**ISU Startup Factory Application**

Thank you for your interest in the ISU Startup Factory Program. Please complete this application as thoroughly as possible. Additional pages or supporting documents can be attached either as a separate attachment or in the space provided at the end of this application. Please email all completed application forms and attachments to [ski@iastate.edu](mailto:ski@iastate.edu)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important Application Dates:**

Application Available: Friday, Sept 9, 2016

Applications Due (Deadline): Friday, Oct 21, 2016

Presentation to Review Panel: Between Oct 24th and Nov 11th   
 (not all applications will be asked to present)

Decision Notification: Monday, November 21, 2016

Cohort Start Date: Tuesday, January 3, 2017

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ISU Startup Factory acknowledges the confidential and proprietary nature of the information you disclose on this application and we will use this information solely for evaluating your entry into the Program. However, this application does not represent a Non-Disclosure or Confidentiality Agreement.

**I. Applicant Details**

|  |  |  |
| --- | --- | --- |
| **Primary Applicant Details** | | |
| **Name & Title** | | |
| **Name** | **Title / Role** | **Full-Time with Company?**  If not, indicate Hours per Week |
|  |  |  |
| **Contact Information** | | |
| **Mailing Address** | **Phone** | **Email** |
|  |  |  |
|  |  |  |
| **Applicant Employment/ Affiliation Information** | | |
| **University** | **Affiliation & Level** | **Program / Department** |
|  |  |  |
| **Employer**  **(if other than University)** | **Position** |  |
|  |  |  |
| **Additional Team Member Information (List any additional team members that will be involved in the commercialization efforts and their affiliations. e.g. Team member, EIRs, student teams, business mentors, advisors, etc.)** | | |
| **Name** | **Role** | **Avg Hours per Week on Business** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Business Information (if applicable)** | |
| **Business Name or Project Name** |  |
| **Website (leave blank if not applicable)** |  |
| **Social Media (leave blank if not applicable)** |  |

**II. Invention Details**

|  |
| --- |
| **Technology / Innovation Information** |
| **Please provide a brief summary of your innovation.** |
| *Note: Please DO NOT disclose how your innovation or technology works, instead emphasize what it does.* |
| **What is the problem your innovation is attempting to address? How is the problem currently being solved?** |
|  |
| **Please describe the current stage of development. If applicable, what validation studies (benchtop, pre-clinical, clinical, feasibility/pilot) have been performed?** |
| **the current stage of development. If applicable, what validations studies (benchtop, pre-clinical, clinical) have been performed?** |
| **Please provide a brief history of the idea/innovation from conception to its current state so that we may understand the evolution of your concept.** |
|  |
| **Have you identified your competitors? What is the competitive advantage of the innovation?** |
|  |

**III. Commercialization & Intellectual Property Details**

|  |
| --- |
| **Commercialization & Intellectual Property Information** |
| **Have you identified a market/market application for the innovation?** |
|  |
| **Has an invention disclosure been filed with the university or employer? Please provide details such as dates, etc. If an invention disclosure has not been filed, please explain why.** |
|  |
| **Please describe steps taken, if any, around intellectual property protection.** |
|  |
| **Has an entity been formed around the innovation?** |
|  |
| **Are you currently involved in any other accelerator programs, partnerships, or collaborations – within or outside of the university? Please provide details (e.g. program names, funding received, use of proceeds, etc.)** |
|  |
| **Please describe the timeline for development (e.g. major milestones, dates of completion, etc.)** |
|  |
| **Have any companies or investors expressed interest in the innovation?** |
|  |

**IV. Startup Factory Support Details**

|  |
| --- |
| **Startup Factory Support** |
| **Please describe what types of services would be most helpful in the advancement of your innovation.** |
|  |
| **What do you hope to achieve through the ISU Startup Factory Program?** |
|  |
| **How did you hear about the ISU Startup Factory Program?** |
|  |