

## 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:

Full Name	Background experience/certifications	Role	Will BMZ be the primary company location? (Y/N)	Number of hours per week at the BMZ

3. Is your company insured, including liability of \$2M or above? (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. Please answer the following questions (please provide supporting data):

a) What is the problem that you are solving? **(min 200 words)**

b) What is your solution and competitive advantage? (min 200 words; please describe how your solution is unique)

c) Does your company require validation or a pilot study in a clinical setting? **Highlight one: Y / N**  
If yes, what would that look like? (min 200 words; please provide an overview, including anticipated outcomes, resources required, target pilot site(s), etc.)

5. How do you see yourself and your company engaging and interacting with the companies at the Biomedical Zone and our community? (min 150 words) (e.g. areas of expertise, domain expertise, training sessions, referring mentors/advisors/investors/resources, etc.)

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

Program	Dates	Main achievements/milestones

**SECTION 2: TECHNOLOGY**

1. What sector is your technology?

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

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 list the amount for dilutive, and amount for non-dilutive, and your current and expected burn rate for the year ahead.


2. Business model (min. 200 words): \*Consider attaching your lean canvas to your application if available.

- What is your revenue model?
- Who is your payer?
- Who is your target user? In what setting (e.g. acute care, community, home, etc.)?


**SECTION 4: Overall, why do you want to be at the Biomedical Zone? And what are your company goals/expectations one year from now?**

**COMMENTS FOR INTERNAL USE ONLY:**

**Pass to Screening Committee (check one):**  Y  N  unsure (state reason in comments box)