

i2 innovation initiative - phase 1 [6 pages/39 questions]

Organization Information

* 1. Please enter organization name

* 2. Please enter organization type

- | | |
|---------------------------------|--|
| <input type="radio"/> 501(c)(3) | <input type="radio"/> Limited Liability Corp (LLC) |
| <input type="radio"/> B Corp | <input type="radio"/> Partnership |
| <input type="radio"/> C Corp | <input type="radio"/> Other |
| <input type="radio"/> S Corp | |

3. Please enter organization E.I.N. if applicable

4. Please upload current IRS Letter of Determination

Choose File

No file chosen

* 5. Please enter organization address

Organization
Address

Organization
City

Organization
State

Organization
ZIP/Postal Code

Organization
Country

Organization
Main Phone
Number

6. Please enter organization web-page (if applicable)

7. Please enter organization description

8. Please enter organization mission statement

9. Please enter year organization was founded

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Organization Leader Information

* 10. Please enter organization leader contact information

**Organization
Leader Name**

**Organization
Leader Address**

**Organization
Leader City**

**Organization
Leader State**

**Organization
Leader
ZIP/Postal Code**

Country

**Organization
Leader Email
Address**

**Organization
Leader Mobile
Number**

* 11. Please enter organization leader's gender

* 12. Please enter organization leader's ethnicity

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Organization Board, C-Level, and Staff Information

* 13. Please enter organization's number of board members (0 if n/a)

* 14. Please enter organization board member gender percentages (0 if n/a)

Female

Male

Transgender

* 15. Please enter organization board member ethnicity percentages (0 if n/a)

White

Black or African
American

American Indian
or Alaska Native

Asian

Native Hawaiian
or Other Pacific
Islander

* 16. Please enter organization's number of C-level executive members (0 if n/a)

* 17. Please enter organization C-level gender percentages (0 if n/a)

Female

Male

Transgender

* 18. Please enter organization C-level executive ethnicity percentages (0 if n/a)

White

Black or African
American

American Indian
or Alaska Native

Asian

Native Hawaiian
or Other Pacific
Islander

* 19. Please enter organization's number of staff members (0 if n/a)

* 20. Please enter organization staff member gender percentages (0 if n/a)

Female

Male

Transgender

* 21. Please enter organization staff member ethnicity percentages (0 if n/a)

White

Black or African
American

American Indian
or Alaska Native

Asian

Native Hawaiian
or Other Pacific
Islander

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Organization Financial Information

* 22. Please enter historical organization annual revenue (enter 0 if n/a)

* 23. Please enter historical primary revenue sources (percentages must total 100)

Charitable
donations
percentage

Government
contracts
percentage

Grants
percentage

Service fees
(earned revenue)
percentage

Other revenue
percentage

* 24. Please enter historical organization annual expenses (enter 0 if n/a)

* 25. Please enter historical organization annual indirect expenses
(overhead)(enter 0 if n/a)

26. Please upload most current organization 990

Choose File

No file chosen

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Organization Regions/Cities Benefiting from Innovation

27. Please provide which San Diego regions will benefit from your organization's innovation

- | | |
|-------------------------------------|-------------------------------------|
| <input type="radio"/> Central | <input type="radio"/> North Coastal |
| <input type="radio"/> East | <input type="radio"/> North Inland |
| <input type="radio"/> North Central | <input type="radio"/> South |

28. Please enter which Imperial County cities will benefit from your organization's innovation

- | | |
|----------------------------------|-------------------------------------|
| <input type="radio"/> Brawley | <input type="radio"/> Imperial City |
| <input type="radio"/> Calexico | <input type="radio"/> Niland |
| <input type="radio"/> Calipatria | <input type="radio"/> Salton City |
| <input type="radio"/> El Centro | <input type="radio"/> Seely |
| <input type="radio"/> Heber | <input type="radio"/> Westmoreland |
| <input type="radio"/> Holtville | <input type="radio"/> Winterhaven |

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Innovation Project Information

- * 29. What is your project? (brief narrative executive summary)(750 characters)

- * 30. What is the problem you are trying to solve? (750 characters)

- * 31. Why is now the right time to solve this problem? (750 characters)

- * 32. Who are your beneficiaries if your solution is achieved? (750 characters)

- * 33. Who are your paying customers (if different from beneficiaries)? (750 characters)

- * 34. Who are your direct competitors? (750 characters)

- * 35. What is your solution to the problem? (750 characters)

- * 36. What makes your solution innovative? (750 characters)

- * 37. Why do people need your solution? (750 characters)

* 38. What makes your solution different or better from competition? (750 characters)

* 39. How do you make money with your solution? (Explain earned revenue) (750 characters)