

APPLICATION

Healthcare Innovator

Criteria:

- The nominee can be a company, researcher, or investor providing an innovative solution that has the potential to make a large and positive impact on cost, quality, and/or access in health care.
- Company must have its HQ or significant operations in the region and a significant portion of its leadership, employees, and consultants must be based in the region.

Key Considerations:

- The Nominee must demonstrate creativity and passion to re-thinking healthcare in the region and to driving exceptional health outcomes or dramatically lowering costs.
- The Nominee should have a demonstrated business model for its solution and demonstrate the ability to generate rapid growth or adoption.
- The nominee should be able to demonstrate return on investment or clinical impact of its solution.
- The nominee can be in any sector (technology, life sciences, investment, health care delivery, etc.), but must be serving the healthcare industry in Greater Philadelphia.

Company Narrative/Summary

There is a limit of 100 words per response.

1. How does your innovation drive exceptional health outcomes or dramatically lower costs?
2. Describe your target market(s), including potential size and significant competitors.
3. What is the competitive advantage/how do you differentiate this opportunity for your competition?
4. Describe your products, services, and/or proprietary technologies, including development status of pipeline assets and comparative benefits for your customers.
5. What is the market potential for your products, services, and/or proprietary technologies? Describe the product market fit.
6. What industry problem is the company trying to solve?
7. Describe the depth of experience of your management team.
8. List your Company's achievements.

Financial Information

Please complete all requests for information by expressing financials as \$000,000. If appropriate, write N/A (not applicable) or N/D (not disclosing). If N/A or N/D is selected, please provide the reason for not disclosing the information. **If the Nominee elects not to disclose this information they may not be considered for this category.**

Founding Date (month/year) _____

Specify fiscal year-end (month/year): _____

	2022 Full Year Projected	2022 Nine Months Actual	2021	2020	2019
Revenue	_____	_____	_____	_____	_____
EBITDA (Earnings before interest, taxes, depreciation, and amortization)	_____	_____	_____	_____	_____
Total Number of Employees Employees in Gr. Philadelphia	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
% of Senior Management Team located in Gr. Philadelphia	_____	_____	_____	_____	_____

Year Went Public	_____				

Note: The above Financial Information will be considered confidential and will only be used by the Panel of Judges for the evaluation of your nomination.

COMPANY PROFILE

General Information

Company Name:
Street Address:
City, State, Zip:

Headquarter Location (if different from above):

Website:

CEO/President Contact

Name:
Title:
Phone:
Email:

Application Contact (contact submitting information and completing Application)

Name:
Title:
Phone:
Email: