# **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 lowing 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**

Email:

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.

2020

Founding Date (month/year)				
Specify fiscal year-end (month/ye	ar):			
	2023 Full Year Projected	2023 Nine Months Actual	2022	2021
Net Revenue	110,0000	7101001		
(gross less passthrough costs)				
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				
	COMPANY	/ PROFILE		
General Information  Company Name:				
Street Address: City, State, Zip:				
Headquarter Location (if different fro	om above):			
Website:				
CEO/President Contact				
Name: Title: Phone: Email:				
Application Contact (contact subm	itting information	and completing Ap	pplication)	
Name: Title: Phone:				