

Page description:

ID 967

PLEASE KEEP THESE RECOMMENDATIONS IN MIND:

- Read the form carefully and do not skip any questions.
- If you have visual impairments, you can activate the "**Low Vision Mode**" by clicking the button located at the top right corner of the screen.
- Set aside approximately **one and a half** hours to complete the form thoughtfully and accurately.
- Remember: this form is the primary tool that allows us to understand your initiative and decide whether it will move forward in the selection process. It also provides you with a **diagnostic assessment and personalized recommendations** for your company, comparing it to others participating in this call.
- You can save your progress and return later by clicking the "**Save and continue later**" button, which will appear at the top right corner after completing the first registration page. You will be asked to provide an email address, and a link will be sent to you from regionplateada@faes.org.co with the subject "**Please don't forget to complete your application to Silver Region**". You can use this link to resume the form at any time. If you don't receive the return email within a minute, check your spam or junk folder.

- **Important:** the system only saves fully completed pages, after you clic the "Next" button. If you answer only a few questions on a page and click "Save and continue later," your answers on that page will not be saved. Be sure to complete all questions on the current page before saving. **Therefore, if you wish to continue your application at another time, make sure to click “Save and continue later” immediately after moving forward with “Next.” Avoid leaving pages incomplete, as they will not be saved.**
- Your registration will be considered complete only when the entire form has been filled out.
- An **asterisk (*)** at the end of a question indicates that it is mandatory.
- By hovering your mouse over the ? icon, you can view examples, clarifications, or definitions related to the corresponding content.
- Unless otherwise specified, "older person" refers to any person aged 60 or older.
- The deadline to complete this form is **september 7th, 2025 at 11:59 pm (Colombia time).**
- **If you find it helpful, you can preview all questions in advance using this link.**
- You can access the **Terms of Reference** for this call using this link.
- You can access the **Frequently Asked Questions (FAQ)** using this link.
- You can consult the **Data Use and Privacy Policy** using this link.
- On the last page, you will have the opportunity to download your responses as a PDF and review them. Please only click the **“Submit”** button after verifying that you have answered each question accurately. If

you wish to do this review later, it is recommended that you click the “**Save and continue later**” button when you reach that page.

Remember that simply by submitting the form, you will receive a structured diagnostic report based on tools and criteria typically used by paid business strategy consultants. It is a valuable resource to strengthen your business starting today.

We hope this exercise proves valuable to you!

If you have any questions about the form, feel free to contact us at regionplateada@faes.org.co.

Good Luck!

Registration

Page description:

ID 53

2. Please complete the following contact information for the company's Lead Entrepreneur: *

Email Address (this will be the primary contact for all communications related to this call for proposals): *

Phone Number (include the country code without the plus sign (+), and do not use spaces between numbers):

*

First name of the Lead Entrepreneur *

Last name of the Lead Entrepreneur *

Gender

*

Male
Female
Non-binary
Other
Prefer not to answer

Date of Birth:

*

MM/DD/YYYY



ID 1372

3. What is the name of the company you are applying with to the *Silver Region* program? *

Please enter only the official name of the company. Do not include clarifications, comments, or additional information.

Registration

Page description:

ID 1364

4. Does [question('title'),id='nombre_empresa'] currently offer any services in the following topic(s) ^{*}
Please select all that apply.

- ☐ Prevention of functional dependence for people over 50 years old: whether cognitive, physical, or social/emotional. ?
- ☐ Training for caregivers of older people ?
- ☐ Care services for dependent older people aged 60 and over. ?
- ☐ Other products or services offered to older adults and/or their caregivers (such as Silver Finance, senior-focused tourism, employment or entrepreneurship education, HealthTech for cosmetic purposes or for the pets of older adults, financial solutions for caregivers, among others).
- ☐ None of the above

Page description:

Eligibility section completed

TRUE

Registration

Page description:

VALIDATION Max word count = 200 Min word count = 5

ID 1514

5. You indicated that your product or service offering falls under the following topic(s): [question('title'), id='tematica2']. Please tell us, in fewer than 200 words, why you believe your offering is relevant to this/these topic(s). If more than one topic applies, please respond for each one. If you have any questions, you can refer to section 4 of the Terms of Reference.

ID 1369

6. Last year, did you have sales exceeding \$0 USD from the sale or provision of that service offering?

*

- ☐ Yes
- ☐ No

ID 1500

7. Where were those sales generated?* *

- ☐ In Latin America and the Caribbean.
- ☐ Outside Latin America and the Caribbean.
- ☐ Both in Latin America and the Caribbean, and outside the region.

VALIDATION Max word count = 200 Min word count = 30

ID 1501

Since you have not yet generated revenue in Latin America and the Caribbean, please describe in no more than 200 words the strategic, commercial, or impact-driven reasons that motivate your interest in entering this region.

8. Why are you interested in expanding your service offering in Latin America and the Caribbean? *

ID 1510

9. Your application to the program being submitted on behalf of: *

- ☐ The entire company.
 - ☐ A specific business unit, department or specific area.
-

ID 1511

10. Please indicate the name of the business unit, department, specific area, product, service, or particular offering of [question('title'),id='nombre_empresa'] with which you are applying to this call for proposals. *

VALIDATION %s format expected

ID 1381

11. What is the legal incorporation date of [question('title'),id='nombre_empresa']? *



MM/DD/YYYY

ID 1368

12. Please select the legal structure under which [question('title'),id='nombre_empresa'] is incorporated.

*

- ☐ Private company.
- ☐ Public enterprise.
- ☐ Public enterprise governed by private law.
- ☐ Foundation, non-profit organization, or NGO.
- ☐ Public university.
- ☐ Private university.
- ☐ Other. Please specify:

Registration

Page description:

ID 1502

13. Is [question('title'), id='nombre_empresa'] legally incorporated in **a country in Latin America and the Caribbean?** *

- ☐ Yes
 - ☐ No
-

ID 1366

14. Please select the country where your company's headquarters is located.

*

The company must be legally incorporated and currently operating in that country.
If not, please select “None of the above.”

- ☐ Argentina
- ☐ Bahamas (The)
- ☐ Barbados
- ☐ Belize
- ☐ Bolivia
- ☐ Brazil
- ☐ Chile
- ☐ Colombia
- ☐ Costa Rica

- ☐ Ecuador
- ☐ El Salvador
- ☐ Guyana
- ☐ Guatemala
- ☐ Haiti
- ☐ Honduras
- ☐ Jamaica
- ☐ Mexico
- ☐ Nicaragua
- ☐ Panama
- ☐ Paraguay
- ☐ Peru
- ☐ Dominican Republic
- ☐ Suriname
- ☐ Trinidad and Tobago
- ☐ Uruguay
- ☐ Venezuela
- ☐ Other. Please specify:

☐ None of the above

ID 1548

15. In which country is [question('title'), id='nombre_empresa'] legally incorporated? *

If your country does not appear on this list, please select “Other” at the end.

Afghanistan
Albania
Germany
Andorra
Angola
Antigua and Barbuda
Saudi Arabia
Algeria
Armenia
Australia
Austria
Azerbaijan
Bahrain
Bangladesh
Belarus
Belgium
Benin
Bhutan
Bosnia and Herzegovina
Botswana
Brunei (Darussalam)
Bulgaria
Burkina Faso
Burundi
Cape Verde
Cambodia

Cameroon
Canada
Chad
Czech Republic / Czechia
China
Cyprus
Comoros
Republic of the Congo
Democratic Republic of the Congo
North Korea
South Korea
Côte d'Ivoire (Ivory Coast)
Croatia
Cuba
Denmark
Djibouti
Dominica
Ecuador
Egypt
United Arab Emirates
Eritrea
Slovakia
Slovenia
Spain
United States
Estonia
Ethiopia
Fiji
Philippines
Finland
France
Gabon
The Gambia
Georgia
Ghana
Grenada
Greece
Guinea

Guinea
Guinea-Bissau
Equatorial Guinea
Guyana
Hungary
India
Indonesia
Iran
Iraq
Ireland
Iceland
Israel
Italy
Japan
Jordan
Kazakhstan
Kenya
Kyrgyzstan
Kiribati
Kuwait
Laos
Lesotho
Latvia
Lebanon
Liberia
Libya
Liechtenstein
Lithuania
Luxembourg
North Macedonia
Madagascar
Malaysia
Malawi
Maldives
Mali
Malta
Morocco
Marshall Islands

Mauritius
Mauritania
Micronesia
Moldova
Monaco
Mongolia
Montenegro
Mozambique
Myanmar (Burma)
Namibia
Nauru
Nepal
Niger
Nigeria
Norway
New Zealand
Oman
Netherlands
Pakistan
Palau
Papua New Guinea
Poland
Portugal
Qatar
United Kingdom
Central African Republic
Dominican Republic
Romania
Russia
Rwanda
Saint Kitts and Nevis
Solomon Islands
Samoa
San Marino
Saint Lucia
Vatican City
São Tomé and Príncipe
Saint Vincent and the Grenadines

Saint Vincent and the Grenadines
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Syria
Somalia
Sri Lanka
South Africa
Sudan
Sweden
Switzerland
Suriname
Eswatini (Swaziland)
Thailand
Tanzania
Tajikistan
Timor-Leste (East Timor)
Togo
Tonga
Tunisia
Turkmenistan
Türkiye (Turkey)
Tuvalu
Ukraine
Uganda
Uzbekistan
Vanuatu
Vietnam
Yemen
Zambia
Zimbabwe
Other

16. Please write the country in which [question('title'), id='nombre_empresa'] is legally incorporated. *

ID 1551

17. Does [question('title'), id='nombre_empresa'] currently operate in any Latin American or Caribbean countries? * *

- ☐ Yes (whether directly, through a subsidiary, affiliate, or partner)
- ☐ No

ID 1374

18. Please select the country where the business or program you are applying with to the *Silver Region* program is being implemented. * *

It must currently be operating in that country under one of the following modalities:

- i) Your company is legally incorporated and operating directly in that country.
- ii) You have a legally registered and operating branch or subsidiary in that country.
- iii) You have a contractual partnership with a legally incorporated and operating company in that country.

Select all that apply. If none of the above apply, please select “None of the above.”

- ☐ Argentina
- ☐ Bahamas (The)
- ☐ Barbados

- ☐ Belize
- ☐ Bolivia
- ☐ Brazil
- ☐ Chile
- ☐ Colombia
- ☐ Costa Rica
- ☐ Ecuador
- ☐ El Salvador
- ☐ Guyana
- ☐ Guatemala
- ☐ Haiti
- ☐ Honduras
- ☐ Jamaica
- ☐ Mexico
- ☐ Nicaragua
- ☐ Panama
- ☐ Paraguay
- ☐ Peru

- ☐ Dominican Republic
 - ☐ Suriname
 - ☐ Trinidad and Tobago
 - ☐ Uruguay
 - ☐ Venezuela
 - ☐ None of the above
-

ID 1552

19. Has [question('title'), id='nombre_empresa'] made implementation plans to expand into any Latin American or Caribbean countries?* *

- ☐ Yes
 - ☐ No
-

ID 1553

20. Please choose the country where the venture/program you are participating with in the *Silver Region* program is being developed. *

- ☐ Argentina
- ☐ Bahamas (The)
- ☐ Barbados

- ☐ Belize
- ☐ Bolivia
- ☐ Brazil
- ☐ Chile
- ☐ Colombia
- ☐ Costa Rica
- ☐ Ecuador
- ☐ El Salvador
- ☐ Guyana
- ☐ Guatemala
- ☐ Haiti
- ☐ Honduras
- ☐ Jamaica
- ☐ Mexico
- ☐ Nicaragua
- ☐ Panama
- ☐ Paraguay
- ☐ Peru

- ☐ Dominican Republic
 - ☐ Suriname
 - ☐ Trinidad and Tobago
 - ☐ Uruguay
 - ☐ Venezuela
 - ☐ None of the above
-

ID 1504

21. Are you applying to this call as an individual company or in partnership with other organizations?* *

- ☐ As an individual company.
 - ☐ In partnership with one or more organizations.
-

ID 1557

Important:

ID 1558

Organizations established outside the LAC region will be eligible to participate only up to **Phase 2: Acceleration**. In order to advance to **Phase 3: Financing**, the organization must either be legally established as a for-profit entity (e.g., startup, scaleup, or social enterprise with a formal business structure) in at least one of the Inter-American Development Bank (IDB) borrowing member countries in Latin America and the Caribbean (LAC), with valid legal status; or who have a formal partnership with a legally incorporated entity in the region. Only organizations that meet one of these requirements will be eligible to access financing.

ID 1505

Since you are participating in partnership with one or more organizations, please note that:

1. Each partner organization must also complete this form individually.
 2. Only one organization in the partnership may be responsible for managing the program funds.
-

VALIDATION Max word count = 200 Min word count = 3

ID 1506

22. Please write in fewer than 400 words:

- 1) The name of each of the entities involved in the partnership, the country in which each is legally incorporated, and the Latin American and Caribbean (LAC) countries in which they operate, if applicable.
- 2) The role each organization plays in the partnership and how it contributes to the operational capacity of the business. (For example: providing local partnerships and their type, capital or infrastructure, regional experience, or implementation strategies tailored to regional contexts.)
- 3) How the partnership plans to implement its solution in the region. Please ensure your response provides evidence that the partnership contributes verifiable operational capacity for executing its expansion in LAC. *

Page description:

ID 1594

incumple_rh_antiguedad

TRUE

Page description:

ID 1596

incumple_rh_intencion_pais_invalido

TRUE

Page description:

ID 1598

23. incumple_rh_no_operar_pais_valido

TRUE

Page description:

ID 1600

incumple_rh_no_intencion_operar_LAC

TRUE

Page description:

ID 1602

incumple_rh_naturaleza_juridica

TRUE

Page description:

ID 1604

incumple_rh_pertinencia_tematica

Page description:

ID 1606

incumple_rh_ventas0

ID 1608

To check whether you meet the eligibility requirements for the call, please click “Next”.

Checkpoint: Eligibility Requirements

Page description:

ID 1556

Registration completed

TRUE

Registration

Page description:

ID 942

ID 541

ID Convocatoria

C-8

ID 1371

Please provide the following information about [question('value'), id='54'] as the lead entrepreneur of [question('title'), id='nombre_empresa']

ID 504

Version

2021

24. Based on their customs, physical traits, or ancestry, how does the lead entrepreneur self-identify? *

Please select all that apply.

- ☐ Indigenous Population.
- ☐ Afro-descendant Population.
- ☐ ROM / Roma / Romani.
- ☐ Other. Please specify:
- ☐ Does not belong to any ethnic group
- ☐ Prefers not to answer

*

25. Please select all that apply:

*

- ☐ Has difficulty seeing, even with glasses.
- ☐ Has difficulty hearing even with hearing aids.
- ☐ Has difficulty walking or climbing stairs.
- ☐ Has difficulty remembering or concentrating.
- ☐ Has difficulty performing self-care tasks such as washing or dressing.
- ☐ You have difficulty communicating using your normal language, for example when understanding or making yourself understood.
- ☐ None of the above

VALIDATION Max. answers = 3 (*if answered*)

ID 1141

26. How did you find out about the *Silver Region* Program? *

Choose up to 3 options.

- | | |
|---|--|
| <input type="checkbox"/> Fondo Región Plateada Página website | <input type="checkbox"/> LinkedIn |
| <input type="checkbox"/> Fundación Arturo Sesana website | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Innpectia website | <input type="checkbox"/> X (formerly Twitter) |
| <input type="checkbox"/> Latimpacto website | <input type="checkbox"/> WhatsApp |
| <input type="checkbox"/> Email | <input type="checkbox"/> Another entrepreneur who is participating in the call for proposals Silver Region 2025 |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Friend/family |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Reference from a business advisory / mentoring organization or an accelerator |
| <input type="checkbox"/> Television | <input type="checkbox"/> Evaluators of the 2024 Silver Region Call for Proposals |
| <input type="checkbox"/> Magazines / weekly magazines | <input type="checkbox"/> Entrepreneurs who participated in the 2024 Silver Region Call for Proposals |
| <input type="checkbox"/> Press (print or online) / newspaper | <input type="checkbox"/> Entrepreneurs who participated in the 2024 Silver Region acceleration program by Agora Partnerships |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Other. Please specify: |

27. What are you most interested in gaining from the *Silver Region* program? *

Please select the 3 options that most apply

- ☐ Receiving personalized advice
- ☐ Expanding my network of contacts
- ☐ Receiving the business performance diagnosis
- ☐ Expanding into unconventional market segments
- ☐ Strengthening my business model
- ☐ Developing new products or services
- ☐ Receiving funding
- ☐ Receiving training on service awareness
- ☐ Participating in events
- ☐ Identifying potential investment partners
- ☐ Making connections or introduce myself to the public sector

User orientation

Page description:

ID 1312

Now we will ask you about the specific characteristics of the service offering of [question('title'), id='nombre_empresa'] and its customer-oriented practices for older people.

ID 1324

28. Which of the following phrases best describes your type of service offering for older people? *

- ☐ They are standard products. I have a list of established products that customers may or may not purchase, or choose to purchase as a package, with no level of customization or modification.
 - ☐ I have a flexible offer, which allows customers to choose or modify some of the conditions or characteristics of the service, according to their preference.
-

ID 1325

29. Which of the following strategies does your company implement to allow service customization? *

Please select all options that apply

- ☐ Users can assemble their own package of services, activities and benefit plans.
- ☐ Users receive prior advice that allows them to choose the plan or service package that best suits them.
- ☐ Users can choose providers (specialists, caregivers, etc.) from a menu of options.
- ☐ Users have access to information on quality ratings and/or comments from other users that allow them to choose the option that best suits their preferences.
- ☐ Users can adapt the conditions under which the service is provided (frequency, location, mode of transport, among others) so that it adapts to their lifestyle.
- ☐ Users can customize the permissions or decisions given to guardians or family members to the extent required by their health situation.
- ☐ The presentation of the product or service and its instructions for use can be adapted so that users with different physical/cognitive abilities can guide themselves in its use.

☐ Other. Please specify:

*

30. Is there a formal mechanism within your company that allows older people (employees or customers) to participate in the design of products and services? *

- ☐ Yes
- ☐ No

31. Which of the following five mechanisms best describes the level of involvement of older people in the design process in your company? *

- Representation: Family members or associations representing the interests of older people are engaged as external consultative agents. They provide their viewpoints based on the specific requirements of the situation they are consulted on, without being privy to internal information about the design process.
- Consultation: Older people are involved as external consultative agents. They offer their perspectives based on the specific needs of the situation for which they are consulted, without being informed about internal details of the design process.
- Collaboration: Older people participate as external consultative agents in sessions held at regular and established frequency. There is an established mechanism to provide them with standard information on the status of product development, enabling them to continually offer informed advice in context regarding the products and services to be designed, as well as on the conditions under which the services will be provided.
- Employment: There are older people employed full-time by the company who are involved in the design processes of products and services.
- Partnership: Older people are involved as partners, whether permanent or temporary. They not only participate in strategic design decision-making processes but also engage in co-designing and co-directing the project. They continually audit results and participate in crucial decisions with the right to speak in debates and to vote.

VALIDATION Must be numeric

ID 1375

32. How many of the full time positions in the company are held by people over 60 years of age? *

VALIDATION Must be numeric

ID 1423

33. How many of the executive positions in the company are held by people over 60 years of age? *

User orientation

Page description:

ID 1425

Now we will ask you about the measurement and evaluation practices in your company regarding the service provided to older people.

ID 1329

34. Do you have any mechanism for evaluating and analyzing risk prevention in the service of older people? *

- ☐ Yes
- ☐ No

VALIDATION Max. answers = 3 (if answered)

ID 1546

35. What are the main reasons why you have not established a risk monitoring and prevention system? *

Please select up to three options.

- ☐ I do not have the technical capacity or necessary infrastructure to monitor risks.
 - ☐ I do not have access to the information needed to monitor these risks.
 - ☐ It is too costly for my organization to implement a risk monitoring and prevention system.
 - ☐ The market does not value companies that carry out risk monitoring and prevention in the care of older people.
 - ☐ There is no regulator requiring me to implement a risk monitoring and prevention system in the care of older people.
-

VALIDATION Max. answers = 3 (if answered)

ID 1543

36. Please select the three main risks faced by the older people you serve. *

We are referring to risks both within your organization's control and those outside of it in the care of older people.

- ☐ Isolation and loneliness.
- ☐ Self-medication.
- ☐ Abuse by caregivers or family members.
- ☐ The family does not accept the condition and needs of the older person.
- ☐ Physical risks in the home (the home infrastructure is inadequate or presents hazards for the older person).
- ☐ Physical risks outside the home (unsafe environment).
- ☐ Depression.
- ☐ Overdependence on the caregiver or family.
- ☐ Injuries or accelerated deterioration due to malpractice.
- ☐ Injuries or accelerated deterioration due to lack of information about physical or cognitive care.
- ☐ Improper use of the product due to lack of understanding by the person (e.g., misunderstanding or lack of information about the technology or usage instructions).
- ☐ Other. Please specify:

*

VALIDATION Max. answers = 3 (if answered)

ID 1544

37. You indicated that you monitor and track risks. Please select which risks faced by the older people you serve your company currently monitors and tracks.* *

We are referring to risks both within your organization’s control and those outside of it in the care of older people.

- ☐ Isolation and loneliness
- ☐ Self-medication
- ☐ Abuse by caregivers or family members
- ☐ The family does not accept the condition and needs of the older person
- ☐ Physical risks in the home (the home infrastructure is inadequate or presents hazards for the older person)
- ☐ Physical risks outside the home (unsafe environment)
- ☐ Depression
- ☐ Overdependence on the caregiver or family
- ☐ Injuries or accelerated deterioration due to malpractice
- ☐ Injuries or accelerated deterioration due to lack of information about physical or cognitive care
- ☐ Improper use of the product due to lack of understanding by the person (e.g., misunderstanding or lack of information about the technology or usage instructions)
- ☐ Other. Please specify:

*

You indicated that your company provides caregiver training. Please answer the following questions with the caregivers you train in mind.

VALIDATION Max. answers = 3 *(if answered)*

ID 1540

38. Please select the three main risks associated with the care of older people that your company and its caregivers face on a daily basis. *

We are referring to risks both within your organization’s control and those outside of it in the care of older people.

- ☐ Malpractice due to lack of information (e.g., the family did not provide complete information about the older person’s medical treatment).
- ☐ Burnout (emotional exhaustion).
- ☐ Development of emotional attachment or dependence from the older person being cared for.
- ☐ Occupational injuries or illnesses.
- ☐ Decline in caregivers’ self-care.
- ☐ Dealing with power dynamics or violence in the older person’s household.
- ☐ Workplace harassment.
- ☐ Sexual harassment.
- ☐ Demand for services outside the caregiver’s role (e.g., asking nurses to perform cleaning tasks, or caregivers to provide nursing care).
- ☐ Social disconnection and loss of support networks (due to lack of staff time and rest).
- ☐ Other. Please specify:

*

VALIDATION Max. answers = 3 (if answered)

ID 1541

39. You indicated that you monitor and track risks. Please select which risks faced by caregivers your company currently monitors and tracks. *

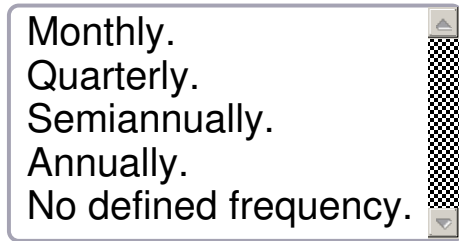
- ☐ Malpractice due to lack of information (e.g., the family did not provide complete information about the older person's medical treatment).
- ☐ Burnout (emotional exhaustion).
- ☐ Development of emotional attachment or dependence from the older person being cared for.
- ☐ Occupational injuries.
- ☐ Decline in caregivers' self-care.
- ☐ Dealing with power dynamics or violence in the older person's household.
- ☐ Workplace harassment.
- ☐ Sexual harassment.
- ☐ Demand for services outside the caregiver's role (e.g., asking nurses to perform cleaning tasks, or caregivers to provide nursing care).

☐ Other. Please specify:

*

40. How often do you do it? *

Please select the option that best approximates.



Monthly.
Quarterly.
Semiannually.
Annually.
No defined frequency.

User orientation

Page description:

ID 1331

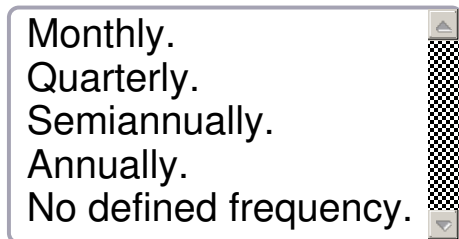
41. Does your company measure the impact of the services and products offered on the quality of life and satisfaction of older people? *

- ☐ Yes
- ☐ No

ID 1332

42. How often do you do it? *

Please select the option that best approximates.



Monthly.
Quarterly.
Semiannually.
Annually.
No defined frequency.

ID 1426

Now we will ask you about the training you provide to your employees on topics related to the service provided to older people.

ID 1333

43. Do you offer any type of training to employees who assist older people?

*

- ☐ Yes
- ☐ No

ID 1334

44. What type of training do you provide them? *

Please select all that apply.

- ☐ General professional knowledge updates.
- ☐ How to care for older people.
- ☐ Support in caring for segments of older people with special needs or in vulnerable situations.
- ☐ Soft skills, stress management, and/or conflict resolution in the home.
- ☐ Self-care (for the caregiver themselves).
- ☐ Teaching self-care to older people and preventing overdependence.
- ☐ Financial education to help caregivers effectively manage their own resources and client relationships.
- ☐ Use of care-related technologies.
- ☐ Identification, prevention, and mitigation of professional and elder care risks (e.g., malpractice or overdependence).
- ☐ Educating families about the care older people require.
- ☐ Other. Please specify:

*

45. Does your company carry out periodic evaluations on the effectiveness of this training in improving the treatment of older people? *

- ☐ Yes
 - ☐ No
-

ID 1335

46. Are any of the innovation activities carried out by your company aimed at strengthening your understanding of older people and/or their caregivers, exploring their lifestyle needs and aspirations, or discovering their standards for quality treatment in service?* *

- ☐ Yes
 - ☐ No
-

VALIDATION Max word count = 200 Min word count = 3

ID 1539

47. Please describe in no more than 200 words the activities your company carries out to strengthen its understanding of older people and/or their caregivers, and to deepen knowledge of their lifestyle needs and aspirations, as well as their social or productive life goals. *

Example: My business includes communities and families in the care of older people living in rural areas through outdoor activities. This not only helps maintain the older person’s physical and cognitive activity levels, but also strengthens their participation in the community and creates social connections that improve their mood and support network. Through this, we learned how older people who regain certain abilities can redefine their roles in society through social interaction.

User orientation

Page description:

For the following questions, understand vulnerable older population as those who meet at least one of the following criteria:

- i) Live in a rural area.
- ii) Live in a condition of functional dependence on third parties (whether due to illnesses or disabling situations of a cognitive, physical, or emotional nature).
- iii) Live at risk of falling into a condition of functional dependence on third parties (whether due to illnesses or disabling situations of a cognitive, physical, or emotional nature).
- iv) To be in a situation of economic vulnerability, which in the country/countries where you will participate in the *Silver Region* program, is defined as:

 1586

- In any country outside Latin America and the Caribbean; having monthly personal income below 4 times the poverty line, that is, below 258 United States dollars (USD).

 1433

- In Argentina; to have a personal monthly income of less than 58.185 Argentine Pesos (ARS).

 1434

- In Bahamas; to have a personal monthly income of less than 410 Bahamian Dollars (BSD).

 1435

- In Barbados; to have a personal monthly income of less than 984 Barbados Dollars (BBD).

ID 1436

- In Belize; to have a personal monthly income of less than 473 Belize Dollars (BZD).

ID 1437

- In Bolivia; to have a personal monthly income of less than 1.001 Bolivian Bolivianos (BOB).

ID 1438

- In Brazil; to have a personal monthly income of less than 1.023 Brazilian Reais (BRL).

ID 1439

- In Chile; to have a personal monthly income of less than 181.195 Chilean Pesos (CLP).

ID 1440

- In Colombia; to have a personal monthly income of less than 588.522 Colombian Pesos (COP).

ID 1441

- In Costa Rica; to have a personal monthly income of less than 135.661 Costa Rican Colones (CRC).

ID 1442

- In Ecuador; to have a personal monthly income of less than 173 US Dollars (USD).

ID 1443

- In El Salvador; to have a personal monthly income of less than 179 US Dollar (USD).

ID 1444

- In Guyana, to have a personal monthly income of less than 32.685 Guyanese Dollars (GYD).

ID 1445

- In Guatemala, to have a personal monthly income of less than 1.356 Guatemalan Quetzales (GTQ).

ID 1446

- In Haiti, to have a personal monthly income of less than 30.791 Haitian Gourdes (HTG).

ID 1447

- In Honduras, to have a personal monthly income of less than 4.653 Honduran Lempiras (HNL).

ID 1448

- In Jamaica, to have a personal monthly income of less than 38.788 Jamaican Dollars (JMD).

ID 1449

- In Mexico, to have a personal monthly income of less than 4.057 Mexican Pesos (MXN).

ID 1450

- In Nicaragua; to have a personal monthly income of less than 4.815 Nicaraguan Cordobas (NIO).

ID 1451

- In Panama; to have a personal monthly income of less than 197 Panamanian Balboas (PAB).

ID 1452

- In Paraguay; to have a personal monthly income of less than 1.097.300 Paraguayan Guaranies (PYG).

ID 1453

- In Peru; to have a personal monthly income of less than 733 Peruvian Soles (PEN).

ID 1454

- In Dominican Republic; to have a personal monthly income of less than 9.869 Dominican Pesos (DOP).

ID 1455

- In Surinam; to have a personal monthly income of less than 4.459 Surinamese Dollars (SRD).

ID 1456

- In Trinidad and Tobago; to have a personal monthly income of less than 1.646 Trinidad and Tobago Dollars (TTD).

ID 1457

- In Uruguay; to have a personal monthly income of less than 10.801 Uruguayan Pesos (UYU).

ID 1458

- In Venezuela; to have a personal monthly income of less than 213 US Dollars (USD).

ID 1412

48. Does your program or service offering have a specialized product aimed at any of the following segments of the vulnerable older population? *

Please select all options that apply

- ☐ Older people living in rural areas.
 - ☐ Older people in conditions of economic vulnerability.
 - ☐ Older people in conditions of functional dependence.
 - ☐ Older people at risk of falling into a situation of functional dependency.
 - ☐ None of the above.
-

ID 1341

49. Are you considering developing a program or introducing to your service offering a product specifically aimed at some segment of the vulnerable older population? *

- ☐ Yes
 - ☐ No
-

ID 1323

50. Do you have a differentiated offerings for each of these segments?

*

- ☐ Yes
 - ☐ No
-

ID 1315

51. Does your company provide specific training to caregivers and staff on how to treat and care for vulnerable older people in a dignified and appropriate manner?

*

- ☐ Yes
 - ☐ No
-

User orientation

Page description:

VALIDATION Must be percentage

ID 1321

52. What proportion/percentage of your customers do you believe belongs to the vulnerable older people population?

*

You do not need to include the % sign. Please only include whole numbers between 0 and 100

VALIDATION Must be percentage

ID 1322

53. What percentage of your income do you believe comes from serving the vulnerable older people population? *

You do not need to include the % sign. Please only include whole numbers between 0 and 100

ID 1424

Now we will ask you about the level of participation that women and LGBTIQ+ people have in various aspects of your business, including holding positions, decision-making, and the design of products and services for older women.

VALIDATION Must be numeric

ID 1422

54. How many of the full time positions in the company are held by women or LGBTIQ+ people? *

VALIDATION Must be numeric

ID 1326

55. How many of the executive positions in the company are held by women or LGBTIQ+ people? *

ID 1428

56. Does your company have a formal mechanism that enables women or LGBTIQ+ individuals, whether employees or customers, to participate in designing products and services for the older population? *

- ☐ Yes
- ☐ No

ID 1427

57. Which of the following five mechanisms best describes the level of involvement of women or LGBTIQ+ individuals in the design process of products and services for older people in your company? *

- Representation: Family members or associations representing the interests of women and LGBTIQ+ people are engaged as external consultative agents. They provide their viewpoints based on the specific requirements of the situation they are consulted on, without being privy to internal information about the design process.
- Consultation: Women and LGBTIQ+ individuals are involved as external consultative agents. They offer their perspectives based on the specific needs of the situation for which they are consulted, without being informed about internal details of the design process.
- Collaboration: Women and LGBTIQ+ individuals participate as external consultative agents in sessions held at regular and established frequency. There is an established mechanism to provide them with standard information on the status of product development, enabling them to continually offer informed advice in context regarding the products and services to be designed, as well as on the conditions under which the services will be provided.
- Employment: There are women or LGBTIQ+ people employed full-time by the company who are involved in the design processes of products and services.
- Partnership: Women and LGBTIQ+ people are involved as partners, whether permanent or temporary. They not only participate in strategic design decision-making processes but also engage in co-designing and co-directing the project. They continually audit results and participate in crucial decisions with the right to speak in debates and to vote.

58. Do you have any products or services designed specifically for women or LGBTIQ+ people? *

- ☐ Yes
- ☐ No

VALIDATION Max word count = 200 Min word count = 5

ID 1328

59. Please describe in less than 200 words the modifications made to your product or service for women or LGBTIQ+ people.

*

ID 1609

Termino orientación al usuario

TRUE

General Information

ID 992

60. At what stage of the entrepreneurial process do you consider the project, service offering, or business unit, with which you are participating in the program, to be? *

- ☐ Early stage: There is already a viable product in the market, and the company is validating its business model and the product's reception in the market.
- ☐ Scaling: In addition to the viable product, there is already a customer portfolio. The company is evaluating its expansion alternatives, either through increasing its production capacity, accessing new markets, or improving its products.
- ☐ Consolidation: The company has a viable product, a customer portfolio, and optimized processes. It seeks to improve its capital structure, access new markets, and consolidate its position in the market.

ID 717

61. Since you selected the topic of prevention of functional dependence, please select all the dependencies that your service addresses. *

- | | |
|---|--|
| <input type="checkbox"/> Health and Wellness Promotion: Develop prevention and health promotion programs aimed at adults aged 60 and over, including physical activities, healthy eating habits, stress management, and mental health promotion to support an active, autonomous, and balanced lifestyle. | <input type="checkbox"/> Self-Care Education and Training: Provide education and training in self-care to adults aged 60 and over, teaching them strategies and skills to manage their health autonomously and make informed decisions about their well-being. |
|---|--|

- ☐ Early Detection of Risk Factors: Implement early detection systems for risk factors of dependency, such as frailty, loss of mobility, and cognitive decline, in order to intervene proactively and prevent progression toward functional dependency.
- ☐ Chronic Disease Management: Develop comprehensive platforms and programs for managing chronic diseases, including remote health monitoring, personalized medical care plans, and continuous education on managing chronic conditions to prevent complications and maintain autonomy.
- ☐ Promotion of Social Participation: Establish social and community engagement programs that encourage social interaction, involvement in recreational activities, and mutual support among adults aged 60 and over, thereby promoting emotional well-being and quality of life.
- ☐ Access to Support Resources: Facilitate access to support resources and services such as transportation programs, nutritional counseling, home health care, and environmental adaptations that help adults aged 60 and over maintain their independence and quality of life.
- ☐ None of the above.
- ☐ Other. Please specify:

10 1168

62. Since you selected the topic of caregiving services for functionally dependent older people, please select all the services you provide. *

- ☐ Medical services.
 - ☐ Other services than medical care.
-

ID 1337

63. Please select all the non-medical care services that your company provides to older people: *

- | | |
|--|--|
| <input type="checkbox"/> Day centers for older people. | <input type="checkbox"/> Advice and support for family members and caregivers. |
| <input type="checkbox"/> Personal assistance and accompaniment. | <input type="checkbox"/> Shared housing for older people (Cohousing). |
| <input type="checkbox"/> Assisted transportation and related services (rental, cleaning, maintenance, etc.). | <input type="checkbox"/> Other. Please specify: |
| <input type="checkbox"/> Memory care services. | <input type="text"/> |
-

ID 1336

64. Please select all the medical care services your company provides for older people *

- | | |
|---|---|
| <input type="checkbox"/> Home nursing. | <input type="checkbox"/> Telemedicine services. |
| <input type="checkbox"/> Hospital medical care. | <input type="checkbox"/> Diagnostic services. |
| <input type="checkbox"/> Physiotherapy. | <input type="checkbox"/> Geriatric services. |
| <input type="checkbox"/> Medication management. | <input type="checkbox"/> Other. Please specify: |
| | <input type="text"/> |
-

ID 1169

65. Since you selected the topic of training for caregivers of older people, please select all the services your company provides. *

- | | |
|--|--|
| <input type="checkbox"/> Certified training in caregiving for older people (higher education, technical or technological degrees). | <input type="checkbox"/> Home-based training for family members and informal caregivers. |
| <input type="checkbox"/> Certificate courses offered online. | <input type="checkbox"/> Knowledge/Experience Certification Services. |
| <input type="checkbox"/> Workshops and training for staff of care companies. | <input type="checkbox"/> Other. Please specify:
<div style="border: 1px solid #ccc; height: 25px; width: 100%; margin-top: 5px;"></div> |
| <input type="checkbox"/> Certificate / diploma programs, continuing education and updating of knowledge for caregivers. | |

ID 360

66. Please select the type of products, goods and/or services your company offers: *

Select all that apply.

- ☐ Physical / tangible product or goods (e.g. devices, accessories, medical equipment, books and printed caregiver's training materials, etc.).
- ☐ Non-physical / intangible products or goods (e.g.,: Software development, apps, online material for caregiver's training, multimedia content, etc.).
- ☐ Services (e.g.: medical consultation, home care, teaching and training of trainers, etc.).

ID 422

67. Please select the type of customer the company focuses on: *

If you have different types of customers, please select the main one.

- ☐ Your main customer is another company. (B2B).
- ☐ Your main customers are consumers or end users, such as retail stores selling consumer goods. (B2C).
- ☐ Your main customers are national, regional, or local government entities or organizations (B2G).
- ☐ Other. Please specify:

ID 720

68. Please indicate the type of sales or distribution channels you use to market your products, goods, and/or services. *

Select all that apply.

- ☐ Physical (warehouses, permanent or temporary premises, etc.).
- ☐ Online (website, social networks, marketplace, etc.).
- ☐ Others (direct contacts, referrals, etc.).

ID 721

69. Please indicate the physical sales channels you currently use. *

Select all that apply.

- ☐ Own point of sale / retail store.
- ☐ Retail distributor (third-party establishment that sells to the end consumer).
- ☐ Wholesale distributor (company that distributes to other commercial establishments).
- ☐ Specialized distributor (intermediary between the producer and the final customer).
- ☐ Other. Please specify:

*

70. Please indicate the online sales channels you currently use.

*

Select all that apply.

- ☐ Website (without online purchase option).
- ☐ Website (with online purchase option).
- ☐ App (inside purchases).
- ☐ Social networks (For example, Instagram, Facebook, etc.).
- ☐ Marketplace (digital platform where different brands are sold. For example, Amazon, eBay, Mercado Libre, Google shopping, etc.).
- ☐ Loyalty / affiliate programs.
- ☐ Other. Please specify

*

71. Please indicate the other sales channels you currently use.

*

Select all that apply.

- ☐ Direct sales.
- ☐ Referrals / Word-of-Mouth.
- ☐ Telemarketing.
- ☐ Through the insurance system or association of beneficiaries (for example, social security, cooperatives, private insurer).
- ☐ Licenses and distribution agreements.
- ☐ Memberships, subscriptions and benefit plans.
- ☐ Medical referrals.
- ☐ Other. Please specify:

*

72. Please select the type of market your business currently reaches.

*

If you are unsure, select "None of the above".

- ☐ Local (City / Commune / Canton / District / Parish / Municipality).
- ☐ Regional (Province / State / Department / Region of the country).
- ☐ National.
- ☐ Only international.
- ☐ National and international.
- ☐ None of the above.

General Information

Page description:

ID 1391

In the following questions, consider innovation with digital technologies only as:

- i) The creation of new products.
- ii) The introduction of new functionalities to existing products or services.
- iii) The improvement in the quality of existing functionalities.
- iv) The adaptation of existing products to new market segments.
- v) The enhancement in accessibility and the way services are delivered.

by using digital technologies, such as:

- i) Data processing and analysis.
- ii) Communication.
- iii) Mobile and wearable technologies.
- iv) Automation, robotics, and artificial intelligence.
- v) Monitoring, measurement, and precision technologies.
- vi) Assistance and functional support technologies.
- vii) Immersive experiences and digital media.
- viii) Service and social interaction platforms.

ID 1387

73. Do you consider that your service offerings for older people or their caregivers are provided with innovative uses of digital technologies? *

For example, the use of telemedicine platforms and remote health monitoring devices.

- ☐ Yes
 - ☐ No
-

74. The innovation in your business model:

*

- ☐ Requires the use of existing technologies available on the market.
 - ☐ Requires new uses of existing technologies or expansion/adaptation of capabilities of existing technologies.
 - ☐ Requires the development and patenting of new technologies.
-

75. In which of the following dimensions are you innovating with digital tools to serve older people or their caregivers? *

Please select all that apply.

- ☐ The creation of new products and services.
 - ☐ The introduction of new functionalities to existing products or services.
 - ☐ The improvement in the quality of existing functionalities.
 - ☐ The adaptation of existing products and services to new market segments.
 - ☐ The accessibility and the delivery method of service offerings.
-

76. What type of digital tools do you use for that innovation?

*

Please select all that apply.

- ☐ Data processing and analysis tools (such as big data and data science).
- ☐ Communication tools (such as telemedicine, online teaching platforms, appointment scheduling apps).
- ☐ Mobile and wearable tools (like accessories, devices, and wellness apps on mobile phones).
- ☐ Automation, robotics, and artificial intelligence tools (such as facial recognition, emotion analysis, assistive robotics, AI-based diagnostics).
- ☐ Monitoring, measurement, and precision tools (such as remote monitoring, Internet of Things, glucose meters, Medtech and personalized medicine, Biotech, and food technology).
- ☐ Assistance and functional support tools (such as chatbots, virtual assistants, prosthetics, mobility assistance, smart medical implants, and adapted transportation).
- ☐ Immersive experiences and digital media tools (such as augmented reality, 2D and 3D animation, or audiovisual content platforms).
- ☐ Service platforms and social interaction tools (such as business platforms, goods exchange, hiring personnel, payments and contracts platforms; or social networks).
- ☐ Other. Please specify:

*

77. Are you considering innovating by implementing digital technologies in your service offerings for older people or their caregivers? *

- ☐ Yes
 - ☐ No
-

ID 1407

78. The innovation you are considering implementing:

*

- ☐ Requires the use of existing technologies available on the market
 - ☐ Requires new uses of existing technologies or expansion/adaptation of capabilities of existing technologies
 - ☐ Requires the development and patenting of new technologies
-

ID 1408

79. In which of the following dimensions are you considering innovating with digital tools for the care of older people or their caregivers? *

Please select all that apply.

- ☐ The creation of new products and services.
- ☐ The introduction of new functionalities to existing products or services.
- ☐ The improvement in the quality of existing functionalities.
- ☐ The adaptation of existing products and services to new market segments.
- ☐ The accessibility and the delivery method of service offerings.

80. What type of digital tools would you use for that innovation? *

Please select all that apply.

- ☐ Data processing and analysis tools (such as big data and data science).
- ☐ Communication tools (such as telemedicine, online teaching platforms, appointment scheduling apps).
- ☐ Mobile and wearable tools (like accessories, devices, and wellness apps on mobile phones).
- ☐ Automation, robotics, and artificial intelligence tools (such as facial recognition, emotion analysis, assistive robotics, AI-based diagnostics).
- ☐ Monitoring, measurement, and precision tools (such as remote monitoring, Internet of Things, glucose meters, medtech and personalized medicine, biotech, and food technology).
- ☐ Assistance and functional support tools (such as chatbots, virtual assistants, prosthetics, mobility assistance, smart medical implants, adapted transportation).
- ☐ Immersive experiences and digital media tools (such as augmented reality, 2D and 3D animation, or audiovisual content platforms).
- ☐ Service platforms and social interaction tools (such as business platforms, goods exchange, hiring personnel, payments and contracts platforms; or social networks).
- ☐ Other. Please specify:

*

VALIDATION Must be percentage

ID 1379

81. What percentage of the venture's income is allocated to technological innovation processes?

*

You do not need to type the percent sign (%).

82. Which of the following digital technologies does your company use for business management or operational procedures?

*

Please select all that apply.

- ☐ General tools such as Email, Word, Excel, etc.
- ☐ Company website.
- ☐ LinkedIn, Instagram, Facebook, X (formerly Twitter).
- ☐ Specialized software in your sector (e.g. medical software, statistics, virtual assistants, etc.).
- ☐ Cloud servers to store and manage data (Amazon Web Services, Microsoft Azure, Google Cloud, etc.)
- ☐ Software for information management and customer relations (CRM).
- ☐ Software to manage inventory, point of sales, sales transactions, etc.
- ☐ Software for project management and task monitoring of company employees.
- ☐ None of the above.

Page description:

VALIDATION Min = 1 Must be numeric Whole numbers only Positive numbers only

ID 215

83. How many people are owners/partners in your business? (please include yourself too)

*

VALIDATION Must be numeric Whole numbers only Positive numbers only

ID 216

84. How many of those owners are part of your family group? (Please do NOT include yourself). *

If your answer is none, please enter 0

ID 1170

85. For the service you provide, are you subject to supervision by any government entity (health surveillance and control, education, etc.)?

*

☐ Yes

☐ No

VALIDATION Max word count = 100

ID 1181

86. What entity supervises the services provided by the company?

*

ID 1380

87. Do you conduct any internal and/or external audit process?

*

- ☐ Yes, we do it regularly.
- ☐ Yes, we do it occasionally.
- ☐ No, we do not conduct audits.

ID 1610

Traza info general

TRUE

Description of the business model.

Page description:

ID 42

Now we want to learn more about [question('title'),id='nombre_empresa']. Please try to be very clear and concise in your answers.

VALIDATION Max word count = 100 Min word count = 10

ID 326

88. Please briefly describe what [question('title'),id='nombre_empresa'] does and what its main products, goods and/or services are.

*

A complete but accurate description will give you a better chance of entering the program. Please use less than 100 words.

VALIDATION Max word count = 120 Min word count = 10

ID 44

89. What unmet need (problem) does [question('title'),id='nombre_empresa'] aim to solve in the market? Please clearly specify the context in which the business opportunity arises and the market need that your product or service aims to fulfill. Please, answer in less than 120 words. *

Example: Municipalities and cities with less than 1 million inhabitants have limited quality entertainment options. In these cities, the offerings of such services are reduced to X and Y.

VALIDATION Max word count = 120 Min word count = 10

ID 46

90. How does your company solve this market need? Please explain how your product or service solves the market need or business opportunity you described in the previous question. Please, answer in less than 120 words. *

Example: My company offers type A and B products, which allow people over 60 years old to have X, Y, and Z benefits.

VALIDATION Max word count = 120 Min word count = 5

ID 47

91. We want to know the market you serve, please describe your current customers, your potential market for the next three years, and the projected sales value in that market. Please answer with less than 120 words. *

Example: I currently reach 13 cities (M, N, P, etc.) in my country. After three years I hope to open the market in 2 more LAC countries, which will represent a total income of \$X.

VALIDATION Max word count = 120 Min word count = 5

ID 48

92. What other companies in the market compete with your products, goods, and/or services? Please take into account both your direct and indirect competition. Please answer in less than 120 words. *

Direct competition includes companies offering the same product/service to the same market niche. Indirect competition consists of companies addressing the same need in a similar way but with different types of products.

VALIDATION Max word count = 200 Min word count = 5

ID 1385

93. How do your products, goods and/or services differentiate from those offered by your competition?

Please try to be quite detailed, and answer in less than 200 words. *

Example: Instead of saying my products are of better quality, explain why they are of better quality. Or instead of saying my design is better, explain what components of your design make it unique and better than the competition.

VALIDATION Max word count = 150 Min word count = 10

ID 483

94. How much does it cost the company to produce or offer the best-selling product, goods or services, and at what value do they sell them to different customers? *

Examples: "I organize entertainment events that I sell on an average of \$100 each, which cost me \$90 including my salary. On average I host X events a year." Or, "My purses cost me on average \$10 to make and I sell them to wholesalers for \$15 and at retail for \$20"

VALIDATION Max word count = 100 Min word count = 10

ID 50

95. What are the most relevant milestones, achievements or moments of your venture to date? They must demonstrate the market's interest in your products and/or services. Please answer in less than 100 words.

*

Examples: My company won the award for best technological venture from the XYZ program in 2019; In 2017, my company managed to reach its first international customer; etc.

VALIDATION Max word count = 100 Min word count = 10

ID 711

96. What alliances and/or partnerships does your company have to develop its activities and contribute to its growth? Please answer in less than 100 words. If you do not have any, write "None" *

Example: My company has an agreement with company X, which aids us in marketing services across different cities in the United States. Additionally, we collaborate with the company Y on joint innovation projects.

VALIDATION Max word count = 200 Min word count = 10

ID 149

97. Please describe the profile of yourself and your entrepreneurial team in less than 200 words, mentioning the aspects that you consider most relevant, such as education, experience and specialty. *

ID 1518

Está en sección de modelo de negocio

TRUE

Financial information and accounting practices

Page description:

ID 211

Now we would like to know more about the current status of [question('title'),id='nombre_empresa'] and its projections.

ID 322

The following questions will help us understand the current situation of your business from a financial point of view. It is very important that you report the appropriate value for each of your answers. To do this, you need to use the information in your income statements (profit and loss reports) and balance sheets. In cases where we are looking for specific numerical values (e.g., total revenue or number of employees), the survey assumes a default value of zero unless otherwise indicated.

If you do not have this information on hand at the moment, please click the **Save and continue later**” button at the top right of this screen before starting to fill out this page. You will receive a link by email that will allow you to continue completing the form at a later time.

ID 1516

Important:

Please remember that since you are participating in partnership with other entities, in this form you must provide financial information only for the company that is registering. The other partner entities must provide their financial information in the forms they complete independently.

VALIDATION Min = 1900 Max = 2024 Must be numeric

ID 214

98. In what year was the company legally incorporated? *

Please write the year in YYYY format

ID 1520

99. Please indicate the month of that year in which you began making sales. *



ID 1189

100. What is the fiscal year-end date your company uses for accounting purposes—that is, the last day of your fiscal year when the accounts of [question('title'), id='nombre_empresa'] are closed?* *

If your company follows a special accounting regime, please select the option that best matches your accounting reality.

- ☐ March 31st.
- ☐ June 30th.
- ☐ September 30th.
- ☐ December 31st.
- ☐ Other. Please specify:

101. In what currency do you do business? *

- ☐ Panamanian Balboa (PAB)
- ☐ Venezuelan Sovereign Bolívar (VES)
- ☐ Bolivian Boliviano (BOB)
- ☐ Costa Rican Colon (CRC)
- ☐ Nicaraguan Cordoba (NIO)
- ☐ Bahamian Dollar (BSD)
- ☐ Barbados Dollar (BBD)
- ☐ Belize Dollar (BZD)
- ☐ Trinidad and Tobago Dollar (TTD)
- ☐ US Dollar (USD)
- ☐ Guyanaese Dollar (GYD)
- ☐ Jamaican Dollar (JMD)
- ☐ Surinamese Dollar (SRD)
- ☐ Haitian Gourde (HTG)
- ☐ Paraguayan Guaraní (PYG)
- ☐ Honduran Lempira (HNL)
- ☐ Colombian Peso (COP)
- ☐ Dominican Peso (DOP)
- ☐ Mexican Peso (MXN)
- ☐ Uruguayan Peso (UYU)
- ☐ Guatemalan Quetzal (GTQ)
- ☐ Brazilian Real (BRL)
- ☐ Peruvian Sol (PEN)
- ☐ Canadian Dollar (CAD)
- ☐ Australian Dollar (AUD)
- ☐ Singapore Dollar (SGD)
- ☐ United States Dollar (USD)
- ☐ Euro (EUR)
- ☐ Swiss Franc (CHF)
- ☐ Libra esterlina (GBP)
- ☐ Won surcoreano (KRW)
- ☐ Yen japonés (JPY)

☐ Argentine Peso (ARS)

☐ Chilean Peso (CLP)

☐ Yuan chino (CNY)

☐ Other. Please specify:

Financial Information: 2024 Revenues

Page description:

VALIDATION Min = 0 Must be currency

ID 1582

102. Please indicate the revenues of *[question('title'), id='nombre_empresa']* during the fiscal year **ended** on *[question('title'), id='cierre_fiscal']*, **2024**, broken down as follows:

- **Revenue from the sale of goods and/or services related to your core business activity.** If your entity does not receive this type of income, please enter zero.
- **Other operating income, including grants, donations, sponsorships, or other income received to support your organization’s mission.** If your entity does not receive this type of income, please enter zero.
- **Non-operating income, such as financial returns, dividends, gains from asset sales or revaluation, or any other income not directly tied to your organization’s core mission.** If your entity does not receive this type of income, please enter zero.

Please ensure that the sum of these figures matches your organization’s total revenue as reported in your income statement (profit and loss report). Enter the amounts in your local currency (*[question('title'), id='moneda']*) using only numbers, without commas or periods—these will be added automatically by the system. (For example, if your revenue was \$40,000,000, enter: 40000000). If your business includes activities not related to the silver economy, please include revenue from those activities as well. Review your response carefully before proceeding. If your company had no revenue, enter 0.

Revenue from sale of goods and/or services.

Other operating income.

Non-operating income.

Total : 0

Page description:

VALIDATION Min = 0 Must be currency

ID 1459

103. Please indicate the revenues of [question('title'), id='nombre_empresa'] during the fiscal year that **ended** on [question('title'), id='cierre_fiscal'], **2023**, broken down as follows:

- **Revenue from the sale of goods and/or services related to your core business activity.** If your entity does not receive this type of income, please enter zero.
- **Other operating income, including grants, donations, sponsorships, or other income received to support your organization’s mission.** If your entity does not receive this type of income, please enter zero.
- **Non-operating income, such as financial returns, dividends, gains from asset sales or revaluation, or any other income not directly tied to your organization’s core mission.** If your entity does not receive this type of income, please enter zero.

Please ensure that the sum of these figures matches your organization’s total revenue as reported in your income statement (profit and loss report). Enter the amounts in your local currency ([question('title'), id='moneda']) using only numbers, without commas or periods—these will be added automatically by the system. (For example, if your revenue was \$40,000,000, enter: 40000000). If your business includes activities not related to the silver economy, please include revenue from those activities as well. Review your response carefully before proceeding. If your company had no revenue, enter 0.

Revenue from sale of goods and/or services.

Other operating income.

Non-operating income.

Total : 0

104. Please indicate the revenues of *[question('title'), id='nombre_empresa']* during the fiscal year that **ended** on *[question('title'), id='cierre_fiscal']*, **2022**, broken down as follows:

- **Revenue from the sale of goods and/or services related to your core business activity.** If your entity does not receive this type of income, please enter zero.
- **Other operating income, including grants, donations, sponsorships, or other income received to support your organization’s mission.** If your entity does not receive this type of income, please enter zero.
- **Non-operating income, such as financial returns, dividends, gains from asset sales or revaluation, or any other income not directly tied to your organization’s core mission.** If your entity does not receive this type of income, please enter zero.

Please ensure that the sum of these figures matches your organization’s total revenue as reported in your income statement (profit and loss report). Enter the amounts in your local currency (*[question('title'), id='moneda']*) using only numbers, without commas or periods—these will be added automatically by the system. (For example, if your revenue was \$40,000,000, enter: 40000000). If your business includes activities not related to the silver economy, please include revenue from those activities as well. Review your response carefully before proceeding. If your company had no revenue, enter 0.

<input type="text"/>	Ingresos por ventas de bienes y/o servicios
<input type="text"/>	Otros ingresos operativos
<input type="text"/>	Ingresos no operativos
.....	
Total : 0	

Financial Information: Revenues

Page description:

VALIDATION Min = 0 Max = 100 Must be percentage Max character count = 100

ID 1503

105. You mentioned that your sales revenue in 2024 was [question('option value'), id='ingreso_2024_rubros', option='16777']. What percentage of your sales revenue in 2024 came from Latin America and the Caribbean? *

Please respond using whole numbers only (no decimals). Do not type the % sign—the system will add it automatically.

ID 1462

106. You mentioned that your sales revenue in 2024 was [question('option value'), id='ingreso_2024_rubros', option='16777']. Do any of these revenues also come from serving population segments **other than** older people and/or their caregivers? *

- ☐ Yes
- ☐ No

107. Which of the following statements best reflects your company's current focus? *

- ☐ Serving older people and/or their caregivers is the main economic activity or primary social purpose of my organization.
- ☐ Serving older people and/or their caregivers is a secondary business line or program within my organization.

Financial Information: 2024 profits

Page description:

VALIDATION Must be currency

108. Please indicate the **gross profit** [question('title'), id='nombre_empresa'] earned during the fiscal year that **ended** on [question('title'), id='cierre_fiscal'] in **2024**. *

To calculate this, subtract your organization's cost of goods sold from its revenue from the sale of goods or services. Please make sure that this amount does not exceed the revenue from the sale of goods or services, which you previously reported as [question("option value"), id='ingreso_2024_rubros', option='16777'] [question('title'), id='moneda']. Enter the amount in your local currency ([question('title'), id='moneda']), using only numbers, without commas or periods.

[question('title'), id='moneda']

VALIDATION Must be currency

109. Please indicate the **operating profit** [question('title'),id='nombre_empresa'] earned during the fiscal year that **ended** on [question('value'), id='cierre_fiscal'] in **2024**. *

For this, add your operating income to your gross profit and subtract your entity’s operating expenses. Respond in your local currency ([question('value'), id='moneda']), using numbers only—no commas or periods.

[question('value'), id='moneda']

VALIDATION Must be currency

110. Please indicate the **net profit (after taxes)** [question('title'),id='nombre_empresa'] earned during the fiscal year that **ended** on [question('title'), id='cierre_fiscal'], **2024**. *

For this, add your non-operating income to your net profit and subtract your entity’s non-operating expenses, as well as any taxes paid. Please verify that this amount does not exceed your entity’s total revenue. Enter the amount in your local currency ([question('value'), id='moneda']), using only numbers, without commas or periods.

[question('title'),id='moneda']

Financial Information: 2023 Profits

Page description:

VALIDATION Must be currency

111. Please indicate the **gross profit** [question('title'), id='nombre_empresa'] earned during the fiscal year that **ended** on [question('title'), id='cierre_fiscal'], **2023**. *

To calculate this, subtract your organization’s cost of goods sold from its revenue from the sale of goods or services. Please make sure that this amount does not exceed the revenue from the sale of goods or services, which you previously reported as [question("option value"), id='ingreso_2023_rubros', option='16178'] [question('title'), id='moneda']. Enter the amount in your local currency ([question('title'), id='moneda']), using only numbers, without commas or periods.

[question('title'),id='moneda']

VALIDATION Must be currency
ID 1468

112. Please indicate the **operating profit** [question('title'),id='nombre_empresa'] earned during the fiscal year that began on [question('value'), id='cierre_fiscal'], **2023**. *

For this, add your operating income to your gross profit and subtract your entity’s operating expenses. Respond in your local currency ([question('value'), id='moneda']), using only numbers, without commas or periods.

[question('title'),id='moneda']

VALIDATION Must be currency
ID 1470

113. Please indicate the **net profit (after taxes)** [question('title'),id='nombre_empresa'] earned during the fiscal year that **ended** on [question('title'), id='cierre_fiscal'], **2023**. *

For this, add your non-operating income to your net profit and subtract your entity's non-operating expenses, as well as any taxes paid. Please verify that this amount does not exceed your entity's total revenue. Enter the amount in your local currency ([question('value'), id='moneda']), using only numbers, without commas or periods.

[question('title'),id='moneda']

Financial Information: 2022 Profits

Page description:

VALIDATION Must be currency

ID 1472

114. Please indicate the **gross profit** [question('title'), id='nombre_empresa'] earned during the fiscal year that **ended** on [question('title'), id='cierre_fiscal'], **2022**. *

To calculate this, subtract your organization's cost of goods sold from its revenue from the sale of goods or services. Please make sure that this amount does not exceed the revenue from the sale of goods or services, which you previously reported as [question("option value"), id='ingreso_2022_rubros', option='16184'] [question('title'), id='moneda']. Enter the amount in your local currency ([question('title'), id='moneda']), using only numbers, without commas or periods.

[question('title'),id='moneda']

VALIDATION Must be currency

ID 1473

115. Please indicate the **operating profit** [question('title'),id='nombre_empresa'] earned during the fiscal year that **ended** on [question('value'), id='cierre_fiscal'], **2022**. *

For this, add your operating income to your gross profit and subtract your entity’s operating expenses. Respond in your local currency ([question('value'), id='moneda']), using only numbers, without commas or periods.

[question('title'),id='moneda']

VALIDATION Must be currency
ID 1474

116. Please indicate the **net profit (after taxes)** [question('title'),id='nombre_empresa'] earned during the fiscal year that **ended** on [question('title'), id='cierre_fiscal'], **2022**. *

For this, add your non-operating income to your net profit and subtract your entity’s non-operating expenses, as well as any taxes paid. Please verify that this amount does not exceed your entity’s total revenue. Enter the amount in your local currency ([question('value'), id='moneda']), using only numbers, without commas or periods.

[question('title'),id='moneda']

ID 1611

Traza utilidades e ingresos

TRUE

Revenue Breakdown

Page description:

ID 1477

Next, we will ask you to break down the **sales revenue information for your organization's products and/or services** during the fiscal year that **ENDED** on [question('title'), id='cierre_fiscal'] in 2024, which you indicated amounts to [question('option value'), id='ingreso_2024_rubros', option='16777'] [question('value'), id='moneda']. Please complete this information as accurately as possible based on your financial reality.

VALIDATION Must be percentage

ID 1478

117. Please indicate the **percentage breakdown** of your company’s sales revenue from goods and/or services during the fiscal year that **ended** on [question('title'), id='cierre_fiscal'], **2024**: *

Please enter numbers only—do not include commas, periods, or the percent symbol (%). The system will format them automatically.

Revenue from service offerings or business lines exclusively focused on the silver economy (targeted to older people and/or their caregivers, with a differentiated approach).

Revenue from service offerings or business lines not exclusively focused on the silver economy (serving older people and/or their caregivers and other population groups, without a differentiated approach).

Revenue from service offerings or business lines exclusively targeted at population segments OTHER THAN older people and/or their caregivers.

Total : 0

VALIDATION Min = 0 Max = 100 Must be percentage

ID 1479

118. During the fiscal year that **ended** on [question('title'), id='cierre_fiscal'], **2024**, what percentage of your product and/or service users were older people and/or their caregivers? *

Please enter numbers only—do not include commas, periods, or the percent symbol (%). The system will format them automatically.

Financial Information: Breakdown of Silver Economy

VALIDATION Min = 0 Max = 100 Must be percentage

ID 1487

119. What **percentage** of revenue from the sale of goods and/or services to the silver economy segment during the fiscal year **ended** on [question('title'), id='cierre_fiscal'], **2024** was associated with service offerings or business lines related to the following topics? *

Please enter numbers only—do not include commas, periods, or the percent symbol (%). The system will format them automatically.

Prevention of functional dependence in people aged 50 and over.

Innovative care services for older people aged 60 and over.

Training for caregivers of older people aged 60 and over.

Other products or services offered to older adults and/or their caregivers (such as Silver Finance, senior-focused tourism, employment or entrepreneurship education for older adults, financial solutions for caregivers, etc.).

0 out of 100% Total

VALIDATION Min = 0 Max = 100 Must be percentage

ID 1488

120. What **percentage** of revenue from the sale of goods and/or services to the silver economy segment during the fiscal year **ended** on [question('title'), id='cierre_fiscal'], **2024** came from products developed in the **last 5 years**?

*

Please enter numbers only—do not include commas, periods, or the percent symbol (%). The system will format them automatically.

Financial Information: Investments

Page description:

ID 1493

Next, we will ask you to provide information on how much [question('title'),id='nombre_empresa'] has invested in improving its capacity to serve the older adult population. The percentages we will ask for do not need to be backed by your financial statements, but please complete this information as accurately as possible based on your financial reality.

ID 1494

122. Have you made specific investments in the past 24 months to develop products or services aimed at the silver economy? *

- ☐ Yes
- ☐ No

VALIDATION Min = 0 Must be currency

ID 1495

123. **What was the total value of these investments made by your organization in the past 24 months?** *

Please respond using numbers only, in your local currency ([question('title'), id='moneda'])—do not include commas or periods.

[question('title'),id='moneda']

VALIDATION Min = 0 Max = 100 Must be percentage

ID 1496

124. Please break down the amount of these investments by indicating what percentage was allocated to the following categories: *

Please enter numbers only—do not include commas, periods, or the percent symbol (%). The system will format them automatically.

<input type="text"/>	Research and Development (R&D) for new products or monetization models.
<input type="text"/>	Market research.
<input type="text"/>	Expansion of installed capacity (acquisition or adaptation of machinery and technology to produce goods adapted to older people).
<input type="text"/>	Adjustments to supply chains to ensure efficient product delivery.
<input type="text"/>	Staff training for interacting with older people.
<input type="text"/>	Staff training specifically for employees who are older people.
<input type="text"/>	Development of accessible and user-friendly digital platforms.
<input type="text"/>	Adaptation of physical spaces to be inclusive and accessible.
<input type="text"/>	Joint investments with health institutions, universities, and organizations to develop innovative solutions.
<input type="text"/>	Design and development of new training or academic curricula.
<input type="text"/>	Protocols, audits, and certifications to ensure safety and quality standards.

0 out of 100% Total

VALIDATION Min = 0 Max = 100 Must be percentage

ID 1497

125. What percentage of your organization's installed capacity is exclusively specialized in goods or services related to the silver economy?

Please respond with a whole number only—do not include commas, periods, or the percent symbol (%)

Financial Information and Accounting Practices

Page description:

ID 1532

126. During the last 24 months, has your venture **sought** financing? (For example: entrepreneurship contests, bank financing, personal funds) *

- ☐ Yes
- ☐ No

ID 1533

127. What sources of financing did you seek for [question('value'), id='nombre_empresa']? *

Please select all that apply

- ☐ Family and friends.
- ☐ Investors.
- ☐ Venture competitions.
- ☐ Financial institutions (traditional banks).
- ☐ Fintech.
- ☐ Government institutions.
- ☐ NGOs (Exclude entrepreneurship competitions).
- ☐ Other. Please specify:

*

ID 1534

128. During the last 24 months, has your venture **received** financing or investment from third parties? (For example: bank financing, personal funds, investors, venture competitions, etc.). *

- ☐ Yes
- ☐ No

ID 1560

129. What sources of financing did you **seek** for your [question('value'), id='nombre_empresa']? *

Please select all that apply

- ☐ Family and friends.
- ☐ Investors.
- ☐ Venture competitions.
- ☐ Financial institutions (traditional banks).
- ☐ Fintech.
- ☐ Government institutions.
- ☐ NGOs (Exclude entrepreneurship competitions)
- ☐ Other. Please specify:

*

Financial Information and Accounting Practices

Page description:

VALIDATION Min = 0 Must be currency

ID 1571

130. Have you invested personal funds in your company in the past 24 months? *

Please respond in your local currency ([question('title'),id='moneda']), without using periods, commas, or the \$ sign. If you have not made any investments, you may enter zero.

[question('title'),id='moneda']

ID 1561

During the last 24 months, how much investment or financing has your business received from the following sources?

Answer in local currency ([question('title'), id='moneda']) without including periods or commas. The system will automatically add them once you have completed the question. If you have not received any type of investment, write 0 (zero). Please review the figure before moving on to the next question.

VALIDATION Min = 0 Must be currency

ID 1562

131. Family and friends *

[question('title'),id='moneda']

VALIDATION Min = 0 Must be currency

ID 1563

Investors *

[question('title'),id='moneda']

VALIDATION Min = 0 Must be currency

ID 1564

Venture competitions *

VALIDATION Min = 0 Must be currency

ID 1567

Financial institutions (traditional banks). *

[question('title'),id='moneda']

VALIDATION Min = 0 Must be currency

ID 1568

Fintech *

[question('title'),id='moneda']

VALIDATION Min = 0 Must be currency

ID 1569

NGOs (Exclude entrepreneurship competitions) *

[question('title'),id='moneda']

VALIDATION Min = 0 Must be currency

ID 1566

Government institutions *

VALIDATION Min = 0 Must be numeric

ID 1570

Other: [question('option value'), id='1560', option='16760'] *

[question('title'),id='moneda']

Financial Information and Accounting Practices

Page description:

ID 1530

132. What was the main use of the resources obtained from the investment or financing?

*

Please select the area where you have made the greatest investment.

Working capital.
Purchase of machinery.
Investment in software or technologies.
Payment of liabilities.
Expansion projects.
Export projects.
Development of new products/services.
Other.

ID 1531

133. Currently, does your company need external financing for working capital, debt restructuring, or making investments? *

- ☐ Yes
 - ☐ No
-

ID 1572

134. For which of the following purposes are you in need of financing? *

- ☐ Working capital
 - ☐ Purchase of fixed assets
 - ☐ Debt restructuring
 - ☐ Growth projects (export, new product development, etc.)
-

Financial Information and Accounting Practices

Page description:

ID 1574

What is the amount of financing you require for the following purposes?

Please respond in your local currency ([question('title'), id='moneda']) and enter the amounts using whole numbers only, without periods, commas, or the \$ symbol. The system will assign the formatting automatically.

VALIDATION Min = 0 Must be currency

ID 1575

135. Working capital *

[question('title'),id='moneda']

VALIDATION Min = 0 Must be currency

ID 1576

Purchase of fixed assets *

[question('title'),id='moneda']

VALIDATION Min = 0 Must be currency

ID 1577

Debt restructuring *

[question('title'),id='moneda']

VALIDATION Min = 0 Must be currency

ID 1578

Growth projects (export, new product development, etc.) *

[question('title'),id='moneda']

Financial Information and Accounting Practices

Page description:

VALIDATION Must be numeric Whole numbers only

ID 1521

136. Including yourself, please indicate how many workers you currently have, according to their type of contract:

*

Payroll / permanent employees (full-time and part-time):

Temporary employees (full-time and part-time):

Fee-based employees / contract for the provision of services / placement of professional services:

Interns (paid or unpaid):

Volunteers:

Total : 0

VALIDATION Must be currency

ID 1522

137. Please indicate the total **MONTHLY** amount you pay for the company's workforce, in an average month. *

The term labor force is understood here only as that which is made up of:

i) payroll/plant/permanent employees (full-time or part-time)

ii) fees-based employees / contract for the provision of services / placement of professional services

iii) interns (full-time or part-time)

Please enter the value in local currency ([question('title'), id='moneda']), without including points or commas, as the system will assign them automatically. Please review your answer before proceeding.

[question('title'), id='moneda']

ID 1523

138. During the last three months, which of the following phrases best fits the company's situation? *

- ☐ We have had to work overtime and use 100% of all our equipment (machinery, personnel, etc.) to be able to meet the demand for our products, goods and/or services.
- ☐ We have used 100% of the available time of our personnel, machinery and equipment to meet the demand.
- ☐ If demand increases, we have the capacity to produce more products, goods and/or provide more services without hiring more personnel or acquiring new machinery or equipment.

ID 1524

Accounting management and financial monitoring practices.

ID 1525

139. What mechanism do you use in your business to keep accounting/financial records? *

Please select all that apply

- ☐ Memory (you carry them in your mind).
- ☐ By hand (notebook, sheets, etc.).
- ☐ Accounting ledger book.
- ☐ Independent accountant.
- ☐ Excel, accounting software, or any other type of software (program).
- ☐ None - you do not keep accounts.

140. What type of financial tools do you use to make decisions? *

Please select all that apply

- ☐ Cashflow.
- ☐ Annual income and expenditure budget.
- ☐ Financial statements and balance sheets.
- ☐ Customer financial indicators (operating margin, acquisition cost per customer, return rate, total value generated per customer, etc.).
- ☐ Financial projections
- ☐ Company valuation
- ☐ None of the above.
- ☐ Other, Please specify:

*

ID 1527

141. In addition to the company's financial indicators, do you keep track of other company performance indicators (for example, KPIs, production cost per unit, used capacity, etc.)? *

- ☐ Yes
- ☐ No

ID 1528

142. Which of the following statements best describes your use of such indicators? *

- ☐ I measure the indicators periodically, but I do not use them in my usual decisions.
 - ☐ I measure the indicators periodically and my workers are in charge of reviewing them and making the appropriate adjustments.
 - ☐ I measure the indicators periodically, and I make adjustments in the company based on them.
 - ☐ I measure the indicators occasionally or when I have to make an important decision.
 - ☐ I measure the indicators occasionally, but I do not base my decisions on them.
-

ID 1529

143. Are you willing to provide a cash or in-kind matching contribution equivalent to the amount you plan to request in this call for proposals? *

- ☐ Yes
 - ☐ No
-

ID 1612

traza_seccion_financiera

TRUE

Venture profile

ID 643

144. Which of the following phrases best describes the products, goods, and/or services offered by your entrepreneurship compared to your competitors? *

- ☐ There are similar products, goods and/or services in my city.
- ☐ The products, goods and/or services are new to my city.
- ☐ The products, goods and/or services are new to the region of the country where I am located.
- ☐ The products, goods and/or services are new to several regions of the country.
- ☐ The products, goods and/or services are new to the country.
- ☐ The products, goods and/or services are new to the world.

ID 484

145. Which of the following phrases best describes the decision-making process within your company? *

The lead entrepreneur is the only one who makes the decisions of the company.
Company decisions are made with the rest of the family.
We have a board of directors that makes decisions.
Decisions are made in partner meetings that we hold periodically.
Decisions are made in partner meetings that we hold as needed.

ID 485

146. When the company sets goals or makes investments, you consider the expected results in: *

- ☐ 1 month.
 - ☐ 3 months.
 - ☐ 6 months.
 - ☐ 1 year.
 - ☐ 2 years.
 - ☐ 3 or more years.
-

ID 62

147. In addition to the possible financial resources that your venture needs, what area of the company do you think needs greater support? *

Marketing and positioning.
Product development and innovation.
Environmental or social sustainability processes.
Commercial.
Company administration and human resources.
Financial.
Legal and tax.

ID 889

148. In which of the following processes does your business need more support? *

- ☐ Defining or modifying processes to improve the company's profitability.
- ☐ Defining or modifying processes to improve the company's efficiency (e.g. time management, financial reports, process manuals, etc.).
- ☐ Defining or creating strategies for exploring new markets.
- ☐ Defining or creating strategies for the exploration and creation of new products.

ID 130

149. From the following list of reasons, what do you believe would be the main challenge of your venture?

*

If there is more than one challenge, please select the one that you consider most affects your company in the short term.

Overcoming legal and/or tax problems.
Expanding the company to new markets.
Meeting business projections.
Economic uncertainty (exchange rate, inflation, etc.).
Lack of market maturity.
Successfully testing the market with my products and/or services.
Competition from other companies.
Lack of aid/support for ventures.
Low purchasing power of older people.
Creating a process of continuous improvement for my products and services.
The corruption of institutions.
Overcoming internal company problems.

ID 43

150. Including you, how many people are part of your entrepreneurial team? *

Please understand entrepreneurial team as the people who own and are currently part of the company's decision making.

ID 1613

traza_perfil_emprendimiento

TRUE

Profile of the lead entrepreneur

Page description:

This section aims to understand the personal characteristics of the lead entrepreneur. Please answer as honestly as possible.

ID 419

151. Please select the highest level of education you have completed: *

Elementary school.
High school.
Technical or Technological.
University (undergraduate).
Specialization or Master's degree.
Doctoral / Graduate (PhD) or Postdoctoral degree.
None / Prefer not to answer.

ID 495

152. Are any of your studies related to business administration or related careers? *

- ☐ Yes
- ☐ No

ID 1182

Now we would like to learn about the role you play in [question('title'),id='nombre_empresa'].

ID 494

153. What is your role within the company's entrepreneurial team? *

General Manager, Project Leader or Chief Executive Officer (CEO).
Finance Manager / Chief Financial Officer (CFO).
Operations Manager / Chief Operations Officer (COO).
Technology Manager / Chief Technology Officer (CTO).
Creative Manager or Director.
Product Development Management.
Commercial / Sales Manager.
Human Resources Manager.
Administrative Services Management.
Communications Management.
Logistics Management.
Manager of other areas.

ID 398

154. Which of the following skills is the greatest strength that you bring to your entrepreneurial team?

*

- ☐ Management and strategy.
- ☐ Administrative.
- ☐ Financial.
- ☐ Marketing.
- ☐ Commercial.
- ☐ Specific skills related to the good, product, or service.
- ☐ Innovation / Creativity.
- ☐ Other. Please specify:

155. Which of the following reasons best fits the reason why you started [question('title'),id='nombre_empresa']?

*

Flexibility to manage my time.
I identified a profitable and scalable business opportunity.
I need/needed a source of income.
I identified a business opportunity with the possibility of generating a flow of constant income.
I was given it, it was gifted to me, or I inherited it.
I started it out of passion.
I have a spirit of service.
I identified a need in my community.

ID 1183

Tell us now about the time you can dedicate to [question('title'),id='nombre_empresa'].

ID 33

156. What is the time commitment you have with [question('title'),id='nombre_empresa']? *

Please select the option that best reflects your current dedication.

- ☐ Full-time dedication (40 hours a week or more).
- ☐ Part-time dedication (20 hours a week).
- ☐ Sporadic or no dedication (Less than 20 hours a week).

VALIDATION Must be percentage Whole numbers only Positive numbers only

ID 778

157. In a typical week within your company, what percentage of time do you dedicate to each of the following activities? *

The sum must equal 100%

Monitoring of company processes and operations (review of products, employees, indicators, processes, etc.).

Creating, designing and establishing new processes to improve company efficiency.

Administrative tasks (reporting to partners, tax payments, preparing reports, paying suppliers, etc.).

Designing and planning new business lines or entering new markets.

Commercial duties and establishing new alliances,

Execution (processes and operations of the company).

0 out of 100% Total

158. In which activities do you believe that if you managed to dedicate more time, you could achieve greater improvement for the company? *

Please select all that apply.

- ☐ Monitoring company processes and operations.
 - ☐ Creating, designing and establishing new processes to improve company efficiency.
 - ☐ Administrative tasks (reporting to partners, tax payment, preparing reports, paying suppliers, etc.).
 - ☐ Designing and planning new business lines or entering new markets.
 - ☐ Commercial duties and establishing new alliances.
-

159. In addition to your duties in this business, do you do any of the following activities? *

Please select all that apply:

- ☐ I work for another company/business.
 - ☐ I study in an educational Institution (Example: high school, courses, languages, university degree, etc.).
 - ☐ I am looking for other jobs.
 - ☐ I perform sales/services to generate additional income apart from that generated by this business/company.
 - ☐ I am a professor.
 - ☐ I take care of children, sick people, or people with disabilities or care dependent at home.
 - ☐ None of the above.
-

ID 1184

Tell us now about your experience and knowledge of the sector

VALIDATION Must be numeric

ID 401

160. How many years of work experience did you have **BEFORE** starting this venture or activity? *

years

VALIDATION Must be numeric

ID 399

161. How many years of work experience **IN THE SECTOR** of your venture did you have **BEFORE** starting this venture? *

Please note that your experience in the sector cannot exceed total experience (previous question).

years

ID 558

162. Before this venture, what was your main occupation?

*

Owner of another business.
Employee in a business.
Employee in a micro company (less than 10 employees).
Employee in a small or medium-sized company (between 10 and 200 employees).
Employee in a large company (more than 200 employees).
Professor or researcher at a University or Research Center.
Student in the country.
Student abroad.
Independent / Self employed.
Housework (including caring for children, sick people, people with disabilities or functionally dependent people).
Employee in the public sector.
Social or community leader, social worker, volunteer or human rights defender.
Pensioned / retired.
Unemployed / Not employed.

ID 402

163. Do you have work experience in large companies (+200 employees)?

*

☐ Yes

☐ No

Profile of the lead entrepreneur

Page description:

ID 1185

Tell us now about your experience in previous ventures

ID 257

164. Prior to this venture, have you created any other company?

*

☐ Yes

☐ No

ID 258

165. Considering only the last company you created, is this company still in operation?

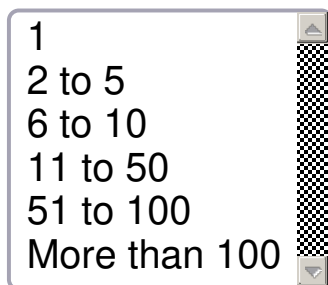
*

☐ Yes

☐ No

ID 262

166. What was (or is) the largest number of employees that you managed to have in your previous enterprise (different from the one presented in this call for proposals)? *



1
2 to 5
6 to 10
11 to 50
51 to 100
More than 100

ID 63

167. Is this your first time participating in a call for proposals for support for ventures/companies? *

☐ Yes

☐ No

ID 1144

168. Have you previously participated in an IDB Lab venture acceleration and/or financing program?

*

- ☐ Yes
 - ☐ No
-

ID 1588

169. Did you participate in the 2024 Silver Region Call for Proposals? *

Please select all that apply.

- ☐ Yes, with the same company I am participating with now.
 - ☐ Yes, but with a different company than the one I'm applying with now.
 - ☐ No.
-

ID 1589

170. Were you selected as one of the 234 members of the *Silver Community* who received a business performance diagnostic during the **2024** Silver Region Call for Proposals? *

- ☐ Yes
 - ☐ No
-

Profile of the Lead Entrepreneur

ID 1186

[question('value'), id='54'], please tell us now a bit about your personal finances.

ID 325

171. Do you receive a fixed monthly salary from the company? *

- ☐ Yes
 - ☐ No
-

VALIDATION Must be currency

ID 324

172. In an **average month** during 2023, how much did you receive on average as **PERSONAL** income from your business (salaries, fees, dividends)? *

Please enter the amount in local currency ([question('title'), id='moneda']), without including periods or commas, as the system will assign them automatically. Please review your answer before continuing.

[question('title'), id='moneda']

VALIDATION Must be currency

ID 323

173. If a company were to offer you a stable, full-time job, with social security benefits today, what would be the **minimum monthly salary** you would require to accept such job? *

Please enter the amount in local currency ([question('title'), id='moneda']), without including periods or commas, as the system will assign them automatically. Please review your answer before proceeding.

[question('title'), id='moneda']

VALIDATION Must be percentage

ID 456

174. What is your share or ownership percentage on the company? *

If you do not have share or ownership on the company, please enter zero (0).

%

ID 358

175. On a scale of 1 to 10 where 1 means you are not willing to take any risks and 10 means you are very willing to take risks.

How would you describe yourself when you make decisions about your personal and/or family life? *

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ID 1187

Validation Max. answers = 2 (if answered)

ID 1010

176. What are the main goals you have for this venture in the next 3 years? *

Please select maximum 2.

- ☐ Entering the international market.
- ☐ Generating social value in communities.
- ☐ Becoming a medium or large company in the country.
- ☐ Generating an income that allows me a good quality of life.
- ☐ Expanding my market to new cities/regions.
- ☐ Consolidating the current market we have, becoming a leader in the sector.

ID 332

177. Please indicate your perception on the following list of tasks. Select whether you feel very confident, confident, not very confident, or not at all confident about being able to carry out the following tasks: *

	Very confident	Confident	Not very confident	No confident
Develop an idea for a new product or service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accurately estimate the costs of a new business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assess the demand for a new product or service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sell a product or service to a customer you are meeting for the first time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify good employees who can contribute to business growth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspire, encourage and motivate employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convince a bank to lend you money to finance a company or business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluate an existing business accurately for potential purchase or sell.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtain a good price for purchasing supplies for your businesses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage an employee who is not a family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resolve a challenging dispute with a business customer in another city.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handle internal disputes or conflicts between people in the company (employees, partners, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify when to stop producing/selling underperforming products.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try something until you achieve it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make personal sacrifices to complete a task.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan the development of a task.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Delegate highly responsible functions to other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give up business lines or products.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Build empathy with the people around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remain calm during crisis or stressful situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ID 139

Please continue to the next page

ID 1614

traza_perfil_lead_entrepreneur

TRUE

Roles

Page description:

ID 1260

Finally, we want to know more about the distribution of tasks among the members of your entrepreneurial team.

ID 588

178. You answered that your entrepreneurial team consists of 3 or more members, including yourself. For the following questions, we will call the two members of your team with the greatest involvement in the operation of the company, "Entrepreneur 2" and "Entrepreneur 3". Please, for the following cases, indicate which person on your team would lead the decision-making in each of the scenarios presented. *

	Me	Entrepreneur 2	Entrepreneur 3	Another partner or person in the company	Me together with any of the partner(s) or person(s) in the company
Make the final decision on who to hire in a leadership or managerial position.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negotiate the terms of a loan with a bank.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote a company employee.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire an employee from the company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approve an advertising or marketing campaign.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approve suppliers payments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negotiate with a customer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a new product or service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make the final decision on who to hire in a non-management position.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make financial projections of the company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

179. You responded that your entrepreneurial team consists of 2 members, including yourself. We will call the other member, "Entrepreneur 2". Please for the following cases, indicate which person on your team would lead the decision-making in each of the scenarios presented. *

	Me	Entrepreneur 2	Another partner or person in the company	Me together with any of the partner(s) or person(s) in the company
Make the final decision on who to hire in a leadership or managerial position.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negotiate the terms of a loan with a bank.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote a company employee.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire an employee from the company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approve an advertising or marketing campaign.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approve suppliers payments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negotiate with a customer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a new product or service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make the final decision on who to hire in a non-management position.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make financial projections of the company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

180. Please for the following cases, indicate which person on your team would lead the decision-making in each of the scenarios presented.

*

	Me	Another person in the company.	Me together with another person(s) in the company.
Make the final decision on who to hire in a leadership or managerial position.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negotiate the terms of a loan with a bank.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote a company employee.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire an employee from the company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approve an advertising or marketing campaign.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approve suppliers payments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negotiate with a customer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a new product or service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make the final decision on who to hire in a non-management position.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make financial projections of the company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ID 1615

traza_roles

TRUE

Data treatment

Page description:

VALIDATION Accepts 1 file. **Allowed types:** pdf, doc, docx, txt. Max file size: 10 MB

ID 1310

181. Please upload as a pdf the tax identification of the company with which you are participating in this program. *

Browse...

ID 665

Do you confirm that all the data provided in this application form to the *Silver Region* program is true and reflects the current situation of your company? *

- ☐ Yes, I confirm
- ☐ No, I was just exploring the form.

ID 1360

To sign, please click the left mouse button on the box to sign.

Signature of _____

Response Verification

Page description:

On this page, you will be able to review your answers to this form. Please check this information before clicking the “Next” button. If you find any information that needs to be corrected, you can do so by clicking the “Back” button until you reach the page where the information to be corrected is located. Don’t worry, the data you entered on later pages will remain saved.

If you wish to review your responses at another time, you can access them through the following link: [question(‘value’), id=‘554’]. **Please save this link, and keep in mind that you will only be able to edit your responses until the closing date of the call, September 7, 2025.**

After completing your review, download your responses by clicking the “**Download responses in PDF**” button, and then click the “**Next**” button.

ID 1547

If you completed this form using approximate or invented answers to test its functionality before submitting an official application, we recommend that you **carefully review all your responses from the beginning or, preferably, start a new application using a blank form** by accessing this link again. This is because the form is designed to be completed in order, and some questions may change depending on previous answers.

Application Form Submission

Page description:

ID 1536

To submit your application, please click “**Submit.**”

ID 1537

The form has been
completed

Finalizó el formulario

Thank you for your registration

Page description:

ID 1

Ready!

You have successfully completed the registration form.

We invite you to stay tuned to your email, where we will keep you updated on the status of your application.

If you are reading this message, rest assured: your application has been successfully submitted.

Don't worry if you don't receive an automatic confirmation email; in some cases, the email may not arrive, but it is not required to validate your submission.

If you have any questions about your application, you can send an email to info@grupoimpacta.com. Your technical support ID is [question('value'), id='1538']. Please save this number so we can provide you with better service.
