# **XEGATE**

# **PROJECT PRE-QUALIFICATION QUESTIONNAIRE**

# **GENERAL INSTRUCTIONS FOR FILLING THE FORM**

The Questionnaire has to be filled in all the fields in English and submitted to **info@xegate.eu**.

If you encounter any technical problem while filling the form, please [contact us.](https://boldbrain.skipsolabs.com/en/contact_us) If you have any other question contact **info@xegate.eu**.

Please indicate only one invention on this Questionnaire and complete the entire form as much as possible.

Fields marked with “ **\*** ” are mandatory only for Section 1 and Section 2. This is a Pre-Qualification Questionnaire, so only Section 1 and Section 2 are mandatory. In the following step of qualification (Qualification Questionnaire), all the “\*” shall be mandatory fields.

# **SECTION 1 – PROJECT DETAILS**

PROJECT FULL NAME \* (max 100 chars)

INDUSTRY \*

Please select no more than 2 choices:

|  |  |
| --- | --- |
|[ ]  Agritech / Foodtech |[ ]  Fintech / Insurance Tech |
|[ ]  Bio / Pharma (drugs) |[ ]  ICT / Software & Data Engineering |
|[ ]  Consulting & Services |[ ]  Life Science (IT, Diagnostics, Data) |
|[ ]  Consumer Products & Services |[ ]  Medtech (devices) |
|[ ]  Design / Art / Architecture/Gaming |[ ]  Micro & Nanotech/Material Science |
|[ ]  Electronic & Mechanical Engineering |[ ]  Social Entrepreneurship/Education |
|[ ]  Energy / Cleantech |[ ]  Sport / Leisure / Tourism / Lifestyle |
|  |  |[ ]  Other |

KEYWORDS \*

Please describe your project with no more than 5 keywords (max 100 chars)

YOUR ELEVATOR PITCH \* (max 350 chars)

DESCRIBE WHY YOUR PROJECT IS INNOVATIVE COMPARED TO THE STATE OF THE ART TECHNOLOGY AND/OR COMPARED TO THE MARKET \* (max 250 chars)

TECHNOLOGY DESCRIPTION \*

Describe how the solution works and, if relevant, the technologies (max 250 chars)

AT WHICH STAGE IS YOUR PROJECT? \*

|  |  |
| --- | --- |
|[ ]  Concept |[ ]  Beta |
|[ ]  Prototype |[ ]  On the market |
|[ ]  MVP (Minimum Viable Product) |[ ]  Unable to define it |

ARE YOU INCORPORATED AS A COMPANY? \*

|  |  |
| --- | --- |
|[ ]  YES |[ ]  NO |

IF YOU ARE AN INCORPORATED COMPANY:

COMPANY NAME \*

DATE OF INCORPORATION (TRADE REGISTER) \*

COMPANY ADDRESS \*

POSTCODE \*

CITY \*

COUNTRY \*

# **SECTION2 – VALUE PROPOSITION**

**PROBLEM / SOLUTION**

WHAT IS THE PROBLEM YOU ARE SOLVING? \* (max 250 chars)

HOW DO YOU SOLVE THE PROBLEM? WHAT’S YOUR SOLUTION (WHAT’S YOUR PRODUCT / SERVICE)? \* (max 250 chars)

WHAT ARE THE BENEFITS THAT CUSTOMERS HAVE BY ADOPTING YOUR SOLUTION? \* (max 250 chars)

WHAT'S YOUR USP (UNIQUE SELLING PROPOSITION)? WHAT’S DIFFERENT FROM YOUR COMPETITORS? \* (max 250 chars)

DID YOU TEST / VALIDATE YOUR IDEA ON THE MARKET? \*

|  |  |
| --- | --- |
|[ ]  YES |[ ]  NO |

**CUSTOMERS**

WHO ARE YOUR CUSTOMERS? \* (max 250 chars)

WHERE IS YOUR MARKET (GEOGRAPHICALLY)? \* (max 250 chars)

HOW DO YOU REACH YOUR CUSTOMERS (GO-TO-MARKET STRATEGY)? \* (max 250 chars)

**COMPETITORS**

WHO ARE YOUR COMPETITORS? \* (max 250 chars)

WHO ARE YOUR SUBSTITUTES? \* (max 250 chars)

**CHANNELS**

WHAT ARE YOUR DISTRIBUTION CHANNELS? \*

Select from the options below

|  |  |
| --- | --- |
|[ ]  Sales force |[ ]  Own stores |
|[ ]  Web sales |[ ]  Partner stores |

**OPTIONAL SECTIONS**

**SECTIONS 3, 4, 5 ARE OPTIONAL FOR THIS PRE-QUALIFICATION QUESTIONNAIRE**

**YOU CAN CHOSE TO DISCLOSE THE INFORMATION ON SECTION 3, 4, 5 OR YOU CAN LEAVE THEM BLANK**

**NOTE THAT, IN THE FOLLOWING STREP OF QUALIFICATION (QUALIFICATION QUESTIONNARIE) ALL THE FIELDS INFDICATED WITH “\*” SHALL BE MANDATORY**

# **Section 3 – Resources & Financials**

**RESOURCES**

WHICH INFRASTRUCTURE DO YOU NEED? (EG FACTORY, OFFICES, ETC.)? \* (max 250 chars)

DO YOU HAVE AN INTELLECTUAL PROPERTY (IP) STRATEGY? \*

|  |  |
| --- | --- |
|[ ]  YES |[ ]  NO |

IF YES, PLEASE DESCRIBE \* (max 250 chars)

HOW DO YOU DEFEND YOUR KNOWLEDGE AND KNOW-HOW? \*

|  |  |
| --- | --- |
|[ ]  Patent (technical solutions) |[ ]  Copyright (artistic or literal work) |
|[ ]  Design (industrial design rights) |[ ]  Other |
|[ ]  Trademark (brand name and images) |[ ]  To be defined |

IF YOU HAVE PENDING/GRANTED PATENTS, TRADEMARKS, OR OTHER FORMS OF INTELLECTUAL PROPERTY, PLEASE LIST THEM BELOW (max 250 chars)

DO YOU NEED CERTIFICATIONS TO BRING YOUR SOLUTION TO THE MARKET? \*

|  |  |
| --- | --- |
|[ ]  YES |[ ]  NO |

IF YES, WHAT TYPE? \* (max 250 chars)

DID YOU ALREADY ESTABLISH PARTNERSHIPS? \*

(If you are not under an NDA)

|  |  |
| --- | --- |
|[ ]  YES |[ ]  NO |

**FINANCIAL**

DESCRIBE YOUR BUSINESS MODEL (HOW DO YOU MAKE MONEY)? \* (max 250 chars)

HAVE YOU DEFINED A PRICE FOR YOUR PRODUCTS / SERVICES? \*

|  |  |
| --- | --- |
|[ ]  YES |[ ]  NO |

HAVE YOU CALCULATED / DEFINED THE COST STRUCTURE? \*

|  |  |
| --- | --- |
|[ ]  YES |[ ]  NO |

FINANCIAL FORECAST \*

Describe your financial forecast for the next 3 years:

|  |  |  |  |
| --- | --- | --- | --- |
|  | YEAR 1 SALES \*(in 1’000 EUR) | YEAR 2 SALES \*(in 1’000 EUR) | YEAR 3 SALES \*(in 1’000 EUR) |
|  |       |       |       |
|  |  |  |  |
|  | YEAR 1 COSTS \*(in 1’000 EUR) | YEAR 2 COSTS \*(in 1’000 EUR) | YEAR 3 COSTS \*(in 1’000 EUR) |
|  |       |       |       |
|  |  |  |  |
|  | YEAR 1 NET PROFITS \*(in 1’000 EUR) | YEAR 2 NET PROFITS \*(in 1’000 EUR) | YEAR 3 NET PROFITS \*(in 1’000 EUR) |
|  |       |       |       |
|  |  |  |  |
|  | YEAR 1 CAPITAL NEED \*(in 1’000 EUR) | YEAR 2 CAPITAL NEED \*(in 1’000 EUR) | YEAR 3 CAPITAL NEED \*(in 1’000 EUR) |
|  |       |       |       |
|  |  |  |  |
|  | YEAR 1 NR. OF FULL-TIME EMPLOYEES \*(in 1’000 EUR) | YEAR 2 NR. OF FULL-TIME EMPLOYEES \*(in 1’000 EUR) | YEAR 3 NR. OF FULL-TIME EMPLOYEES \*(in 1’000 EUR) |
|  |       |       |       |
|  |  |  |  |
|  | YEAR 1 NR. OF CUSTOMERS \*(in 1’000 EUR) | YEAR 2 NR. OF CUSTOMERS \*(in 1’000 EUR) | YEAR 3 NR. OF CUSTOMERS \*(in 1’000 EUR) |
|  |       |       |       |

# **Section 4 – Team**

HOW MANY PEOPLE ARE IN THE TEAM (TEAM LEADER IS INCLUDED)? \*

SINCE WHEN HAVE YOU BEEN WORKING AS A TEAM? \*

|  |  |
| --- | --- |
|[ ]  Less than 6 months |[ ]  Between 1 and 2 years |
|[ ]  Between 6 months and 1 year |[ ]  More than 2 years |

**TEAM LEADER**

The team leader is the reporting person. Xegate staff will communicate ONLY with the team leader.

TEAM LEADER \*

First Name\*

Last Name\*

Job Title\*

YOUR COMPETENCES \*

Please specify your role in the project. \* (max 250 chars)

WHAT IS YOUR LATEST DEGREE AND WHERE WAS IT OBTAINED? \* (max 250 chars)

EMAIL \*

(You will be contacted at this address)

PHONE NUMBER \*

STREET ADDRESS \*

NUMBER \*

POSTCODE \*

CITY \*

(Please indicate the city you are resident)

COUNTRY \*

PASSPORT’S NATIONALITY\*

CURRENT OCCUPATION

YOUR ENGAGEMENT IN THE PROJECT APPROXIMATELY (%) \*

**OTHER TEAM MEMBERS**

TEAM MEMBER 1 \*

First Name\*

Last Name\*

Job Title\*

YOUR COMPETENCES \*

Please specify your role in the project. \* (max 250 chars)

WHAT IS YOUR LATEST DEGREE AND WHERE WAS IT OBTAINED? \* (max 250 chars)

EMAIL \*

PHONE NUMBER \*

STREET ADDRESS \*

NUMBER \*

POSTCODE \*

CITY \*

(Please indicate the city you are resident)

COUNTRY \*

PASSPORT’S NATIONALITY\*

CURRENT OCCUPATION

YOUR ENGAGEMENT IN THE PROJECT APPROXIMATELY (%) \*

TEAM MEMBER 2

First Name\*

Last Name\*

Job Title\*

YOUR COMPETENCES \*

Please specify your role in the project. \* (max 250 chars)

WHAT IS YOUR LATEST DEGREE AND WHERE WAS IT OBTAINED? \* (max 250 chars)

EMAIL \*

PHONE NUMBER \*

STREET ADDRESS \*

NUMBER \*

POSTCODE \*

CITY \*

(Please indicate the city you are resident)

COUNTRY \*

PASSPORT’S NATIONALITY\*

CURRENT OCCUPATION

YOUR ENGAGEMENT IN THE PROJECT APPROXIMATELY (%) \*

TEAM MEMBER 3

First Name\*

Last Name\*

Job Title\*

YOUR COMPETENCES \*

Please specify your role in the project. \* (max 250 chars)

WHAT IS YOUR LATEST DEGREE AND WHERE WAS IT OBTAINED? \* (max 250 chars)

EMAIL \*

PHONE NUMBER \*

STREET ADDRESS \*

NUMBER \*

POSTCODE \*

CITY \*

(Please indicate the city you are resident)

COUNTRY \*

PASSPORT’S NATIONALITY\*

CURRENT OCCUPATION

YOUR ENGAGEMENT IN THE PROJECT APPROXIMATELY (%) \*

TEAM MEMBER 4

First Name\*

Last Name\*

Job Title\*

YOUR COMPETENCES \*

Please specify your role in the project. \* (max 250 chars)

WHAT IS YOUR LATEST DEGREE AND WHERE WAS IT OBTAINED? \* (max 250 chars)

EMAIL \*

PHONE NUMBER \*

STREET ADDRESS \*

NUMBER \*

POSTCODE \*

CITY \*

(Please indicate the city you are resident)

COUNTRY \*

PASSPORT’S NATIONALITY\*

CURRENT OCCUPATION

YOUR ENGAGEMENT IN THE PROJECT APPROXIMATELY (%) \*

# **Section 5 – Other Details**

HOW WAS THE IDEA BORN, WHAT TRIGGERED YOU TO DO THIS PROJECT? \* (max 250 chars)

WHY WOULD YOU ATTEND THE PROGRAM? \* (max 250 chars)

HOW DO YOU EXPECT YOUR PROJECT IS GOING TO HAVE AN IMPACT IN THE REGION? \* (max 250 chars)

HOW DO YOU SEE YOURSELVES IN 5 YEARS? \* (max 250 chars)

DO YOU HAVE A WEBSITE? \*

|  |  |
| --- | --- |
|[ ]  YES |[ ]  NO |

WEBSITE ADDRESS \*

DO YOU HAVE A KEYNOTE / PITCH DECK? \*

|  |  |
| --- | --- |
|[ ]  YES |[ ]  NO |

DID YOU ALREADY RECEIVE FINANCIAL MEANS (FINANCER, SEED MONEY, KICKSTARTER,…) OR ARE YOU EXPECTING THEM? \*

|  |  |
| --- | --- |
|[ ]  YES |[ ]  NO |

HAS YOUR PROJECT ALREADY BEEN REWARDED IN COMPETITIONS? \*

|  |  |
| --- | --- |
|[ ]  YES |[ ]  NO |

DID YOU GET OTHER SUPPORTS SUCH AS COACHING, FACILITIES, CONSULTANCIES, ACCELERATION/INCUBATION PROGRAMS, ETC? \*

|  |  |
| --- | --- |
|[ ]  YES |[ ]  NO |

ARE YOU CURRENTLY ENROLLED IN AN INCUBATOR / ACCELERATOR? \*

|  |  |
| --- | --- |
|[ ]  YES |[ ]  NO |