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| בקשת לתמיכה בתכנית מו"פ |
| **Israel Innovation Authority - International Health-Tech Pilot Program**  **EOI (Expression of Interest)**  2025/04 |
| Instructions for submitting the application   * 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 with your non-confidential company overview slide deck. * By submitting this form, the applicant acknowledges and agrees that the Israel Innovation Authority may, at its sole discretion, share this form and any other information provided by the applicant with the international partners stipulated in the Call for Proposals as part of the evaluation and selection process. |
| Remove the yellow background (**the** **highlight**) that indicates the areas in the document that are editable as follow:  Press "Review" → "Protect/Restrict Editing" → Uncheck "Highlight the regions I can edit"  (Should be done every time the document is opened) |

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| 02.04.2025 |  | v3.10.15 | track\_eoi\_health |  |  | v3.10 | EOI Health Pilots 2025 FINAL \_v3.10.15 |

**Table of Content**

[1 Background](#_Toc194513910)

[1.1 Profile of Executive Team Members](#_Toc194513911)

[1.2 General Business Description (including any other partners)](#_Toc194513912)

[2 Product and Partnership](#_Toc194513913)

[2.1 Technology and Product Description](#_Toc194513914)

[2.2 The Problem or the Clinical Unmet Need that the Product Addresses](#_Toc194513915)

[2.3 Product value proposition](#_Toc194513916)

[2.4 Current product performance](#_Toc194513917)

[2.5 FDA/Regulatory Requirements](#_Toc194513918)

[2.6 Product integration into existing work processes](#_Toc194513919)

[2.7 Required integration into the Potential Partner Hospital/s’ IT System](#_Toc194513920)

[2.8 Relevant Potential Data Security Issues](#_Toc194513921)

[3 Business Model, Competition](#_Toc194513922)

[3.1 Business Model (including any current customers/revenue)](#_Toc194513923)

[3.2 Competitors](#_Toc194513924)

[3.3 Insurance reimbursement processes](#_Toc194513925)

[4 Work summary completed to date](#_Toc194513926)

[5 Partners](#_Toc194513927)

[5.1 specific interest in working with the selected Potential Partner Hospital/s](#_Toc194513928)

[5.2 Resources Required from Potential Partner Hospital/s](#_Toc194513929)

[5.3 Intended Output from partners](#_Toc194513930)

[5.4 Estimated Time for Validation](#_Toc194513931)

[5.5 Potential Partner Hospital/s](#_Toc194513932)

[5.6 Desired Partnership Structure and Goals](#_Toc194513933)

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| **Part 1: Applicant Profile** |  |
| **Company Name** |  |
| **Website** |  |
| **Address** |  |
| **Year Established** |  |
| **Stage** | Choose an item… |
| **Capital Raised to Date (US$)** |  |
| **Capital Raised to Date (ILS)** |  |
| **No. of Executive Team Members** |  |
| **No. of Employees** | Choose an item… |
| **No. of R&D Personnel** |  |

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| **Primary Contact Information** |  |
| **Name** |  |
| **Title** |  |
| **Credentials** |  |
| **Phone** |  |
| **Email** |  |

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| **Expression of Interest** (EOI) **Info** |  |
| **Date of Submission** | Date… |
| **Product Name** |  |
| **Innovation/Growth Stage** | Choose an item… |

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| **Capital Raised Sources** | (Check all that apply) |  |  |
| Grants/Government | VC round | Angels/Friends/Family | Debt |
| Corporate/Industry | IPO | None |  |

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| **Required R&D Investment for the Next Year** |  |
| **In US$** |  |
| **In ILS** |  |

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| **As able, please identify lead/participating investors** |
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| **Are you currently fundraising?** Select…(If yes, please indicate series and target amount as able): |
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| **Has the company applied for an IIA grant before?** Select…(If so, indicate the most recent application file number): able): |
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| **To which hospital(s) are you submitting the EOI? (Minimum 1)** |
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| **Part 2: Expression of Interest** |  |

# Background

## Profile of Executive Team Members

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| Enter text here… |

## General Business Description (including any other partners)

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| * Please provides an overview of the business, main products or services, target market, and unique attributes. |
| Enter text here… |

# Product and Partnership

## Technology and Product Description

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| * Please describe the intended final product and the technology on which it is based. |
| Enter text here… |

## The Problem or the Clinical Unmet Need that the Product Addresses

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| Enter text here… |

## Product value proposition

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| --- |
| Enter text here… |

## Current product performance

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| --- |
| * Describe the studies/pilots/trials performed to demonstrate these results |
| Enter text here… |

## FDA/Regulatory Requirements

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| --- |
| * including the current stage in the regulatory process |
| Enter text here… |

## Product integration into existing work processes

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| * Is the product replaces an existing solution or requires changing procedures, acquiring new equipment, recruiting personnel, etc.?) |
| Enter text here… |

## Required integration into the Potential Partner Hospital/s’ IT System

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

## Relevant Potential Data Security Issues

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| --- |
| Enter text here… |

# Business Model, Competition

## Business Model (including any current customers/revenue)

|  |
| --- |
| Enter text here… |

## Competitors

|  |
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| Enter text here… |

## Insurance reimbursement processes

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| --- |
| * Does the company have plans regarding insurance reimbursement processes? |
| Enter text here… |

# Work summary completed to date

|  |
| --- |
| * Please provide a summary of the work completed to date   including completed studies/clinical trials/Intellectual property: patent, copyright, etc   * Please provide information on design partners or/and significant partners. |
| Enter text here… |

# Partners

## specific interest in working with the selected Potential Partner Hospital/s

|  |
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| * Please explain your specific interest in working with the selected Potential Partner Hospital/s   if more than one, explain for each, if relevant |
| Enter text here… |

## Resources Required from Potential Partner Hospital/s

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| --- |
| Enter text here… |

## Intended Output from partners

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| --- |
| * Intended Output from Co-Development, Testing, and Deployment with Potential Partner Hospital/s |
| Enter text here… |

## Estimated Time for Validation

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| --- |
| Enter text here… |

## Potential Partner Hospital/s

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| * Have you identified or had discussions with any individuals or groups at your Potential Partner Hospital/s?   If so, with whom? |
| Enter text here… |

## Desired Partnership Structure and Goals

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| Enter text here… |