MASTER STRATEGIC ROADMAP / AUGUST 2026

TinyStride

A practical business, funding, marketing, product, and monetization roadmap for making daily routines more attainable.

A strategy built to prove trust and repeatable value before pursuing scale.

Confidential working document · Version 3.0

NAVIGATION

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> **How to read this document:** claims framed as targets, assumptions, or future roadmap items should be treated as hypotheses to test—not as achieved outcomes. This distinction is intentional and investor-safe.

Executive thesis

TinyStride can earn a durable place in daily routine support by making the first action small, the environment calmer, and the return path welcoming. Its advantage will come from trusted daily usefulness, not from overclaiming health outcomes or optimizing short-term engagement at users' expense.

Routine support that meets people where they are

TinyStride is a micro-habits platform for people who find traditional planners and rigid habit tools overwhelming. It helps users choose a small action, connect it to an existing cue, make the next step visible, and return without shame when life interrupts.

The problem

For adults

Executive-function friction often turns an ordinary task into an overloaded plan. Dense interfaces, streak pressure, and long setup flows make abandonment more likely.

For families

Caregivers need routines that feel positive and manageable at home, with clear boundaries around privacy, consent, and adult-controlled purchases.

The solution

TinyStride combines habit stacking, low-distraction Simplify Mode, optional focus tools, visual routine feedback, and Bunny Park as an earned, non-exploitative reinforcement layer. Caregiver support is consented and configurable—not surveillance by default.

> **Business model:** free core routine support establishes trust; adult-controlled subscriptions and carefully bounded family/practitioner plans monetize added utility. Expansion revenue remains optional, transparent, and never blocks core habit completion.

Why TinyStride was created

The product exists to make routines feel more doable for minds that are easily overwhelmed by complexity—not to turn personal behavior into a game of pressure or to substitute for clinical care.

Core experience

Moment	TinyStride response	Value created
“I do not know where to start.”	Micro-step and habit-stack cue.	Low activation energy.
“The interface is too much.”	Simplify Mode and calm focus tools.	Less cognitive load.
“I missed a day.”	Gentle return path and flexible feedback.	Continuity instead of shame.
“We need support at home.”	Consented caregiver sharing and encouragement.	Positive accountability.

Non-negotiable boundaries

- TinyStride is a routine and executive-function support tool; it does not diagnose, treat, or replace therapy.
- Children do not receive direct purchase pressure; adults control paid access and permissions.
- Collect the minimum data necessary, clearly explain sharing, and validate regulatory requirements before changing scope.
- Reward completion and learning—not dependency, chance, or fear of losing progress.

Goals and strengths

Three strategic goals

1. Prove daily value

Show that target users can create a first routine, complete a first check-in, and return during the first two weeks.

2. Earn trust

Make privacy, safety, accessibility, and claim discipline visible in the product and in every growth channel.

3. Build a repeatable business

Establish willingness to pay and a sustainable acquisition loop before adding new revenue layers or enterprise sales cost.

4. Expand only with evidence

Use small practitioner pilots to validate workflow fit before institutional commitments, certifications, or integrations.

Defensible strengths to cultivate

- **Friction-sensitive design:** Simplify Mode, micro-steps, and quick check-ins form a coherent daily-use experience.
- **Ethical reinforcement:** Bunny Park can create warmth and delight without variable-reward or child-directed monetization.
- **Dual-audience potential:** a focused B2C beachhead can create qualified learning before caregiver and practitioner expansion.
- **Local-first posture:** a useful privacy principle, provided the implementation and claims are independently reviewed.

Focus the market before sizing it

Market estimates should be refreshed from primary or commissioned research before external use. The near-term plan does not depend on a headline TAM; it depends on demonstrating a clear outcome for a specific early audience and a practical route to reach them.

Sequenced audiences

Sequence	Audience	Job to be done	Evidence needed
1	Adults with executive-function friction	Start and sustain a small personal routine.	Activation, D7/D14 retention, paid conversion, interviews.
2	Caregivers of school-age children	Make home routines clearer and more encouraging.	Parent-led onboarding, permission clarity, family retention.
3	Practitioners / small practices	Offer an optional, lightweight support workflow.	Paid pilot adoption, workflow fit, data-boundary review.

Value ladder

Free: core routines and basic calm support. **Pro:** added flexibility, insights, and focus tools for adults. **Family:** adult-controlled shared routines and family utility. **Practitioner:** only after pilot validation, a clearly scoped workspace with consented access.

> Financial models should show inputs and ranges: audience, active users, conversion, blended ARPU, refund rate, gross margin, CAC, and observed retention. Avoid presenting projected MRR, LTV, or market size as current fact.

Build, measure, then widen the aperture

Phase	Primary work	Success gate
0-3 months Instrument and validate	Product hardening; event taxonomy; 100-250 participant research/pilot cohort; onboarding and pricing tests; privacy/app-store review.	40%+ of target cohort reaches defined activation; qualitative evidence that the core routine solves a real problem.
3-6 months Find repeatability	Improve D14 retention; test 2-3 acquisition sources; introduce adult-controlled paid plan; build support and analytics routine.	D14 at or above 30% in target cohort; first paid cohorts; evidence of a viable channel-level CAC trend.
6-12 months Concentrate and pilot	Scale only the best channel; mobile reliability; referral loop; 3-5 scoped practitioner discovery or paid pilots.	Observed payback direction, healthy refund/support signals, and documented pilot workflow fit.
12+ months Expand carefully	Broader family offers, marketplace/seasonal experiments, additional partnerships, scoped assurance work.	Repeatable core business and a separate evidence case for each new expansion.

Decision gates

Green

Retention holds by channel and audience; users describe value in their own words; spend has measurable payback.

Red

Weak D14 retention, high refunds, unclear permissions, or dependence on incentives to create use. Pause acquisition and fix the product loop.

Trust-first growth, measured weekly

Positioning: “Routines that adapt to your mind, not the other way around.” Express the benefit through practical, non-clinical language: make the next action smaller, calmer, and easier to return to.

Channel sequence

Order	Channel	What to test	Metric that matters
1	Owned content and challenge	Audience landing pages, 7-day routine challenge, useful templates/printables.	Qualified visit to activation.
2	Small trusted creators	6-10 lived-experience creator cohorts with unique landing pages and disclosures.	Activated users and D14 by creator—not views.
3	Communities	Useful resources and permitted participation; never extraction or astroturfing.	Qualified referral traffic and feedback quality.
4	Practitioner pilots	Scoped workflow with 3-5 practices after consumer loop is understood.	Adoption, consent clarity, pilot conversion.

90-day rhythm

Days 0-30: baseline, two landing pages, 15 interviews, three durable resources. **Days 31-60:** two creator cohorts, two content experiments, email/onboarding test. **Days 61-90:** modestly scale one winning source, add referral loop, begin pilot discovery.

Stop rule: pause a channel after two cohorts fail activation or D14 thresholds. “Awareness” does not justify unmeasured spend.

07 / CAPITAL ROADMAP

Fund the proof, then fund the scale

Stage	Indicative capital	Fundraise gate	Priority
Validation	$75k-$150k	Instrumented product, 100+ activated users, research evidence, baseline retention and willingness-to-pay signal.	Product hardening, pilot operations, measurement, privacy/app-store readiness.
Pre-seed	$500k-$900k	1,000+ MAU; D14 ≥30% in target cohort; first paid cohorts; observed LTV:CAC trend >3x; 2+ attributable acquisition tests.	12-18 months focused runway: product, measured growth, support, security/compliance foundations.
Seed	$1.5m-$3m	$20k-$40k MRR or equivalent run-rate; payback <12 months; stable cohorts; 3-5 documented paid/contracted pilots.	Scale best channel, mobile reliability, small B2B pilot team, scoped assurance work.

Capital principles

- Use eligible grants and strategic pilot funding as upside, not a dependency.
- Keep 15% of early budgets for legal, security, accessibility, privacy, and contingency.
- Do not release large acquisition budgets until retention is repeatable.
- Package a data room with product evidence, cohort dashboard, pricing tests, and clearly labeled pilot status.

Revenue that respects the routine

Monetization should reinforce the core promise: TinyStride is useful without pressure, and paid offers make the adult buyer's experience meaningfully better. No essential routine, safety, or child experience should be held hostage to a purchase.

Idea	Customer value	Guardrail	Test before scaling
Pro / Family subscription	More flexibility, insights, shared adult-controlled workflows.	Keep core routines functional; clear price and cancellation.	Price sensitivity, refund rate, retention by plan.
Routine templates	Faster setup for common routines.	Clear creator rights, quality review, transparent revenue share.	Template completion and repeat use, not just purchase.
Seasonal / expansion content	Fresh optional visual experience.	No FOMO that punishes missed days; no child-directed purchase flow.	Voluntary uptake and impact on core retention.
Gift subscriptions	Adult-to-adult giving.	Recipient opt-in and straightforward redemption.	Redemption and retained use.
Practitioner plan	Scoped workflow for adults/professionals.	Consent, data minimization, and validation before clinical claims.	Pilot adoption and conversion.

> **Idea filter:** ship an expansion only if it adds durable value, can be explained plainly, is safe for the audience, and does not distort the habit loop.

Measure what protects the mission

Weekly scorecard

Product health

Qualified visit → install intent; activation; D7/D14/D30 cohort retention; routine completion; support contacts; accessibility issues.

Business health

Paid starts; conversion; refunds; revenue by plan; channel-level CAC; observed payback; referral quality.

Trust health

Consent comprehension; privacy requests; safety reports; creator disclosure compliance; claim-review exceptions.

Learning health

Top objections; interview themes; hypotheses tested; decisions made; experiments stopped.

Major risks and mitigations

Risk	Mitigation
Retention is too low to support paid acquisition.	Pause scale; improve onboarding and routine loop using cohort and interview evidence.
Privacy or child-safety risk.	Minimize data; document consent and controls; use specialist review before scope expansion.
Marketing claims outpace evidence.	Maintain a claim checklist; use non-clinical language; review creator and partner materials.
B2B demand proves slower than expected.	Keep pilots small; treat contracted revenue separately from pipeline; preserve consumer focus.

Immediate next actions

1. Adopt the metric dictionary and activation definition.
2. Run the 90-day marketing and research plan.
3. Build the investor evidence pack as learning accumulates.
4. Use the next financing decision gate—not calendar timing—to determine the raise.

This strategic document is a planning framework, not investment, legal, medical, or regulatory advice. Validate financial, privacy, healthcare, and marketplace-specific requirements with qualified professionals.

Where the money comes from

Use a funding stack that buys the next proof point. Begin with validation capital and paid learning; pursue grants only when there is a genuine research fit; raise institutional capital after retention and pricing evidence are observable.

Source	What to target	When it fits	What to bring
Paid design partners	3-5 small practices, community organizations, or employers; a scoped paid pilot or letter of intent.	Now, once the workflow and consent boundary are clear.	One-page pilot brief, success measures, fee, and conversion path.
Founder, angels, and operator syndicates	$10k-$50k checks; identify a potential $50k-$150k validation-round lead.	Now, when a live product and defined 90-day learning plan can be demonstrated.	10-12 slide deck, short demo, metric baseline, use of funds, and data room.
SBIR / STTR and other eligible grants	Mission-aligned R&D support only; state innovation programs and local competitions can supplement it.	When there is a real research question, confirmed eligibility, an agency fit, and sufficient preparation time.	Research aims, evaluation and commercialization plan; for STTR, a qualified research partner.
Focused pre-seed funds	$500k-$900k to fund 12-18 months of focused execution.	After 1,000+ MAU, target-cohort D14 retention at or above 30%, paid cohorts, and attributable acquisition learning.	Retention cohorts, pricing evidence, pilot proof, cap table, security/privacy summary, and milestone plan.

Next 90 days: the funding process

Weeks 1-2: prepare

Define the $75k-$150k validation ask; finalize the investor memo, product demo, cohort dashboard, pilot brief, and data room.

Weeks 3-4: target

Build a list of 40-60 aligned angels/operators; request 15-20 warm introductions; begin 3-5 design-partner conversations.

Weeks 5-6: run the process

Hold first meetings and send a concise weekly update with product learning, cohort movement, pilot progress, and a specific ask.

Weeks 7-8: decide

Close commitments toward the validation round or pause, document objections, and improve the evidence rather than extending an unfocused process.

Funding sources and deadlines change. Confirm every current program directly, including eligibility and registration requirements, before applying. Official starting points: SBIR, Grants.gov, and NIH small-business resources.