The Alberta Lighthouse Initiative – Innovation Solution Provider (ISP) Expression of Interest Sample Form

Consent and Declaration
By submitting this Intake Form, including any supporting documentation, I, in my capacity as the authorized representative of the Applicant, legally represent for and on behalf of the Applicant that:

1. The Applicant provides its explicit consent to the disclosure of the information identified within the Application by Alberta Innovates in its sole discretion;

2. The Applicant Representative is legally authorized to submit this Application for and on behalf of the Applicant and has the requisite power to legally bind the Applicant;

3. The Applicant Representative has read and understands the ISP Supplemental Guide relevant to the Alberta Lighthouse Initiative. Please view the guide here.

4. All information contained in this Application including but not limited to the Project and supporting documentation, is true and accurate;

6. The Applicant acknowledges that failure to provide true and accurate information in this Application will result in automatic rejection of the Application;

7. The Applicant grants Alberta Innovates permission to publicly share the information in the non-confidential section of this form for various purposes, including attracting relevant Health Service Delivery Partners (HSDPs)

8. The Applicant acknowledges and agrees that Alberta Innovates, and the Program Partners are solely facilitating a forum and mechanism for engagement with Health Service Delivery Partners (HSDPs), and that the collaboration with such HSDPs shall be at the sole discretion of the HSDP.

Consent: Yes/ No

HSDP Opportunity Selection
Select the HSDP and their corresponding Opportunity Statement that you are applying for below. If you would like to apply to more than one HSDP Opportunity Statement, **please submit a separate EOI for each**. Although the same solution may be relevant to multiple challenges, each submission should be tailored to demonstrate how it addresses the selected opportunity. • **HSDP #1**: Siksika Health Services - How might we improve cardiometabolic health outcomes among First Nations community members by integrating Indigenous knowledge, traditional food systems, cultural connectedness, land-based wellness, youth engagement, and clinical prevention into a measurable and scalable model of care? • **HSDP #2**: Calgary Weight Management Centre - How might we leverage routinely collected clinical health data and existing provincial guidance to create a scalable, community-based program that enables earlier and more equitable detection and risk stratification of MASLD/MASH, reduces pressure on specialist services, and connects Albertans to the right care and supports within the community? • **HSDP #3**: University of Alberta and Alberta Kidney Care North - How might we transform the prevention and management of cardiometabolic disease by enabling equitable, community-based early detection, precision risk stratification and coordinated evidence-based care through scalable, technology enabled solutions that prevent kidney failure, cardiovascular events and other serious complications while improving health outcomes and reducing healthcare costs across Alberta? • **HSDP #4**: StrongHER Hearts Women's Cardiovascular Wellness Foundation - How might we reach women of reproductive age who are overlooked by the health system, enable earlier identification of cardiovascular and cardiometabolic risk and disease while it is still silent, and support them to understand and act on what they learn? • **HSDP #5:** Bayshore HealthCare - How might we improve access to cardiometabolic prevention and early intervention by coordinating digital risk monitoring, personalized care pathways, and support for treatment access and adherence for populations facing barriers to traditional care in Alberta? • **Pre-Identified HSDP:** Some HSDPs that have progressed to this stage have indicated that they intend to work exclusively with a specific ISP. If an HSDP (not listed above) has already identified you as an ISP they wish to collaborate with, please choose this option. *For additional details on the HSDP Opportunity Statements, please refer to the ISP Supplemental Guide here*
If you selected the "Pre-Identified HSDP":

Please specify the HSDP that has identified you as the ISP it wishes to work with, along with their corresponding opportunity statement.
Applicant and Company Information
Applicant First Name
Applicant Last Name
Applicant Email
Company Legal Name
Company Trade Name (if applicable):
Company Established Date:
Civic Address:
Website
Entity Structure *(e.g., Incorporated, Private Corporation, Founder Owned, etc)*
Canadian jurisdiction of incorporation/entity registration
Does your company currently have operations, employees, offices, facilities, or active business activities in Alberta? If yes, please describe.
Corporate Access Number
Readiness
Which statement best reflects your organization's current business readiness stage for delivering this solution? For a description of development stages, *click here*. *Choose from: Discovering, Ideating, Conceptualizing, Committing, Validating, Scaling, Establishing, Leading*
Does your solution involve a technology component? Proceed to the next question if yes, otherwise skip to Solution Overview
Identify the Technology Readiness Level (TRL) of your solution.
Solution Overview
Describe your solution and explain how it addresses the selected HSDP Opportunity Statement. Clearly outline the intended user groups and describe how they will interact with and benefit from the solution.
What makes your solution innovative or different from existing approaches?

What technologies, tools, or system integrations are required to implement and operate your solution? Please describe any dependencies, including existing systems, platforms, devices, or other infrastructure.
Team and Delivery Capability
Please describe the core team responsible for this solution and the team members who would support project delivery if selected. Include their roles, relevant experience, and qualifications.
Was a relevant health professional involved in the development or validation of your solution? If yes, describe how their involvement contributed to the development/validation of the solution.
Evidence and Validation
Is there peer-reviewed evidence demonstrating the **acceptability or feasibility** of your solution? This may include clinical trials, feasibility studies, reviews, or other published evidence. Please list the relevant publication(s).
Is there peer-reviewed evidence demonstrating the **clinical value** of your solution in a real-world setting? This may include evidence generated through an Alberta pilot (or other jurisdiction), in the form of a clinical trial or other published clinical evidence. Please list the relevant publication(s).
Has your solution been adopted by another organization? If yes, please provide context and any outcomes achieved.
Please describe any feedback or evidence you have received from end users regarding your solution. This may include customer feedback, pilot results, adoption metrics, or other indicators of user experience and satisfaction, where applicable.
Regulatory, Privacy and Security
If applicable, is your solution licensed, certified, or authorized by a regulatory organization (e.g. Health Canada, FDA)? If yes, please list the regulatory organization and associated licence numbers.
Does your solution store or process any client Personal Identifiable Information (PII) or Personal Health Information (PHI)?
If applicable, please identify which of the following privacy legislation applies to your proposed solution, and confirm whether you are compliant with the applicable requirements. Please also identify any additional privacy legislation or requirements that may apply but are not listed below. • HIA – Health Information Act • PIPA – Personal Information Protection Act

• PIPEDA – Personal Information Protection and Electronic Documents Act • POPA – Protection of Privacy Act *Not all legislation will apply to every organization or project. Applicability may vary based on your organization/solution, the HSDP, and the nature of the data involved.*
If applicable, is your data hosted in Canada?
Reporting and Data Sharing
If selected, do you have the necessary capabilities and processes in place to share project data with the selected Health Service Delivery Partner (HSDP) to evaluate the impact of the solution by the end of the project term?
Other
How did you hear about the Alberta Lighthouse Initiative? *Options*: - *Email* - *Social Media* - *Newsletter* - *Other*
Please share any additional details on how you heard about this initiative (e.g., organization, newsletter name, social media platform, or person who referred you).