

## Biomedical Zone Startup Application

Please direct questions and completed applications to [biomedicalzone@gmail.com](mailto:biomedicalzone@gmail.com).

DO NOT fill in the blue boxes next to applicable sections.

### SECTION 1: OVERVIEW

1. **Company's name and address** as per articles of incorporation and **business registration number**:

2. Full names, titles and qualifications of core team members who will reside in the Biomedical Zone. Please note how many hours per week each will spend in the Biomedical Zone:

3. Is your company insured? (Insurance Coverage Information Required)

- YES  
 NO\*

\* If not, do you understand that you will need to secure \$2M in liability insurance with St. Michael's Hospital and Ryerson University if accepted as a Biomedical Zone resident?

- YES  
 NO

4. What is the problem that you're solving, and how are you solving it? (Clinical need statement – max 150 words):

5. Please list 3 areas of expertise in which you can contribute to the Biomedical Zone and its community.  
(Max 150 words):

6. Have you been a part of any other innovation centres (incubator or accelerator programs):

Program	Dates

## SECTION 2: TECHNOLOGY

1. What sector is your technology?

- Software/ICT
- Big Data/AI
- Medical Device
- Simulation/VR
- Biotech
- Other, please specify:

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2. At what stage is your technology?  
(Select one)

- Mockup
- Prototype
- Beta/Validation
- Market-ready

3. At what stage is your solution on the Technology Readiness Level (TRL) scale? =  
(reference [here](#)): \_\_\_\_\_

**SECTION 3: FINANCIALS**

1. How much funding have you raised in the last two years? Please state amount for dilutive, and amount for non-dilutive. (Please list - max. 150 words)

	<input type="text"/>
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2. What is your revenue model? Who is your payer? Who is your end user? (Max. 200 words)

	<input type="text"/>
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**COMMENTS FOR INTERNAL USE ONLY:**

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**Total**