

VENTURE CAPITAL DEMOGRAPHIC DATA SURVEY

In California, the [Fair Investment Practices by Venture Capital Companies Law](#) requires [covered venture capital companies](#) to gather demographic data from the founding team members of the businesses receiving investment or financing from the covered venture capital company, and to aggregate and report the data to the Department of Financial Protection and Innovation (DFPI). ([Corp. Code, § 27500 et seq.](#))

Founding Team Members

This Survey is developed by the DFPI for a covered venture capital company to capture demographic data information about each [founding team member](#) (e.g. owner, chief executive officer, president) of a business receiving investment or financing from a covered venture capital company.

Instructions for Founding Team Members

- Check the box(es) for which you identify or decline to state. One or more designations may be selected. Check the box “decline to state for all” only if you do not wish to reply to any of the items.
- Return the completed Survey directly to the venture capital company from which your business received investment or financing by an executed investment agreement with the first transfer of funds made in the calendar year stated in the Survey.
- Do not return a completed Survey to the DFPI.

Participation is Voluntary

A founding team member’s decision to disclose demographic information is voluntary. No adverse action will be taken against a founding team member who declines to participate in the survey. Only aggregated and anonymized data collected for each demographic category will be reported to the DFPI.

VENTURE CAPITAL DEMOGRAPHIC DATA SURVEY FORM

Business Receiving Venture Capital Investment: _____

Calendar Year Received Venture Capital Investment: _____

Gender: I identify as:

- ☐ Woman
- ☐ Man
- ☐ Nonbinary
- ☐ Transgender
- ☐ none of the above
- ☐ decline to state

Race/Ethnicity: I identify as:

- ☐ Black or African American
- ☐ Asian
- ☐ Hispanic or Latino/Latina
- ☐ Native American or Alaskan
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ none of the above
- ☐ decline to state

LGBTQ+: I identify as:

- ☐ LGBTQ+
- ☐ not LGBTQ+
- ☐ decline to state

Disability Status: I identify as:

- ☐ a Person with a Disability
- ☐ not a Person with a Disability
- ☐ decline to state

Veteran Status: I identify as:

- ☐ a Veteran
- ☐ a Disabled Veteran
- ☐ not a Veteran
- ☐ decline to state

California Residency: I am:

- ☐ a Resident of California
- ☐ not a Resident of California
- ☐ decline to state

Decline to state for all:

- ☐ decline to state for all responses

Additional information about this Survey is available on the [DFPI website](#).

Questions or comments may be directed to the DFPI at VCC_Support@dfpi.ca.gov or (866) 275-2677.