

Capital Assessment Form

For Venture Capital Debt Program Consideration

Please complete this form to help us assess the fit of your company for our Venture Capital Debt Program.

Company Information

- **Company Name:** _____
- **Website:** _____
- **Industry (Select one):**
 - ☐ Biotechnology
 - ☐ Medical Device
 - ☐ Diagnostics
 - ☐ Digital Health
 - ☐ Other: _____
- **Stage of Development (Select one):**
 - ☐ Pre-Clinical
 - ☐ Clinical (Phase I)
 - ☐ Clinical (Phase II)
 - ☐ Clinical (Phase III)
 - ☐ Commercial
 - ☐ Other: _____

Asset Information

- **Asset Type (Select all that apply):**
 - ☐ Drug Development
 - ☐ Medical Device
 - ☐ Diagnostic Tool
 - ☐ Digital Health Solution
 - ☐ Platform Technology

- ☐ Other: _____

- **Regulatory Pathway (Select one):**

- ☐ FDA
- ☐ EMA
- ☐ Other: _____
- ☐ Not Applicable

- **Next Value Inflection Point (Describe milestone and timeline):**

Financial Overview

- **Current Source of Funds (Select all that apply):**

- ☐ Equity
- ☐ Grants
- ☐ Debt
- ☐ Strategic Partnerships
- ☐ Other: _____

- **Amount of Funds on Hand (\$):** _____

- **Runway (Months):** _____

- **Current Revenues (If applicable):**

- ☐ Yes (Amount: \$ _____)
- ☐ No

Key Executive and Decision Maker

- **Name:** _____
- **Title:** _____
- **Email:** _____
- **Phone:** _____

Current Needs & Challenges

- **What are your current capital needs?**

- **Key Pain Points (Select all that apply):**

- ☐ Lack of immediate funding
 - ☐ High burn rate
 - ☐ Regulatory uncertainty
 - ☐ Limited runway
 - ☐ Equity dilution concerns
 - ☐ Other: _____
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Additional Comments (if any):

Please submit this form to:

innovatebio@bioshealthgroup.com

For inquiries or further information, contact us at **Bios Health Group**.