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| **2021 Fundraising Acceleration Program Application (Summary)** | | | | | | | | |
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| **1** | **Accelerator Overview** | | | | | | | |
| **Accelerator Name** | | |  | | **Representative**  **Name** | |  | |
| **Date of Establishment** | | |  | | **Website URL** | |  | |
| **Address of Head office** | | |  | | | | | |
| **Countries that you cover** | | |  | | | | | |
| **Own Funding Scale** | | | *USD/EURO 000* | | **Invested Companies(total)** | | *10* | |
| **Investment Amount(total)** | | *USD/EURO 000* | |
| **2** | **Summary of 2021 Fundraising Acceleration Program** | | | | | | | |
| **Goal** | | | *Present quantitative and qualitative goals that the you aim to achieve* | | | | | |
| **Experience** | | | *Experience in operating Fundraising programs or successful case of startup of investment acquisition* | | | | | |
| **Program operation** | | | *Operation period, Main contents, Investor match to startup* | | | | | |
| **Onsite IR** | | | *Operation period, Main contents, Investor match to startup* | | | | | |
| **Selection Criteria** | | | *Items for the evaluation* | | | | | |
| **3** | **Network** (VE, PE, CVC, etc.) | | | | | | | |
| **Key network** | | | *Please write down the status of the investor network that you think is the most important in this program.* | | | | | |
| **How to utilize the network** | | |  | | | | | |
| **4** | **Dedicated Managers Information who join Fundraising Acceleration Program** | | | | | | | |
| **Name** | | **Position** | | **Duties** | | **Email** | | **Phone Number** |
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| **2021 Fundraising Acceleration Program**  **Accelerator Application (Full version)** |

* *Please refer to Appendix 1 on the notice*

**A. Applicant Overview**

A-1) Description of Accelerator’s status

A-2) Dedicated managers Information

A-3) Program management experience

(Experience in operating programs related to attracting investors for startup)

A-4) Cases of investments made

(write it only if you have your own investment finances)

**B. Operational Plans for Fundraising Acceleration Program**

B-1) Goals of program management

B-2) Program management plan to realize the goals

B-3) Assessment and selection of startups

B-4) How to support and manage startups

**C. Network**

C-1) Network status

C-2) Plans for using the network

**D. Plan for program budget use** (refer to Attachment 2 format)

D-1. When managing IR locally

D-2. When not managing IR locally