Cameroon
Canada

Cape Verde
Central African Republic
Chad
Chile
China
Colombia
Comoros
Congo, Democratic Republic of the
Congo, Republic of the
Costa Rica
Cote d'Ivoire
Croatia
Cuba
Curacao
Cyprus
Czech Republic
Denmark
Djibouti
Dominica
Dominican Republic
East Timor (see Timor-Leste)
Ecuador
Egypt
El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
Fiji
Finland
France
Gabon
Gambia, The
Georgia
Germany
Ghana
Greece
Grenada
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Holy See
Honduras
Hong Kong
Hungary
Iceland

India
Indonesia
Iran
Iraq
Ireland
Israel
Italy
Jamaica
Japan
Jordan
Kazakhstan
Kenya
Kiribati
Kosovo
Kuwait
Kyrgyzstan
Laos
Latvia
Lebanon
Lesotho
Liberia
Libya
Liechtenstein
Lithuania
Luxembourg
Macau
Macedonia
Madagascar
Malawi
Malaysia
Maldives
Mali
Malta
Marshall Islands
Mauritania
Mauritius
Mexico
Micronesia
Moldova
Monaco
Mongolia
Montenegro
Morocco
Mozambique
Myanmar
Namibia
Nauru
Nepal

Netherlands
Netherlands Antilles
New Zealand
Nicaragua
Niger
Nigeria
North Korea
Norway
Oman
Pakistan
Palau
Palestinian Territories
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Poland
Portugal
Qatar
Romania
Russia
Rwanda
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Samoa
San Marino
Sao Tome and Principe
Saudi Arabia
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Slovakia
Slovenia
Solomon Islands
Somalia
South Africa
South Korea
South Sudan
Spain
Sri Lanka
Sudan
Suriname
Swaziland
Sweden

Switzerland
Syria
Taiwan
Tajikistan
Tanzania
Thailand
Timor-Leste
Togo
Tonga
Trinidad and Tobago
Tunisia
Turkey
Turkmenistan
Tuvalu
Uganda
Ukraine
United Arab Emirates
United Kingdom
Uruguay
Uzbekistan
Vanuatu
Venezuela
Vietnam
Yemen
Zambia
Zimbabwe

Please verify or update your organization's address and contact information.

Contact information will be utilized by the IMPACT research to followup on incomplete surveys, Phase II of the study, and to provide benchmark reports. (If you have multiple locations, please use address of your organization's headquarters)

Street Address

[contact("street")]

Apt/Suite/Office

[contact("suite")]

City   State   Zip

[contact("city")]   [cc   [contact("p

Organization's Main Phone Number

URL of Program Website (Write 'NA' if not applicable to your program)

1.

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

Definitions for **Entrepreneur Center Program Types** can be found in the IMPACT Index Survey guide or by clicking the link

down below: https://inbia.org/wp-content/uploads/2016/09/Terms_4.pdf?x84587

- ○ Incubator

- ○ Seed Accelerator

- ○ Pre-Accelerator

- ○ Coworking space

- ○ Makerspace

- ○ SuperHub

- ○ Small Business Development Center (SBDC)

- ○ Branded Third-party Entrepreneurship Programs

- ○ Student Entrepreneurship Center

- ○ Technology Transfer and Commercialization Office

- ○ Higher Education Academic Department

- ○ Economic Development Center or Organization

Based on your prior selection, you have identified that you operate an Incubator.

Definitions for *Entrepreneur Center Program Types* can be found in the IMPACT Index Survey guide or by clicking the link down below:

https://inbia.org/wp-content/uploads/2016/09/Terms_4.pdf?x84587

Given this operational definition, please confirm that you operate an "Incubator"?

- ○ Yes, I run an Incubator
- ○ No, I believe my program is categorized differently

Based on your prior selection, you have identified that you operate a Seed Accelerator.

Definitions for *Entrepreneur Center Program Types* can be found in the IMPACT Index Survey guide or by clicking the link down below:

https://inbia.org/wp-content/uploads/2016/09/Terms_4.pdf?x84587

Given this operational definition, please confirm that you operate a "Seed Accelerator"?

- ○ Yes, I run a Seed Accelerator
- ○ No, I believe my program is categorized differently

Based on your prior selection, you have identified that you operate a Pre-Accelerator.

Definitions for *Entrepreneur Center Program Types* can be found in the IMPACT Index Survey guide or by clicking the link down below:

https://inbia.org/wp-content/uploads/2016/09/Terms_4.pdf?x84587

 Given this operational definition, please confirm that you operate a "Pre-Accelerator"?

○ Yes, I run a Pre-Accelerator

○ No, I believe my program is categorized differently

Based on your prior selection, you have identified that you operate a Coworking space.

Definitions for *Entrepreneur Center Program Types* can be found in the IMPACT Index Survey guide or by clicking the link down below:

https://inbia.org/wp-content/uploads/2016/09/Terms_4.pdf?x84587

 Given this operational definition, please confirm that you operate a "Coworking space"?

○ Yes, I run a Coworking space

○ No, I believe my program is categorized differently

Based on your prior selection, you have identified that you operate a Makerspace.

Definitions for *Entrepreneur Center Program Types* can be found in the IMPACT Index Survey guide or by clicking the link down below:

https://inbia.org/wp-content/uploads/2016/09/Terms_4.pdf?x84587

Given this operational definition, please confirm that you operate a "Maker space"?

○ Yes, I run a Makerspace.

○ No, I believe my program is categorized differently.

Based on your prior selection, you have identified that you operate a SuperHub.

Definitions for *Entrepreneur Center Program Types* can be found in the IMPACT Index Survey guide or by clicking the link down below:

https://inbia.org/wp-content/uploads/2016/09/Terms_4.pdf?x84587

Given this operational definition, please confirm that you operate a "SuperHub"?

○ Yes, I run a SuperHub

○ No, I believe my program is categorized differently

Based on your prior selection, you have identified that you operate a Small Business Development Center (SBDC).

Definitions for *Entrepreneur Center Program Types* can be found in the IMPACT Index Survey guide or by clicking the link down below:

https://inbia.org/wp-content/uploads/2016/09/Terms_4.pdf?x84587

Given this operational definition, please confirm that you operate a "SBDC"?

- ○ Yes, I run a SBDC

- ○ No, I believe my program is categorized differently

Based on your prior selection, you have identified that you operate a Branded Third-party Entrepreneurship Program.

Definitions for *Entrepreneur Center Program Types* can be found in the IMPACT Index Survey guide or by clicking the link down below:

https://inbia.org/wp-content/uploads/2016/09/Terms_4.pdf?x84587

Given this operational definition, please confirm that you operate a "Branded Third-party Entrepreneurship Program"?

- ○ Yes, I run a Branded Third-party Entrepreneurship Program

- ○ No, I believe my program is categorized differently

Based on your prior selection, you have identified that you operate a Student Entrepreneurship Center.

Definitions for *Entrepreneur Center Program Types* can be found in the IMPACT Index Survey guide or by clicking the link down below:

https://inbia.org/wp-content/uploads/2016/09/Terms_4.pdf?x84587

Given this operational definition, please confirm that you operate a "Student Entrepreneurship Center"?

○ Yes, I run a Student Entrepreneurship Center

○ No, I believe my program is categorized differently

Based on your prior selection, you have identified that you operate a Technology Transfer or Commercialization Office.

Definitions for *Entrepreneur Center Program Types* can be found in the IMPACT Index Survey guide or by clicking the link down below:

https://inbia.org/wp-content/uploads/2016/09/Terms_4.pdf?x84587

Given this operational definition, please confirm that you operate a "Technology Transfer or Commercialization Office"?

○ Yes, I run a Technology Transfer or Commercialization Office

○ No, I believe my program is categorized differently

Based on your prior selection, you have identified that you operate a Higher Education Academic Department.

Definitions for *Entrepreneur Center Program Types* can be found in the IMPACT Index Survey guide or by clicking the link down below:

https://inbia.org/wp-content/uploads/2016/09/Terms_4.pdf?x84587

Given this operational definition, please confirm that you operate a "Higher Education Academic Department"?

- ○ Yes, I run a Higher Education Academic Department
- ○ No, I believe my program is categorized differently

Based on your prior selection, you have identified that you operate an Economic Development Center or Organization.

Definitions for *Entrepreneur Center Program Types* can be found in the IMPACT Index Survey guide or by clicking the link down below:

https://inbia.org/wp-content/uploads/2016/09/Terms_4.pdf?x84587

Given this operational definition, please confirm that you operate an "Economic Development Center or Organization"?

- ○ Yes, I run an Economic Development Center or Organization
- ○ No, I believe my program is categorized differently

[question('value'), id='16'],

You indicated that you do not agree with our definition of your center type.

Please provide a brief description of how you define your 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)** *

Definitions for *Entrepreneur Center Program Types* can be found in the IMPACT Index Survey guide or by clicking the link

down below: https://inbia.org/wp-content/uploads/2016/09/Terms_4.pdf?x84587

☐ No Additional Programs

☐ Business Incubator

☐ Seed Accelerator

☐ Pre-Accelerator

☐ Coworking Space

☐ Maker Space

☐ Small Business Development Center

☐ Branded Third-Party Entrepreneurship Program

☐ Student Entrepreneurship Center

☐ Technology Transfer/Commercialization Office

☐ Higher Education Academic Department

☐ Economic Development Center/Organization

☐ Other Virtual Program

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

- ○ For profit
- ○ Not for profit (non-government or non-educational)
- ○ Government agency (non-higher education)
- ○ Higher education academic institution
- ○ Other

4. Which of the following best describes the area your program serves? *

- ○ Rural area (neither urban or suburban)
- ○ Mid-density Urban/Suburban area (area of at least 2,500 people but less than 50,000 people with a population density of at least 500 people per square mile but less than 1,000 people per square mile)
- ○ High-density Urban area (area with at least 50,000 people with a population density of at least 1,000 people per square mile)

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

- ☐ Educational Technology
- ☐ Medical Devices
- ☐ Professional Services or Consultants
- ☐ Agricultural Sciences
- ☐ Civil Infrastructure or Construction
- ☐ Software, Internet or Mobile Apps
- ☐ Nanoscience
- ☐ Healthcare Information Technology
- ☐ Social Ventures
- ☐ Financial Information Technology (FinTech)
- ☐ Art or Fashion
- ☐ Other - Write In

  [   ]

- ☐ No specific industry (Mixed use)
- ☐ Food Product or Beverage Concepts
- ☐ Government Contracting
- ☐ Gaming or Digital Media
- ☐ Biotechnology or Life Sciences
- ☐ Defense or Aerospace
- ☐ Homeland or Cyber Security
- ☐ Advanced Materials (Ceramics, polymers, etc.)
- ☐ Energy or Clean Technology
- ☐ Retail
- ☐ Environmental Sciences
- ☐ Tourism
- ☐ Healthcare Services

6. Please select the company founder characteristics that your organization specifically focuses on as part of its overall mission if applicable. (Check all that apply) *

- ☐ No Specific Demographics or Geographies
- ☐ College or University Students
- ☐ Economically Underserved Populations
- ☐ Foreign/International Companies
- ☐ Minority Populations
- ☐ Native Americans
- ☐ Women
- ☐ Youth
- ☐ Other - Write In

7. **For companies currently in your program, *what percentage* are in each of the following categories?**

	0%	1-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%
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)	○	○	○	○	○	○	○	○	○	○	○

Center Financials

8. **What is your organization's total annual revenue, including subsidies?** *

○ 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 +

9. For the most recent fiscal year, please indicate approximately what percentage of your revenue came from the following sources:

	None	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	○	○	○	○	○	○	○	○	○	○	○
Other sources	○	○	○	○	○	○	○	○	○	○	○

10. What is the approximate percentage of total organization revenue received from governments, universities, or economic development agencies?

	None	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	○	○	○	○	○	○	○	○	○	○	○
Grant Funding from Government Agencies	○	○	○	○	○	○	○	○	○	○	○
Grant Funding from Corporate/ Philanthropic Foundations	○	○	○	○	○	○	○	○	○	○	○

11. **What are your organization's approximate total annual expenses?** *

- ○ 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 +

12. **For the most recent fiscal year, please indicate the approximate percentage of total expenses for each of the following:**

	None	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	○	○	○	○	○	○	○	○	○	○	○

Center Operation

13. How many paid staff members does your organization have in each of the following? (Please place 0 if you do not have staff in that category to continue the survey) *

Senior level staff (Directors and above) [   ]

Full-time Operations staff [   ]

Part-time staff and Contractors [   ]

Paid Mentors [   ]

Student Interns [   ]

14. Approximately, what percentage of time does your senior leadership staff spend on each of the following activities within a typical week?

(Total time should add up to 100%)

	0%	1-20%	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	○	○	○	○	○	○
Enter another option	○	○	○	○	○	○

15. Does you organization have an advisory board?

   ○ Yes

   ○ No

16. How many advisory board members does your organization have?

[   ]

17. 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	[ ]

18. **How many events does your organization host annually for each event type listed below?**

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	

19. **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	

20. 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

21. Which of the following Social Media and Marketing tools does your organization actively use? *

(Please check all that may apply)

- ☐ Facebook
- ☐ Member company case studies
- ☐ Twitter
- ☐ LinkedIn
- ☐ Press releases
- ☐ eNewsletter
- ☐ White papers
- ☐ Blogs
- ☐ Other - Write In

  [   ]

- ☐ Do not utilize social media
- ☐ Articles
- ☐ Academic publications

22. What are the two most important selection criteria your program looks for in applicants?

(Select up to 2 criteria)

Selection Criteria 1

```
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
```
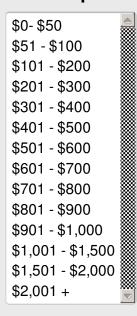
Selection Criteria 2

```
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
```

23. What is the top trigger for companies to successfully graduate or complete from your program? *

(Select one)

- ○ Achieved mutually agreed-upon milestone
- ○ Exceeded maximum time allowed in program
- ○ Exceeded maximum staff allowed in company
- ○ Exceeded threshold for capital raised
- ○ Exceeded threshold revenue run rate
- ○ Outgrew available space
- ○ Successfully completed the program
- ○ Other - Write In

  [   ]

24. What services do you provide to companies that have successfully graduated or completed from your programs? (Check all that apply)

- ☐ Other - Write In

  [   ]

- ☐ Proactive introductions to partner and corporate connections
- ☐ Option to rent office or desk space
- ☐ Option to attend educational workshops
- ☐ Proactive introductions to investors
- ☐ Continued access to specialty labs
- ☐ Continued access to your mentor network

25. Please estimate the percentage of companies that have graduated, completed or moved from your center and: *

(Total sum should add up to 100%)

[ ]	Remained local
[ ]	Moved outside your county
[ ]	Moved outside your state/territory
[ ]	Moved outside your country

0 out of 100% Total

26. What is the total square footage of your facility? *

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

[   ] sq ft

27. What type of specialty laboratories or space does your facility have? (Check all that apply) *

- ☐ Not applicable
- ☐ Biotechnology or Wet Lab
- ☐ Maker Space
- ☐ Ideation (Idea Creation) Space
- ☐ Food Production or Packaging Equipment
- ☐ Commercial Kitchen
- ☐ Computer Electronics Prototyping
- ☐ Clean rooms
- ☐ Advanced Materials Lab
- ☐ Other - Write In

  [   ]

28. 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 or Sponsors	○	○	○	○	○	○
Corporate Innovation (Intrapreneurship)	○	○	○	○	○	○
Encouraging Minority or Women Entrepreneurs	○	○	○	○	○	○
Moving People from Welfare to Work	○	○	○	○	○	○

29. Please select the range in which your organization charges annually for membership fees and rental pricing.

$0- $50
$51 - $100
$101 - $200
$201 - $300
$301 - $400
$401 - $500
$501 - $600
$601 - $700
$701 - $800
$801 - $900
$901 - $1,000
$1,001 - $1,500
$1,501 - $2,000
$2,001 +

Entrepreneurial Ecosystems

30. **Does your organization partner or collaborate with any of the following**
other, non-affiliated entrepreneurship centers **of your community?** (check all
that apply)
*

- ☐ We do not partner with any other EC organizations in our community
- ☐ Maker Spaces
- ☐ Branded Third-Party Entrepreneurship Programs
- ☐ Technology Transfer or Commercialization Centers
- ☐ Small Business Development Centers (SBDCs)
- ☐ Seed Accelerator Programs
- ☐ Higher Education Academic Departments
- ☐ Business Incubators
- ☐ Pre-accelerator Programs
- ☐ Economic Development Centers or Organizations
- ☐ Student Entrepreneurship Centers
- ☐ Coworking Spaces

31. As you partner with at least one of these local entrepreneurship centers, what do you partner with them on of following activities, if any? (check all that apply)

- ☐ Fundraising events
- ☐ Marketing and advertising
- ☐ Programmatic events
- ☐ Strategic planning
- ☐ Mentorship programs
- ☐ Programming and services
- ☐ Other - Write In

  [   ]

- ☐ Data sharing

32. **Please rate the efficacy of partnering with members of your local entrepreneurial ecosystem in improving operations and results in the following categories:**

	We do not partner in this category	Completely ineffective	Somewhat ineffective	Neutral	Somewhat effective	Completely effective
Programming and services	○	○	○	○	○	○
Mentorship programs	○	○	○	○	○	○
Fundraising events	○	○	○	○	○	○
Data sharing	○	○	○	○	○	○
Marketing and advertising	○	○	○	○	○	○
Strategic planning	○	○	○	○	○	○
Programmatic events	○	○	○	○	○	○

33. **Is your organization affiliated with either of the following?** *
Select **'Yes, one'** if you are affiliated with one institution, **'Yes, multiple'** if you are affiliated with more than one or **'No'** if you are not affiliated.

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

34. **How is your organization connected with the academic institution(s)?** *
(Select all that may 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

35. **How is your organization connected with your corporate affiliate(s)?** *

- ☐ They provide space at no cost
- ☐ They vet our startup companies ideas or are strategic investors in our startup company(ies)
- ☐ 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
- ☐ Not Applicable
- ☐ Other - Write In

  [   ]

36. Please indicate whether the following statements are true, false, or not applicable. *Partnering with members of my local entrepreneurial ecosystem:*

	True	False	Not Applicable
Allows our center to provide better services and programs	○	○	○
Allows our center to operate with fewer employees	○	○	○
Allows our center to reach a greater number of entrepreneurs	○	○	○
Develops valuable fundraising opportunities	○	○	○
Promotes inclusivity growth among women, minorities, military veterans, LGBT and/or other underserved populations of entrepreneurs	○	○	○

37. **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

38. **Who is responsible for tracking and logging mentor-companies engagements?**

○ Program Staff logs engagements

○ Mentors track their time and meetings

○ Companies log engagements

○ We don't track mentor-company engagements

○ Other - Write In

Seed Accelerators and Seed funding

39. Does your organization have an affiliate seed fund that provides cash in exchange for a percent of equity in participating startup companies? *

   ○ Yes

   ○ No

   ○ We are planning to offer equity funding in the next 6 months

40. What is the main source of capital for your fund? *

   ○ Individual investors or Program partners

   ○ Corporate partners

   ○ Public or Government funds

   ○ Other - Write In

      [   ]

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

   ○ Once - we use returns to capitalize future member companies

   ○ We raise a fund for every cohort or program cycle

   ○ Every year we raise a new fund

   ○ Every 2-3 years

   ○ Every 3-5 years

   ○ Longer than 5 years

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

$ [   ] USD

43. What is the typical equity stake you take in the FIRST round of funds given?

○ 1-5%

○ 6-10%

○ 11-15%

○ 16-20%

○ 21-25%

○ 26%+

44. What is the average number of companies accepted in each cohort?

[   ]

45. 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

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

○ At our facility

○ At a local hotel or event venue

○ At a partner location (university, corporation, coworking, incubator space)

○ We don't host these type of events

○ Other - Write In

[   ]

Center Client Metrics

47. How many companies are currently in your program? *

[ ]

48. Since the beginning of your program, how many companies have you served?

[ ]

49. For your currently client / tenant companies, how many employees do they currently have?

[ ]

50. Since your program began, approximately how many people have been employed by companies in your program?
   If you do not collect this information, please indicate by writing "N/A"

[ ]

51. In U.S. dollars, what are the combined revenues for all companies that have participated in your program? *
   If you do not collect this information, or do not have it, please put "0" in the answers below.

Since your program started: [ ]

In the last 12 months: [ ]

52. **In U.S. dollars, what is the total outside grant funding that has been awarded to all companies that have participated in your program? Please exclude capital and grant funds managed by your program. Please indicate if you do not collect this information.** *

If you do not collect this information, or do not have it, please put "0" in the answers below.

In the last 12 months

Since the program started

53. **In U.S. dollars, 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)?**

If you do not collect this information, or do not have it, please put "0" in the answers below.

In the last 12 months

Since the program started

54. **How many entrepreneurs/students does your program serve?** *

55. **How many entrepreneurs have you served since the beginning of your program?** *

Open Ended Questions

56. What are the top challenges your organization faces today?

57. Please share any innovative programs or services that your member companies find highly valuable.

58. 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

59. 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*)

Browse...

60. 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.

[   ]