



GROWING
HEALTHCARE
OPPORTUNITIES

Potential Partnership Questionnaire (New Healthcare Operator)

General Information

Name: _____

Business Name: _____

Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Tel: _____ Cell: _____ Email: _____

Business & Operational Background

1. Please provide an overview of your experience in managing and operating a business.
 - What industries have you worked in?
 - What size of operations have you managed?
 - What key responsibilities have you handled?

 2. What is your experience in the healthcare or service-based industry?
 - Have you operated a healthcare-related business before?
 - If not, what relevant experience do you bring to this sector?

 3. What are your key strengths as an operator?
 - Leadership, sales, financial management, compliance, etc.?
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Business Operations & Partnership Expectations

4. What role do you envision playing in this partnership? (*Select all that apply*)
 - Day-to-day management
 - Strategic planning
 - Financial oversight
 - Marketing & business growth

5. What is your vision for the new company over the next 5 years?

Expansion opportunities

Revenue goals

Scalability

6. How do you typically approach decision-making and problem-solving?

- Provide an example of a significant challenge you have faced as an operator and how you handled it.

7. How "hands-on" do you wish to be in business operations?

- What tasks do you prefer to delegate?

Financial Considerations & Investment

8. Are you financially prepared to contribute to the business operations if necessary? (*Select an option*)

\$5K

\$50K

\$10K

\$100K+

9. Are you open to structuring profit-sharing or other revenue arrangements with a third-party operator managing the business or other revenue arrangements?

- No, I want to be the main partner/operator with CFLB
- Yes, I am open to be to be a minority shareholder of new corporation

10. Are you comfortable signing a Non-Disclosure Agreement and exchanging pertinent market and business information?

- Yes
- No

11. What financial resources do you bring to the table? (*Select all that apply*)

- Business assets
- Existing revenue streams
- Industry knowledge & expertise

12. Do you have any existing financial obligations that might impact your ability to manage operations effectively?

Risk & Commitment

13. What is your risk tolerance when it comes to business ventures?

- Are you comfortable navigating financial uncertainties?

14. What level of commitment can you dedicate to this partnership? (*Select one*)

- Full-time
- Part-time
- Advisory role

15. Do you have any existing business partnerships or commitments that may affect your availability?

Additional Considerations

16. Do you know anyone else who may be interested in becoming a partner/operator and benefiting from the \$300,000 equity investment opportunity?