

Survey of Business Incubators 2005

Confidential when completed

Si vous préférez ce questionnaire en français, veuillez nous appeler au (613) 951-2199

Please correct the name and address on the label above if necessary.

Information for respondents

Survey Objective

This survey collects data that are essential to assure the availability of pertinent statistical information to monitor science and technology related activities in Canada and to support the development of science and technology policy.

Confidentiality

Statistics Canada is prohibited from publishing any statistics that would divulge information obtained from this survey that relates to any identifiable business, institution or individual without the previous written consent of that business, institution or individual. The data reported on this questionnaire will be treated in confidence, used for statistical purposes and published in aggregate form only. The confidentiality provisions of the Statistics Act are not

affected by either the Access to Info.mation Act or any other Legislation.

Authority

This survey is conducted unce the Authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19 (Abbreviation: Statistics Act, R.S.C. 1985, c. S-19). Completion of this mestionnaire is a legal requirement under the Statistics Act.

Assistance

If you have questions about this survey or require assistance considered the questionnaire, contact information is provided on the last page.

Definitions

A **business incubator** is a *business unit* that specializes in providing space, services, advice and support designed to assist new and growing businesses to become established and profitable. For a private company, a **business unit** generally corresponds to an establishment. For a large organization such as a university, college or government department, a business unit may be any distinguishable office or program.

A **technology incubator** is a *business unit* that specializes in providing space, services, advice and support designed to assist businesses in developing new technologies.

Instructions

Please complete a separate qui stionnaire for each business unit providing business incubator services within your organization.

Please consider all question: and if a question is not applicable to your situation, please respond "NA".

Certification:		
Name of person who completed this report:	Position/Title	Telephone number
Name of parent organization	Name of unit providing business incubator services	Fax number
Date	e-mail address	Web site/URL of unit

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Statistics Statistique Canada Canada



Refer	ence year:		
	information in the questionnaire covers the fiscal year ending on or before Julgify the ending month of your fiscal year:	y 31, 2005	5. Please
mont	th year		
	Eligibility		
1.1	This question establishes your requirement to complete the remainder of t	he questi	onnaire:
		Yes	No
	1a. Does this business unit (or does it plan to) provide space to client companies?	0	•
	1b. Did this business unit have clients during the reference year?	O	0
	1c. Is providing business incubation services to companies one of the main activities of this business unit?	0	•
	1d. Is providing technology incubation services to companies one of the main activities of this business unit?	O	0
	If the answer to Question 1c and 1d is No , please or not complete the questionnaire. Please return the questionnaire in the anyelope provided.	remainde	er of the
2 (General Information		
2.1	Affiliation		
	a. This business unit is legally (Mark one only);		
	An incorporated private for-profit firm		
	O Part of a larger incorporated private for-profit firm		
	An incorporated not-for-profit firm		
	Part of a university or college		
	O Part of a federal, podincial or municipal government department or agenc	У	
	O Other, pleas, specify:		
	b. This busines, unit is co-located with (or adjacent to):		
	O A university or college		
	O A federal government laboratory		
	O A private company		
	O Not co-located		
	O Other, please specify:		

		. Who are the main partners that participate in the operation of the incubator? (Mark all that apply)
		O Federal Government
		O Provincial Government
		O Municipal Government
		O Regional Government
		O University
		O Community College
		O Private company (for profit)
		O Private non-profit organization
		O Lending Institution
		O No partners
		Other, please specify:
	لہ	
	a	. Does this business unit have a performance agreement with its stakeholders?
		O Yes O No
		If yes, what are the performance criteria?
	е	Does the incubator have written policies governing the activities of clients and stakeholders with respect to:
		Intellectual property rights O Yes O No
		Conflict of interest O Yes O No
2.2	Ir	nfrastructure and human resources
	a.	When was the incubator established?
		Year
	b.	How many people are employ and (paid or unpaid) to operate the incubator?
		Number full-time (30 or no. hours/week):
		Number part-time (fewer than 30 hours per week):
	C.	How many processional staff (managers, scientists, senior technical advisors, mentors) are employed (paid of unpaid) by the incubator?
	C.	
	C.	employed (paid of unpaid) by the incubator?
		employed (paid of unpaid) by the incubator? Number full-time (30 or more hours/week): Number part-time (fewer than 30 hours per week): What is the total floor space occupied by the incubator?
		employed (paid of uspaid) by the incubator? Number full-time (30 or more hours/week): Number part-time (fewer than 30 hours per week):
		employed (paid of impaid) by the incubator? Number full-time (30 or more hours/week): Number part-time (fewer than 30 hours per week): What is the total floor space occupied by the incubator? Square meters:
	d.	employed (paid of unpaid) by the incubator? Number full-time (30 or more hours/week): Number part-time (fewer than 30 hours per week): What is the total floor space occupied by the incubator? Square meters: or Square feet:
	d.	employed (paid of impaid) by the incubator? Number full-time (30 or more hours/week): Number part-time (fewer than 30 hours per week): What is the total floor space occupied by the incubator? Square meters:
	d. e.	employed (paid of unpaid) by the incubator? Number full-time (30 or more hours/week): Number part-time (fewer than 30 hours per week): What is the total floor space occupied by the incubator? Square meters:
	d. e.	employed (paid or impaid) by the incubator? Number full-time (30 or more hours/week): Number part-time (fewer than 30 hours per week): What is the total floor space occupied by the incubator? Square meters: or Square feet: _ What is the total floor space available to clients? Square meters: or Square feet: _ What was the maximum amount of space occupied by clients during the reference year?

2.3 **Sources of funds**

Please specify the sources of funds for business incubator activities of this business unit during the reference year:

Sources of funds	Canadian dollars
Federal government grants	\$
Provincial government grants	\$
Municipal or regional government grants	\$
Operating funds from parent organization	\$
Rent from clients	\$
Fees from clients	\$
Sponsorship from private companies	\$
Loans, please specify source:	\$
Cashed-in equity from current or former clients	\$
Other, please specify:	\$
Total	\$

2.4	What was the total amount of equity your business unit i eld in current and previous clients at
	the end of the reference year? Please estimate the market value of the equity your business unit
	held in publicly-traded companies. Answer NA if you cannot hold equity in clients, zero if you held no
	equity.

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Canadian dollars:	20 I I		V Z	

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3 P	olicies	
3.1	What	are the three most important goals of your program? (Mark 3 only).
	0	Creating jobs in the local comn unity
	O	Diversifying local economies
	O	Creating international parinerships
	O	Building or accelerating growth of a local industry
	O	Retaining businesses in the community
	O	Commercializing technologies
	0	Generating complementary benefits for the sponsoring or partner organization (e.g., creating
	\circ	internal por joint research opportunities)
	_	Identifying potential spin-in or spin-out business opportunities
	O	Generating net income for the incubator, sponsoring organization or investors
	O	Fostering a community's entrepreneurial climate
	O	Revitalizing a distressed neighborhood
	O	Encouraging minority or women entrepreneurship
	O	Moving people from social assistance to work
	O	Other, please specify

3.2	What are the main criteria that you utilize in the selection process for applicants to your incubator? (Mark all that apply)
	Availability of financing
	O A sound management team
	O A good business plan
	A technology transfer or commercialization opportunity
	A collaborative research opportunity
	O A good business opportunity
	O A working prototype
	The applicant is a spin-off from a stakeholder organization The applicant is a spin-off from a stakeholder organization
	O The foreign applicant has a reference from its host country
	O Other, please specify
	Other, please specify
3.3	What are the main criteria that you use to determine when a client graductes (no longer eligible for the business incubator's space and services)? (Mark all that apply)
	O Demonstration of sufficient autonomy from the incubator's management team
	O Facility no longer suitable
	O Predetermined period: months _
	Reached or failed to reach another predefined wilectone, please specify:
	Other, please specify:
3.4	What is your pricing policy for incubator services? (Please mark any that apply)
	O Services are free
	Services are included in the rental charges
	O Services entirely paid by incubator clients
	Services are provided in exchange for equity in the client
	O Services party paid by incubator clients
	Other please specify
3.5	Please describe your pricing policy for incubator services.
	-

3.6	What is your pricing policy for rent? (Mark any that apply)
	Rent is free
	Rent is at or above market rates for a facility of this type
	O Rent is below market rates for a facility of this type
	O Rent is provided in exchange for equity in the company
	O Rent partly paid by incubator clients
	Other, please specify
3.7	Please describe your pricing policy for rent.
	Clients and activities
4.1	How many applications did you receive from prospective clients during the reference year?
	Number of applications:
4.2	How many new applicants were selected to become clients during the reference year?
	Number of applicants selected:
4.3	How many companies occupied soase in your incubator at the end of the reference year?
	Number of companies: _
4.4	How many companies received services or advice from the incubator during the reference
	year?
	Number of companies.
	Transfer of cert, artice.
4.5	How many people were employed by the client firms in your incubator at the end of the reference year?
	Number : '!!-time (30 or more hours/week):
	Number part-time (fewer than 30 hours per week):
4.6	How many of your clients at the end of the reference year received the Scientific Research and Experimental Development (SR&ED) tax credit?
	Number of companies:
4.7	How many of your clients at the end of the reference year had revenues?
	Number of companies:

4.8 Please specify the number of your current client firms in each industry sector. Businesses are classified by the majority of their product (goods or services).

Industry group	Number
Agriculture, Forestry, Fishing and Hunting	
Mining and Oil and Gas Extraction; Utilities; Construction	
Manufacturing	
Wholesale and Retail Trade, Transportation and Warehousing	
Information and Cultural Industries	
Finance and Insurance; Real Estate and Rental and Leasing; Administrative and Support, Waste Management and Remediation Services	
Professional, Scientific and Technical Services	
Management of Companies and Enterprises	
Educational Services; Health Care and Social Assistance	
Arts, Entertainment and Recreation; Accommodation and Food Services	
Other Services (except Public Administration)	
Public Administration	
Unknown	
Total	

5 Services that your incubation program offers firms

5.1 Please indicate the services your business unit provides to its clients and whether these services are provided in-house or whether you provide links to external sources. In the right-hand column, please indicate if this service is any of your 5 most-utilized services.

Services that your incubation program offers client firms	Provided in-house	Provide links to external sources	One of top 5
a) Management/business support			
Help with business basics (devoloping business plan, refining business concept, etc)	0	0	0
Marketing assistance (advo.tioirn, promotion, market research, market strategy)	0	O	0
Help with accounting or fin. ncial management	O	O	0
Management tear a corditment	0	•	O
Other pers(nnel) ecruitment	0	•	O
Lend c. ecutives to act in management capacity	0	•	O
Provide ao isory board	0	•	O
Provide mentors	0	•	O
Federal procurement assistance	0	•	O
International trade assistance	0	•	O

	I	I	
	Provided	Provide links to external	One of
Services that your incubation program offers client firms	in-house	sources	top 5
b) Equipment and technical support			
Mentorship in R&D	O	O	O
Office space	0	0	0
Library	O	O	O
Laboratory space	O	0	O
Shared administrative or office services	0	O	0
High-speed Internet access	O	•	O
Specialized equipment or facilities (e.g., fume hood, computers, forklift)	O	O	O
Assistance with manufacturing practices, processes and technology	0	4 Q	O
Assistance with product design and development	0	40	0
Prototyping support	0 4	Ö	0
c) Networking and training			•
Linkages to researchers	0	0	0
Linkages to other higher education resources (e.g., student interns, faculty, specialized lab facilities, etc.)	O	0	0
Networking activities among incubation program clients	0	0	O
Linkages to strategic partners	0	9	0
Pre-incubation services such as entrepreneurial training, oriental on for prospective clients	0	0	0
Human resources, personnel development or training	O	O	O
Business training	0	0	0
Help with presentation or communication skills	0	9	0
Post-incubation services such as follow-up counciling	0	O	0
d) Financing			
Linkages to angel or venture capital inventor	0	O	0
In-house investment funds	0	0	0
Help accessing commercial bank 'pans	0	0	0
Help accessing specialized numbersial loan funds or loan guarantee	0	0	0
programs	9	3	9
e) Legal support and regulatory compliance	_		_
General legal services	0	0	0
Intellectual proper y management	0	0	0
Help with regulatory compliance	0	O	0
Assistance with applying for government grants and tax credits	0	O	0
f) Commercialization			
Technology transfer (e.g., links to potential customers for your clients)	0	•	0
Assistance with e-commerce	0	0	0
Business management process, customer assessment service, inventory management	O	O	O
g) Other, please specify:	O	O	O

Status of client	number
Continuing clients	
Graduated	
Closed	
Merged or bought out	
Don't know	
Other, please specify	1
Total	7
How much money did your clients raise during the reference year	<i>\</i>
Source of funds	Canadia dollars
Loans	donard
Grants	
Venture capital	
Angel investment	
Revenues	
Other, please specify	
Total	
anagement	
What are the main areas of expertise of the incubator manager (managem that apply.)	ent team)? (Mar
O Natural science	
O Engineering	
O Business management, finance	
O International business	
O Business law, intellectual property	
O Marketing	
O Education	
O Technology transfer	
Other, please specify	
For how long has the manager of this incubator been specializing in supp businesses?	orting new
Number of years:	

	Which additional activities do the staff of the support to its clients? (Mark all that apply)	ne incubato	or underta	ke to bette	r help the	m provide
	Networking with local companies					
	Participating in community business groups					
	Participating in national or international to	•	cubator as	sociations		
	Participating in national or international to				ssociations	3
	O Hosting local networking events	,				
	O Taking courses in business managemen	nt or techno	ology transf	er		
	g g		37			
	O Other, please specify:					
				4	1	
8 E	Barriers					
8.1	Please rate the significance of the following the incubator?	j challenge	es facin(1 t	ne operati	on and su	ccess of
		1	72	3 less	4	Not
	Challenges/barriers	very significan	siહ nificant	significant	not significant	applicable
	Finding appropriate candidate clients	Q		0	O	0
	Obtaining funding for incubator operation	(0)	0	O	O	O
	Candidate clients have no startup financing	0	O	0	O	•
	Insufficient business skills in local community	O	O	0	0	0
	Insufficient technical skills in local community	0	O	O	O	0
	Government regulations or paperwork	O	O	O	O	O
		f !	g the oper	ation and	success o	f the
8.2	Please describe the most sign ficant challe incubator:	nges racin				
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Please rate the significance of the following	g challenge	es facing t	he succes	s of your	clients?
	1	2	3	4	Mat
Challenges/barriers	very significant	significant	significant	not significant	Not applicable
Achieving self-sustaining business operation	O	O	0	0	O
Competition from larger firms in Canada	O	O	O	O	O
Competition from larger international firms	O	O	O	O	O
Complying with government procedures to obtain support	•	•	•	•	•
Complying with government regulations	O	O	O	O	O
Entrepreneurs are unwilling to accept the incubator's advice	•	•	•	•	•
Finding appropriate markets for product	O	O	O	O	O
Finding or developing appropriate business skills	O	O	0	0	O
Finding or developing appropriate technical or scientific skills	O	0	9	0	0
Insufficient absorptive capacity of local business	O	0	0	0	•
Insufficient customer acceptance	O	0	O	0	•
Insufficient local skilled labour	0	9	Ó	0	•
Obtaining financing	O	0	0	0	•
	Challenges/barriers Achieving self-sustaining business operation Competition from larger firms in Canada Competition from larger international firms Complying with government procedures to obtain support Complying with government regulations Entrepreneurs are unwilling to accept the incubator's advice Finding appropriate markets for product Finding or developing appropriate business skills Finding or developing appropriate technical or scientific skills Insufficient absorptive capacity of local business Insufficient local skilled labour Obtaining financing Please describe the most significant challe Please attach a list of current and former cl which their hea quarters are located and the	Challenges/barriers Achieving self-sustaining business operation Competition from larger firms in Canada Competition from larger international firms Complying with government procedures to obtain support Complying with government regulations Entrepreneurs are unwilling to accept the incubator's advice Finding appropriate markets for product Finding or developing appropriate business skills Finding or developing appropriate technical or scientific skills Insufficient absorptive capacity of local business Insufficient local skilled labour Obtaining financing Please describe the most significant challenges fac in the part of parters are located and the years the very significant in the part of the parters are located and the years the very significant in the parters are located and the years the very significant in the parters are located and the years the very significant in the parters are located and the years the very significant in the parters are located and the years the very significant in the parters are located and the years the very significant in the parters are located and the years the very significant in the parters are located and the years the very significant in the very significant	Challenges/barriers Achieving self-sustaining business operation Competition from larger firms in Canada Competition from larger international firms Complying with government procedures to obtain support Complying with government regulations Entrepreneurs are unwilling to accept the incubator's advice Finding appropriate markets for product Finding or developing appropriate business skills Insufficient absorptive capacity of local business Insufficient local skilled labour Obtaining financing Please describe the most significant challenges fac. ng the succession of the	Challenges/barriers Challenges/barriers Significant Significant	Challenges/barriers Significant Signifi

9 T	hank you for participating. Your response is very much appreciated.
9.1	Please indicate how long it took you to complete this questionnaire:
	Number of minutes:
9.2	We would be interested in hearing your suggestions for improving this questionnaire:
Pleas	e complete this questionnaire within 10 days of receipt and return it in the enclosed en-
	e. Please retain a copy for your records. If the exvelope is no longer available, mail the leted questionnaire to:
	Survey of Business Incubators 2005
	Science, Innovation and Electronic Information Division R.H. Coats Building 7 th floor, Section-B
	Statistics Canada 120 Parkdale Avenue
	Ottawa ON
	K1A 0T6 e-mail: sieidinfo@statcan_ca
	Telephone: (613) 951-2199 (collect)
if you your	require help completing this survey or have any concerns about the confidentiality of answers, please contact the above address.