**Idea Validation Canvas**

[Startup Name]

**1. Problem**

|  |  |  |
| --- | --- | --- |
| What is the problem you're trying to solve? | Why is it important? | How does it affect your target market? |
|  |  |  |

**2. Target Market**

|  |  |  |
| --- | --- | --- |
| Who are your ideal customers? | What are their demographics and psychographics? | How big is the market? |
|  |  |  |

**3. Solution**

|  |  |  |
| --- | --- | --- |
| What is your proposed solution? | How does it address the problem? | What makes it unique or better than existing solutions? |
|  |  |  |

**4. Value Proposition**

|  |  |  |
| --- | --- | --- |
| What value does your solution provide to customers? | How does it differentiate from competitors? | What benefits will customers gain? |
|  |  |  |

**5. Business Model**

|  |  |  |
| --- | --- | --- |
| How do you plan to generate revenue? | What is your pricing strategy? | How will you acquire and retain customers? |
|  |  |  |

**6. Market Analysis**

|  |  |  |
| --- | --- | --- |
| What is the size of the total addressable market (TAM)? | What are the market trends and growth potential? | Who are your main competitors and what are their strengths and weaknesses? |
|  |  |  |

**7. Validation Strategy**

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| --- | --- | --- |
| How will you test and validate your idea? | What metrics or indicators will you track? | What feedback will you gather from potential customers? |
|  |  |  |

**8. Risk Analysis**

|  |  |  |
| --- | --- | --- |
| What are the potential risks and challenges? | How will you mitigate or overcome them? | What is your contingency plan? |
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**9. Resources**

|  |  |  |
| --- | --- | --- |
| What resources do you need to implement your idea? | What skills or expertise are required? | What is your budget and funding strategy? |
|  |  |  |

**10. Next Steps**

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| --- | --- | --- |
| What are the next actions you will take? | What milestones do you need to achieve? | What is your timeline for launching the startup? |
|  |  |  |

* **Conduct a survey to validate your idea with the feedbacks:**

1. Do you currently face the problem that our idea aims to solve?

|  |  |
| --- | --- |
| **Yes** | **No** |

1. Have you ever used a similar product/service in the past?

|  |  |
| --- | --- |
| **Yes** | **No** |

1. Would you be interested in trying a new solution for this problem?

|  |  |
| --- | --- |
| **Yes** | **No** |

1. Do you believe our idea has the potential to make a positive impact?

|  |  |
| --- | --- |
| **Yes** | **No** |

1. Are you open to paying for a product/service that addresses this problem?

|  |  |
| --- | --- |
| **Yes** | **No** |

1. Can you see yourself recommending our solution to others?

|  |  |
| --- | --- |
| **Yes** | **No** |

1. Would you be willing to provide feedback during the development/testing phase?

|  |  |
| --- | --- |
| **Yes** | **No** |

1. Do you think our idea is unique compared to existing solutions?

|  |  |
| --- | --- |
| **Yes** | **No** |

1. Are you actively looking for alternatives to solve this problem?

|  |  |
| --- | --- |
| **Yes** | **No** |

1. Do you think our idea has the potential to disrupt the market?

|  |  |
| --- | --- |
| **Yes** | **No** |