# OBIO [Capital Access Advisory Program (CAAP)](https://obio.ca/caap)

# Application Form and Checklist

**Eligibility requirements** are that the applicant company:

1. is a private, high-potential bioscience enterprise based in Ontario,
2. is focused on developing life science products or services including but not limited to: therapeutics, medical devices, diagnostics or healthcare information technologies,
3. has already raised initial “seed” investment and is committed to raise a larger post-seed round of venture financing in the next 12 to 18 months, and
4. would significantly benefit from participating in the OBIO CAAP to address key business goals to advance their business strategy and help the company to raise capital.

**Participation Requirements:**

1. OBIO CAAP requires the engagement of the Chief Executive Officer and other members of the senior management team of each company admitted into the program. This includes participation in CAAP specific workshops and other events throughout the CAAP term (April 2019 – March 2020) in person, by phone, or by video conference.
2. OBIO CAAP requires active, consistent engagement including but not limited to: regular update calls/in person meetings with OBIO, providing brief quarterly written updates to OBIO, in-person presentation at a mid-term CAAP review meeting with the CAAP Steering Committee, meeting with CAAP Steering Committee members and CAAP Advisors assigned to assist your company, and other events.
3. Companies selected to participate in OBIO CAAP will be expected to become members of OBIO.

**Application Instructions:**

1. Provide a non-confidential stand-alone PowerPoint deck with 15-20 numbered slides (*no more than 20 slides please*). You will need to modify your investor pitch deck such that it covers all topics required by the checklist (see below). If you don’t have a stand-alone pitch deck, please add additional information to the deck so that it becomes stand-alone or add information as PowerPoint notes.
2. Carefully read the instructions in this application form/checklist. Complete the form to provide an elevator pitch and additional information about your company. Also complete the checklist by indicating on which slide of your deck the respective information can be found. If any information is not provided explain why (for example indicate that you don’t have a slide on regulatory approval because your Digital Health product does not require such approval).
3. **The** **application deadline is December 14, 2018, 5:00pm EDT**. By this time, you will need to upload your deck, the completed application form/checklist, and your contact information via the following link: <https://goo.gl/zea5oX>

**Questions:** Any questions related to the OBIO CAAP application may be sent to klausfiebig@obio.ca.

**Company Information (please complete):**

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| Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year incorporated: \_\_\_\_\_\_\_\_\_\_\_\_\_Incorporation number (CRA Business or Ontario Corp. Number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of employees: \_\_\_\_ full time, and \_\_\_\_ part timeNumber of employees working in Ontario: \_\_\_\_ full time, and \_\_\_\_ part timeFunds raised into the company to date: \_\_\_\_\_\_\_\_\_ dilutive, and \_\_\_\_\_\_\_\_ non-dilutiveFundraising goal: $\_\_\_\_\_\_\_\_ CAD, by \_\_\_\_\_\_\_, to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (use of proceeds) |

**Elevator Pitch (please complete, max 500 characters)**:

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| --- |
| \_\_\_\_\_\_\_\_ |

**References (please complete):**

|  |  |
| --- | --- |
| **Reference 1:**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_Relationship with your company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Reference 2:**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_Relationship with your company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Additional information you want to share with OBIO:**

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| --- |
| \_\_\_\_\_ |

**CAAP Application Checklist:**

We encourage you to have slides covering each of the items on this checklist while keeping the total number of slides to 15-20 (*please no more than 20*). Best is to cover each topic on a different slide although exceptions to this are possible. Please specify on the right of each item which slide(s) address the respective topic. If you don’t have a slide that matches a topic, then please justify why you believe that such slide is not needed in your case (e.g. some Digital Health products will not need regulatory approval). Slides do not necessary need to be in the order given below, although this is a sequence often used.

1. Company Summary (slide: \_\_\_\_ )
	* Company summary 3-4 bullets
	* Year incorporated
	* Fundraising goal, timeline, high level use of proceeds
	* Contact information (your name, title, phone, e-mail) & website

Justify if not included: \_\_\_\_\_\_\_

1. Problem you are trying to solve (slide: \_\_\_\_ )

Justify if not included: \_\_\_\_\_\_\_

1. Your solution (slide: \_\_\_\_ )
	* How does it work?
	* How does it fit into and modify current standard of care?
	* Why it’s innovative?
	* What is its impact?

Justify if not included: \_\_\_\_\_\_\_

1. Market size (dollars and/or people) (slide: \_\_\_\_ )
	* Potential addressable market
	* Go-to-market strategy

Justify if not included: \_\_\_\_\_\_\_

1. Traction (slide: \_\_\_\_ )
	* Validation data
	* Progress with trials and/or pilots
	* Sales/customers

Justify if not included: \_\_\_\_\_\_\_

1. Competitive landscape (slide: \_\_\_\_ )
	* Who are your current competitors (direct and indirect)?
	* Competitive landscape when your product hits the market.

Justify if not included: \_\_\_\_\_\_\_

1. Competitive advantage (slide: \_\_\_\_ )
	* Compare your product to those of your competitors
	* Why is your product better?

Justify if not included: \_\_\_\_\_\_\_

1. Adoption / revenue streams (slide: \_\_\_\_ )
	* Healthcare economics/benefits to various stakeholders.
	* Primary costs/revenue streams.
	* Business model (how will you make money).

Justify if not included: \_\_\_\_\_\_\_

1. Intellectual Property (IP) status (slide: \_\_\_\_ )
	* What does your IP cover?
	* Who owns the IP? Distinguish between IP owned by the company vs. licensed vs. accessible (e.g. via a right of first refusal).
	* IP as a competitive advantage.

Justify if not included: \_\_\_\_\_\_\_

1. Regulatory approval pathway (slide: \_\_\_\_ )

Justify if not included: \_\_\_\_\_\_\_

1. Team (what makes your team special) (slide: \_\_\_\_ )

Justify if not included: \_\_\_\_\_\_\_

1. Current advisors and investors (slide: \_\_\_\_ )

Justify if not included: \_\_\_\_\_\_\_

1. Financing (slide: \_\_\_\_ )
	* Financing history (money into the company): how much invested to date, who (all sources), when, what accomplished.
	* Financing plans in the next 1-2 years: amount, when, use of proceeds.

Justify if not included: \_\_\_\_\_\_\_

1. If you have applied to CAAP before, please summarize progress since. (slide: \_\_\_\_ )

Justify if not included: \_\_\_\_\_\_\_

1. Why OBIO CAAP? (slide: \_\_\_\_ )
	* CAAP is designed to be a highly customizable and need driven program to expand a company’s business and investor networks and help prepare and drive a successful financing round. Please indicate your motivation to join, specific gaps you would like to address, and goals you intend to achieve during the CAAP term (April 2019 - March 2020).
	* Why participate in CAAP (examples: need help with investor targeting, fundraising, warm introductions to investors, KOL recruitment; would benefit from mentorship by a more experienced CEO in my space).
	* What specific business goals do you want to accomplish (examples: complete clinical/regulatory plan, validate IP strategy, build investor targeting list, create and refine pitch deck for VC’s and strategics, plan future financial needs and financing rounds).

Justify if not included: \_\_\_\_\_\_\_