*This worksheet is designed to assist applicants in preparing their FFF application by reflecting the fields and, if applicable, response caps, in the online form. Information entered into this worksheet can be copied and pasted into the online form, but* ***this worksheet will not be accepted in lieu of completing the online application****. All applications must be submitted online via* [*https://www.jotform.com/form/230683383755060*](https://www.jotform.com/form/230683383755060)*.*

*Fields designated with* **\*** *are required in the online form. Fields with response caps (inclusive of punctuation and spaces), are noted below with “Maximum response”. To confirm whether your response adheres to the designated cap, highlight the text, click the “Review” tab, click “Word Count”, then look for the number associated with “Characters (with spaces)”.*

# Eligibility

***The questions within this worksheet are reflective of the official Fairfax Founders Fund application. When completing the online form, applicants will be required to certify alignment with all program eligibility requirements before proceeding with completing the full application.***

* *Be a legally-existing entity registered and in good standing with Virginia’s State Corporation Commission (“SCC”) to do business in the Commonwealth of Virginia. “In good standing” means the applicant must not be delinquent in any tax or debt payments or otherwise in material breach of any previously-existing agreements with Fairfax County or the Commonwealth of Virginia.*
* *Have its principal place of business (“PPB”) in Fairfax County or one of the Towns of Herndon, Vienna, or Clifton. The applicant’s PPB may be a home office, so long as the home office functions as the PPB.*
* *Have a valid Business, Professional, and Occupational License (“BPOL”) issued by Fairfax County or one of the Towns of Herndon, Vienna, or Clifton, and be in good standing. “In good standing” means the applicant must not be delinquent in any tax or debt payments or otherwise in material breach of any previously-existing agreements with Fairfax County or the Commonwealth of Virginia.*
* *Be or intend to become an innovative and/or disruptive product-focused technology enterprise.*
* *Be able to articulate the potential commercial value of its product.*
* *Have raised no more than $1,000,000 of startup funding. Startup funding is defined here by investments from “friends and family”, angels, venture capital firms, and other private equity investment since company inception.*
* *Have received no more than $250,000 gross revenue in the 12 months preceding the date of application.*
* *Demonstrate a match of 50% of its requested FFF grant amount, to be expended during the grant period of performance. Matching funds may include in-kind contributions, sweat equity, commercial revenue, other grant funding and/or investor funds.*

# Organization

**Full legal name\*:** *Provide your full, legal company name without abbreviations or acronyms, inclusive of any DBA (example: ACME, Inc. dba Best Company)*

Click or tap here to enter text.

**Federal tax ID\*:** *A valid Federal tax ID number is required of companies seeking FFF funding.*

Click or tap here to enter text.

**SCC entity ID\*:** *Provide your Virginia State Corporation Commission (SCC) entity ID. Please note: your company’s status with the SCC must be “registered” and “active” during Fairfax County’s due diligence. To ensure your company meets this criteria, visit* [*https://cis.scc.virginia.gov/EntitySearch/Index*](https://cis.scc.virginia.gov/EntitySearch/Index)*.*

Click or tap here to enter text.

**BPOL account number\*:** *A valid Business, Professional, and Occupational License (BPOL) issued by Fairfax County or one of the towns of Herndon, Vienna, or Clifton is required of companies seeking FFF funding. Fairfax County issued BPOLs have 9 digits. Please provide the 9-digit account number, beginning with '000', not the 7-digit license number, beginning with '23'. Both numbers can be found on the first page of your Fairfax County business license and/or your business renewal form (Form 8TA-NE). Please contact the Department of Tax Administration (DTA) for information about obtaining a Fairfax County issued BPOL in Fairfax County:* [*Department Homepage | Tax Administration (fairfaxcounty.gov)*](https://www.fairfaxcounty.gov/taxes/)*. If your BPOL application is pending, please enter ‘000000000’ .* Click or tap here to enter text.

**Incorporation type\*:**  Choose an item.

**Principal place of business street address\*:**  Click or tap here to enter text.

**City\*:**  Click or tap here to enter text.

**State\*:**  Click or tap here to enter text.

**Zip code\*:**  Click or tap here to enter text.

**County\*:**  Click or tap here to enter text.

**Mailing address:** *Mailing address should be provided only if applicable and different from principal business address.*

Click or tap here to enter text.

**Organization website URL\*:** *Companies without a website should enter “n/a”.*

 Click or tap here to enter text.

**Year (YYYY) founded\*:**  Click or tap here to enter text.

**Current headcount\*:**

full-time (include unpaid founders & w-2 employees) Click or tap here to enter text.

 part-time (include unpaid founders & w-2 employees) Click or tap here to enter text.

 contractor (paid 1099 contractors only) Click or tap here to enter text.

 intern (paid or unpaid) Click or tap here to enter text.

*The Fairfax Founders Fund seeks to help County-based entrepreneurs of all backgrounds start and scale innovative emerging technology businesses, and as such, appreciates the opportunity to learn more about our applicants. Responses to the following questions, however, will have no bearing on the rating of your application or on award decisions. If you don't wish to provide an answer, you may select the 'Prefer not to answer' option for each applicable question.*

***Does one or more members of the founding team self-identify as female?* \***

Choose an item.

***Does one or more members of the founding team self-identify as a member of one or more underrepresented racial or ethnic groups?*** *(choose as many as apply)***\***

[x]  Black American

[ ]  Hispanic American

[ ]  Native American

[ ]  Asian Pacific American

[ ]  Subcontinent Asian American

[ ]  Other: If “Other”, identify the underrepresented group.

[ ]  No

[ ]  Prefer not to answer

***Does one or more members of the founding team self-identify as active duty military or veteran?*\***

Choose an item.

***Does one or more members of the founding team self-identify as a person with disabilities?*\***

Choose an item.

# Company Financials

**Cash balance\*:** *What is your company’s current cash balance?*

 Click or tap here to enter text.

**Burn rate\*:** *What is your company’s approximate monthly “burn rate” (i.e. average monthly revenue minus average monthly expenses)?*

 Click or tap here to enter text.

**External funding\*:** *Indicate the total amount of external funding you have received since company inception and in the past 12 months in the following categories:*

**GRANTS**

past 12 months Click or tap here to enter text.

 since inception Click or tap here to enter text.

**EQUITY INVESTMENT**

past 12 months Click or tap here to enter text.

 since inception Click or tap here to enter text.

**GROSS COMMERCIAL REVENUE**

past 12 months Click or tap here to enter text.

 since inception Click or tap here to enter text.

**Expected revenue\*:** *What is your expected revenue, if any, for the current calendar year and next calendar year? If revenue is not anticipated, enter 0.*

current Click or tap here to enter text.

 next Click or tap here to enter text.

**Financial strategy\*:** *Describe the company’s financial strategy, including likely sources of funding and approach to acquire follow-on funding.*

 *Maximum response: 250 characters.*

 Click or tap here to enter text.

# Personnel

## PROJECT MANAGER

**Salutation\*:**  Click or tap here to enter text.

**First name\*:**  Click or tap here to enter text.

**Last name\*:**  Click or tap here to enter text.

**Job title\*:**  Click or tap here to enter text.

**Email\*:**  Click or tap here to enter text.

**Phone number\*:** Click or tap here to enter text.

**LinkedIn public profile URL\*:** Click or tap here to enter text.

**Are the authorized representative and project manager the same individual?\***

Choose an item.

## AUTHORIZED REPRESENTATIVE

*The following fields are required if the PM and AR are not the same individual.*

**Salutation:**  Click or tap here to enter text.

**First name:**  Click or tap here to enter text.

**Last name:**  Click or tap here to enter text.

**Job title:**  Click or tap here to enter text.

**Email:**  Click or tap here to enter text.

**Phone number:** Click or tap here to enter text.

**LinkedIn public profile URL:** Click or tap here to enter text.

MANAGEMENT**\***

**Identify each member of the senior management team, including their name, ownership stake in the company, and LinkedIn public profile URL using the table below. You will have the ability to add up to 10 entries.***NOTE: FFF considers all C-level executives to be ‘senior management’; however, please use your personal discretion.*

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| --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Job Title / Role** | **Ownership Stake (actual or proposed, as %)** | **LinkedIn Public Profile URL** |
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# Project Information

**Project title\*:**

 *Maximum response: 150 characters.*

Click or tap here to enter text.

**Project summary\*:** *Provide a 1-2 sentence (max) summary of your proposed FFF project, in layman’s terms, that may be used to publicly describe your project.*

 *Maximum response: 300 characters.*

Click or tap here to enter text.

**Primary industry sector\*:** *Identify the primary industry sector that most closely reflects your company’s activities and/or target market. You will have the ability to identify other relevant industry sectors below.*

 Choose an item.

**Additional relevant industry sectors:** *If your company operates in or your technology aligns with any other industry sectors, please indicate all that are relevant. If there is no further alignment beyond the industry selected above as the primary industry, you can skip this question.*

[ ]  Advanced manufacturing

[ ]  Aerospace

[ ]  Agriculture

[ ]  Autonomous systems

[ ]  Communications

[ ]  Cybersecurity and cyber-physical systems

[ ]  Energy

[ ]  Environment

[ ]  IT (includes data science and analytics)

[ ]  Life and health sciences

[ ]  Modeling and simulation

[ ]  Nuclear physics

[ ]  Transportation

[ ]  Other: If “Other”, identify the industry.

**FFF requested funds\*:** *Requested funds may not exceed $50,000.* ***This figure should mirror the Total FFF Request in your project budget.***

Click or tap here to enter text.

**Applicant-provided matching funds\*:** *Applicants must provide matching funds in an amount that equals or exceeds 50% of the FFF requested funds, and that will be expended during the grant period of performance. Matching funds may include in-kind contributions, sweat equity, commercial revenue, other grant funding, and/or investor funds.* ***This should mirror the Total Matching Funds in your project budget.***

Click or tap here to enter text.

**Project start date\*:** *Projects may start, at the earliest, on May 15, 2024, but should begin no later than 60 days after the date of the notice of award. If a company desires a start date ahead of May 15 or beyond 60 days following their notice of award, this may be negotiated at the time of award.*

Click or tap to enter a date.

**Project end date\*:**

Click or tap to enter a date.

**Foundational IP\*:** *Is the proposed project based on IP from an institution other than your company?*

Choose an item.

*If yes, identify the institution and indicate whether the IP is licensed from or in the process of being licensed from that institution.*

Click or tap here to enter text.

# Proposal & Supplemental Materials

SYNOPSIS

**Provide a high-level, one-paragraph summary of your company, the identified market need, your proposed solution, and commercialization milestones you hope to achieve with support from FFF.\***

*(NOTE: If FFF funding is received, this synopsis may be used publicly.)*

*Maximum response: 1000 characters.*

Click or tap here to enter text.

PROBLEM, PROPOSED SOLUTION, & MARKET OPPORTUNITY

**State the problem your company is trying to solve\*:**

*Maximum response: 350 characters.*

Click or tap here to enter text.

**Explain why *now* is the right time to solve this problem\*:**

*Maximum response: 350 characters.*

Click or tap here to enter text.

**Describe your customer discovery efforts, including the name(s) of all organizations you have worked with as well as any concrete number(s) you can share related to your customer discovery efforts\*:**

*Maximum response: 500 characters.*

Click or tap here to enter text.

**Describe the evolution of your problem / solution hypothesis as a result of your customer discovery\*:**

*Maximum response: 500 characters.*

Click or tap here to enter text.

**Describe your proposed product, including how it’s innovative and/or disruptive\*:**

*Maximum response: 450 characters.*

Click or tap here to enter text.

**Indicate the current status of your product; if applicable, identify the anticipated schedule for building prototype(s) and/or a minimum viable product (MVP)\*:**

*Maximum response: 350 characters.*

Click or tap here to enter text.

**Indicate your target market(s), including market size and growth rate, if known, as well as your beachhead market\*:**

*Maximum response: 350 characters.*

Click or tap here to enter text.

**Describe the competitive landscape, including key competitors and their strengths and weaknesses\*:**

*Maximum response: 500 characters.*

Click or tap here to enter text.

**Describe your competitive advantage, including patents, first-mover advantage, unique expertise, or proprietary processes / technology\*:**

*Maximum response: 350 characters.*

Click or tap here to enter text.

**State the cost to develop the commercial product and bring it to market\*:**

*Maximum response: 350 characters.*

Click or tap here to enter text.

**Describe your pricing strategy\*:**

*Maximum response: 350 characters.*

Click or tap here to enter text.

**Describe the scalability of the proposed product\*:**

*Maximum response: 200 characters.*

Click or tap here to enter text.

***If applicable*, explain IP associated with the technology and its current status (e.g. provisional patent submitted, patent pending, patent awarded, licensed patent, etc.):**

*Maximum response: 200 characters.*

Click or tap here to enter text.

***If applicable*, explain the technology’s FDA or other regulatory pathway, stage in the approval process, anticipated timeframe for approval, and other relevant information:**

*Maximum response: 300 characters.*

Click or tap here to enter text.

**What do you still have to learn?\***

*Maximum response: 450 characters.*

Click or tap here to enter text.

PROJECT DESCRIPTION & PLAN

**Describe the use of FFF funds\*:**

*Maximum response: 800 characters.*

Click or tap here to enter text.

**Identify 2-6 (but no more than 10) key tasks envisioned to accomplish your project during the FFF period of performance, and the timeframe in which each is anticipated to occur\*:**

*(HINT: it may be helpful to break your project period up into 4 quarters and discuss key tasks at 25% of project completion, 50% of project completion, 75% of project completion, and at the conclusion of the project. As appropriate, you may add additional tasks that make sense for the effort you are proposing.)*

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| **Key Task** | **Timeframe for Achievement** |
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**State your strategy for customer input and validation during your period of performance\*:**

*Maximum response: 750 characters.*

Click or tap here to enter text.

**Describe the project risks and your plans for overcoming these risks\*:**

*Maximum response: 350 characters.*

Click or tap here to enter text.

## OTHER

**Provide any other information that may be important to know, yet not covered by the previous questions.**

*Maximum response: 500 characters*

Click or tap here to enter text.

## DOCUMENT UPLOADS

**Budget\*:** *Using the* [*budget template*](https://www.fairfaxcounty.gov/economic-initiatives/sites/economic-initiatives/files/Assets/FFF/FFF%20Budget%20Template.xlsx)*, prepare your project’s baseline budget that allocates project costs by category and explains how FFF and matching funds will be used to execute the project. Once prepared, upload the completed budget into this field in the online application form in Microsoft Excel format.*

**Optional letter(s) of support:** *Should you wish to share letter(s) of support from customers or prospective customers, they can be uploaded into this field in the online application form. Letters can be combined into a single document or each can be uploaded individually.*

# Business and/or Technical Assistance Support

**Will FFF funds be used to support participation in a startup training or technical assistance program?\***

Choose an item.

*If yes, identify the program, the amount of FFF and/or matching funds going to support this participation, whether you’ve already been accepted, and the timeframe for participation.*

Click or tap here to enter text.

**Previous startup training\*:** *Has your company or someone on your project team previously participated in any startup training, including as part of a startup accelerator or incubator program within or outside of Virginia, that might include but aren't limited to: CCI+A, DEIC Accelerate, ICAP, I-Corps, MACH37, Mason Enterprise Center, and/or Smart City Works?*

Choose an item.

*If yes, identify the program(s) that your company and/or team member(s) has / have participated in, along with the dates, location, primary program contact, and mentor contact for each.* ***You will have the opportunity to add up to 10 entries.***

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| **Startup training program** | **Location (city, state)** | **Name(s) of participants** | **Participation dates** | **Name: program contact** | **Email: program contact** | **Phone number: program contact** | **Name: program mentor** | **Phone number: program mentor** | **Email: program mentor** |
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# Other

**How did you hear about this funding opportunity?** *We’re eager to learn how you heard about the opportunity to seek grant funding through FFF. If applicable, please provide the name(s) and/or organization(s) of each source. If you did not hear about the program from any particular source, you may leave the field blank.*

*Maximum response: 500 characters.*

Click or tap here to enter text.

***The questions within this worksheet are reflective of the official Fairfax Founders Fund application. When completing the online form, applicants will be required to agree to the following statement before proceeding with application submission:***

*By submitting this application, the applicant certifies compliance with the eligibility requirements and other conditions outlined in the program guidelines. Furthermore, the applicant gives permission for Fairfax County and other administrators of the Fairfax Founders Fund to conduct due diligence that may include but isn’t limited to verification of: applicant’s principal place of business, SCC registration, BPOL registration, and federal debarment status in the U.S. System of Award Management (SAM.gov) and consents to the release of such information by third parties to Fairfax County and those assisting with its administration of the Fund.*