**Atlantic Canada Healthcare Solutions Scale-up and Investment Program** **Additional Application Questions**

In addition to the Pitch Deck, please also provide us with the information pertaining to the questions found in this document, Atlantic Canada Healthcare Solutions Scale-up and Investment Program Additional Information.

**NB:** Please do not provide confidential information.

This document is to be submitted at the same time as your Pitch Deck to [healthcareprogram@imaginalventures.com](mailto:healthcareprogram@imaginalventures.com)

## **Company information**

Company Name:

1. Is your company incorporated?
   * Date of incorporation
   * Business Number as registered with the Canada Revenue Agency

1. Complete mailing address:
2. Primary contact name:
3. Primary contact email:
4. Primary contact phone number:
5. Company website:
6. How did you hear about us?
   * Imaginal Ventures
   * Nova Scotia Health Innovation Hub
   * Other
7. Have you participated in an Incubator or Accelerator program? If so, please provide the name(s).

Please also provide a short Bio of your business.

We will be in touch with you in July to advise you of the outcome of your application.

Please be aware, that should we require clarification about any of the information contained in your application, we will arrange a brief virtual call to discuss.

Once again, thank you for applying for the Program.