# VCHRI Biomedical Innovation Hub - Space Rental Application

Thank you for your interest in applying to the VCHRI Biomedical Innovation Hub. Please complete the application form and tell us about your business and current needs. This includes information about your company or team, and what you are looking for in a start-up space. Submit your application or any questions to Sara Khosravi, Director, Business Development at sara.khosravi@vch.ca.

After reviewing your application, we may invite you to an interview to better understand your business goals. The decision will be based on your priority/ affiliations, application, the interview, and the number and quality of other applications we are reviewing.

# Biomedical Innovation Hub Application Form

Note: All information submitted will be held in confidence.

## Business Information

|  |  |
| --- | --- |
| Business Name |   Click here to enter text. |
| Year Established |  Click here to enter a date. |
| Status |  Click here to enter a date. |
| Main Contact, Title |   Click here to enter text. |
| Location |   Click here to enter text. |
| Web Address |   Click here to enter text. |
| Email |  Click here to enter text. |
| Telephone |  Click here to enter text. |
| Affiliation (i.e., IP related) | [ ]  UBC [ ]  VCH [ ]  UBC &VCH [ ]  Not affiliated |

|  |  |
| --- | --- |
| Number of employees (include principals) |   Click here to enter text. |
| Projected # of employees within 12 months |  Click here to enter text. |
| Applicant's Industry |  Click here to enter text. |
| Main Product or Service |   Click here to enter text. |

Include a brief description of product/service and nature of market:

 Click here to enter text.

## Type of financing used to operate business to-date

[ ]  Venture capital firms [ ]  Private Investors [ ]  Personal resources

[ ]  Other (indicate nature):

Status of business plan

☐ Completed (please attach a copy)
[ ]  In preparation and available by:
☐ Not yet started

## Founder and Team

|  |  |
| --- | --- |
| Founder / Co-Founder(s)Note: Please attach resume |   Click here to enter text. |
| Management Team |  Click here to enter a date. |
| Board of Directors |  Click here to list names and titles. |

## Technology Innovation Information

Is the project carried out in the requested space sponsored by UBC/VCHRI Principal Investigator(s)?

☐ No
☐ Yes If yes, list PI’s name, department and phone number

Click here to enter text.

Current stage of the product or technology development:
Click here to enter text.

Biomedical therapeutic/ technology area:
Click here to enter text.

Purpose for requesting space on VCH hospital property:
Click here to enter text.

Potential impact of product or technology on the health innovation systemin BC:
Click here to enter text.

## Incubator Space Requirements

Please indicate requested space requirement(s):

[ ]  Shared space only (space that is openly available for use by other tenants and availability based on advanced scheduled bookings)

 How often will you require access to shared space?

Click here to enter text. per week Click here to enter text. per month

[ ]  Flexible days and/or time

[ ]  Non-shared (designated) space only

[ ]  Drop down-desk work space

[ ]  Web lab space

[ ]  Dry lab space

[ ]  Biomedical equipment use lab access

[ ]  Fume hood

 If fume hood access is required, do you and/or the company currently hold a WHMIS certificate?

☐ No
☐ Yes If yes, indicate certificate expiration date Click here to enter a date.

Click here to enter text.

How will the space be used? List any equipment that will be brought in and any requirements (e.g. installation, electrical, etc.).

Click here to enter text.

|  |  |
| --- | --- |
| Approximate rental start date |  Click here to enter a date. |
| Approximate rental end date |  Click here to enter a date. |
| Other relevant information |   Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Applicant Name and Title** |  |  |
|  |  |
| **Signature** | **Date** |  |