Growth Fund Application – Reference Document

Thank you for your interest in applying to the UCeed Fund.

Applications are open to startups and any organized divisions/teams, and research groups affiliated with the University of Calgary.

This document provides the full list of questions you will find in the application form and is to be used as a reference to help you prepare your application.

Applications must be submitted by the following deadlines to be guaranteed for funding consideration in the respective quarter: February 19, 2021 (Q2 2021), May 17, 2021 (Q3 2021).

Do not include any confidential information about your business venture. Do not include any confidential information about any intellectual property, technologies, products, or services that will be commercialized by your business venture.

Note: All text box fields are set to a 500-word maximum. Please keep this in mind when developing your responses.

Contact Information
1. Salutation:
   a. Mr.
   b. Mrs.
   c. Ms.
   d. Dr.
   e. Prof.
2. First Name*
3. Last Name*
4. Title*
5. Phone*
6. Email*
7. Street*
8. City*
9. Country* (please select…)
10. Postal Code*
11. LinkedIn Profile

12. Affiliation with UCalgary*
   a. Student
   b. Faculty
   c. Other (please specify)

Team Information
   1) Co-founders*
   Please state names, roles and affiliations with UCalgary, in addition to the primary contact person.

   2) Number of Employees*
   Full-time equivalent including founders. *

   3) What role does each individual play on your team, including leading development of the venture's core technology? *

   4) What are the three most relevant areas of expertise on your team? *

   5) If your venture has a Board, Advisory Board, or mentors, please list their names and their roles. *

   6) Have you or any member of your team successfully commercialized a technology or founded a company in the past? * (If so please describe).

Technology Overview – do not include confidential information about the technology
   1) Describe your core technology in non-technical terms. *

   2) What areas of science does your technology draw from? *

   3) What is novel about your technology? *

   4) What are the primary technical challenges that need to be overcome with your technology? *

   5) Do you have any Intellectual Property in place or filed? *

a. Yes (please describe and/or cite any patent or filing numbers)
b. No

6) Please list all grants and research funding that have been provided in support of this technology's development.

7) Please list all publications by the team on which your technology is based. *
    a. Has the research on which your technology is based been replicate by another researcher or third party?

8) Please list any significant collaborations with other labs/universities that exist for the development of this technology. *

9) Which of the following describes your current Technology Readiness Level (TRL): * - select one.
    a. Level 1: Basic principles of concept are observed and reported
    b. Level 2: Technology concept and/or application formulated
    c. Level 3: Analytical and experimental critical function and/or proof of concept
    d. Level 4: Component and/or validation in a laboratory environment
    e. Level 5: Component and/or validation in a simulated environment
    f. Level 6: System/subsystem model or prototype demonstration in a simulated environment
    g. Level 7: Prototype ready for demonstration in an appropriate operational environment
    h. Level 8: Actual technology completed and qualified through tests and demonstrations
    i. Level 9: Actual technology proven through successful deployment in an operational setting

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1) Please list any government funding, in-kind contributions or program support that you have received for this venture.

2) Please describe how much has been invested into the venture (investment dollars in exchange for shares) and describe the relationship of the investors to the company (friends/family/3rd party)?

3) Have you generated any revenue to date? (If yes, please describe.)

4) Do you the have interest/engagement of a potential customer or commercial development partner? (If yes, please describe.)

5) Please describe your plan and timelines to execute and grow?

6) Have you considered an exit strategy and if so, what does this look like?

Market

1) What problem is your technology/product solving? *

2) Explain how your technology/product solves the problem described above and why it is, or could be, superior to existing alternatives? *

3) What market(s) are you targeting and what is the size of the market? *

4) Who are your main competitors and why? *

5) Does your proposed venture have health and wellness applications for the following? Select all that apply.
   a. Maternal (including pregnancy, childbirth, and postpartum).
   b. Infant
   c. Child

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d. Adolescent
e. Emerging adult (up to the age of 24)

NOTE: If you selected any of the application areas in Question 5, please provide the following information for each of applicable populations. For example, if your venture has applications to both maternal and infant health and wellness, you will need to complete Question 6 for each area.

6) Please describe the following for each of the applicable populations based on your response from Question 5:
    a. The nature of the application.
    b. The degree of anticipated impact.
    c. How UCeed support can accelerate that impact?
    d. How proven and ready for use is the research and applicability as proposed, and what are remaining steps to commercial release?
    e. The initial and medium-term potential markets and monetization opportunities.
7) Are you a past or current recipient of research funding from ACHF and/or ACHRI?
    a. Yes
    b. No
    If yes, has/will that funding enable(d), fully or partially, the work proposed as part of this application?
        i. Yes (please describe)
        ii. No
8) Are you a past or current recipient of research funding from other child health/disease-based funding agencies?
    a. Yes (please name sources of funding)
    b. No

Venture Overview
1) Incorporated Venture Name*

2) Venture Address*

3) Is your venture incorporated? *
        a. If yes, what year was it incorporated?

4) Industry* (select all that apply)
   a. Therapeutic
   b. Diagnostic
   c. Medical Device
   d. Software
   e. Health and Wellness
   f. Other

   If other, please describe.

5) Website

6) AngelList Profile

7) CrunchBase Profile

8) Stage of Venture: *
   I.   Concept and Research (have a business idea/still doing research)
   II.   Committing (building the product/service)
   III. Prototype (have an MVP, no customers yet)
   IV.   Validating (early customers testing product/service)
   V.   Scaling (have a product in sales)
   VI.   Establishing (profitable)

NOTE: The following questions are required for all Stage of Ventures listed as Prototype or beyond (Levels III – VI). *

   a. Do you have a Quality Management System in place? (If yes, please describe.)

   b. Do you have a regulatory strategy? (If yes, please describe.)

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Funding Ask

1) How much money are you asking to raise from UCeed? *

2) What is/are the major technology and/or business milestone(s) that you are trying to achieve with these funds? *

3) Specifically, how will these funds be used in pursuit of this goal and how long will it take to achieve? *

Additional Information

1) How can Innovate Calgary help your venture succeed?

2) Is there anything else you'd like to tell us?

3) Please list any materials (e.g. patents, publications, market reports) or other documents (e.g. resumé, product design, etc.) that you feel would strengthen your application.