**Israel Innovation Authority – International Health-Tech Pilot Program EOI (Expression of Interest)**

**The filled EOI must not exceed 6 pages.**The EOI is for *one* project of *one* company; it can address *more than one* hospital.

**Please complete this form and send it along with your non-confidential company overview slide deck.**

1. ***Applicant Profile***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- |
| Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Year Established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Stage: Choose an item. | Last Year’s income: US$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Capital Raised to Date: US$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Current Valuation: US$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| No. of Executive Team Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No. of employees: Choose an item. |
| No. of R&D Personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

 |
| Capital Raised Sources (please check all that apply):  |
| [ ]  Grants/Government[ ]  Angels/Friends/Family[ ]  Corporate/Industry | [ ]  VC round[ ]  Debt[ ]  IPO[ ]  None |

|  |
| --- |
| As able, please identify lead/participating investors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Are you currently fundraising? – If yes, please indicate series and target amount as able: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Has the company applied for an IIA grant before? Choose an item.

If so, what is the most recent application file number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact Information**

|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**To which hospital(s) are you submitting the EOI? (Minimum 1)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Expression of Interest***

Date of Submission: Click or tap to enter a date.

**Background**

Profile of Executive Team Members

Click or tap here to enter text.

General Business Description (including any other partners)

Click or tap here to enter text.

**Product and Partnership**

Product Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Innovation/Growth Stage: Choose an item.

Product Sector: Choose an item. If other, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Product Type (choose at least one): [ ]  *Connected Care (virtual clinics, remote monitoring, telemedicine, integrated health IT)*

[ ]  *Advanced technologies (AI and deep learning, VR and simulation, novel materials)*

[ ]  *Medical Devices, Diagnostics, and Therapeutics*

[ ]  *Care Settings and Processes (primary and home care, providers, operations, logistics)*

[ ]  *Behaviors and Lifestyle (preventable strategies, health plans, social networks)*

Application (choose one): Choose an item.

Current Clinical Service Lines *Cancer / Cardiovascular / Weight Management /*

(choose at least one): *Gastroenterology / Neuroscience / Orthopedic Surgery / Otolaryngology / Primary Care / Pulmonary / Transplant / Urology / Women’s Health / Other / N/A*

Potential Additional Clinical Service Lines  *Cancer / Cardiovascular / Weight Management /*

(choose at least one): *Gastroenterology / Neuroscience / Orthopedic Surgery / Otolaryngology / Primary Care / Pulmonary / Transplant / Urology / Women’s Health / Other / N/A*

Technology and Product Description

Please describe the intended final product and the technology on which it is based.

FDA/Regulatory Requirements (including the current stage in the regulatory process)

Click or tap here to enter text.

The Problem or the Clinical Unmet Need that the Product Addresses

Click or tap here to enter text.

Expected Clinical/Service/Organizational Impact and Outcomes from Deployment (including results of any already completed studies/trials)

Click or tap here to enter text.

Describe how the product can integrate into existing work processes (is it replacing an existing solution or does it require changing procedures, acquiring new equipment, recruiting personnel, etc.?)

Click or tap here to enter text.

Does adopting the product require integration into the Potential Partner Hospital/s’ IT System? If so, has it been tested in a similar environment?

Click or tap here to enter text.

Relevant Potential Data Security Issues

Click or tap here to enter text.

Patient and Public Involvement Strategy

Click or tap here to enter text.

Business Model (including any current customers/revenue)

Click or tap here to enter text.

Competitors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the company have plans regarding insurance reimbursement processes?

Click or tap here to enter text.

Please provide a brief summary of the work completed to date including completed studies/clinical trials/Intellectual property: patent, copyright, etc

Click or tap here to enter text.

Required R&D Investment for the Next Year: US$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain your specific interest in working with the selected Potential Partner Hospital/s (if more than one, explain for each, if relevant)

Click or tap here to enter text.

Resources Required from Potential Partner Hospital/s

Click or tap here to enter text.

Intended Output from *Co-Development, Testing, and Deployment* with Potential Partner Hospital/s

Click or tap here to enter text.

Estimated Time for Validation: Click or tap here to enter text.

Have you identified or had discussions with any individual or groups at your Potential Partner Hospital/s? If so, with whom? Click or tap here to enter text.

Desired Partnership Structure and Goals

Click or tap here to enter text.

Estimated Required Full Budget for the Project *(of which the IIA funding would be up to 50%)*: US$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Project Duration: Click or tap here to enter text.

Market Potential and Commercialization Plan

Click or tap here to enter text.