This is the proposal for CoachLinq, Inc.

Questions & Request for Documents

Note: Please provide supporting documents where possible.

1. _***Technical description of the innovation: (more than 1 page):*** Could you provide a detailed description of your technology and the preliminary experimental data obtained so far. Please make sure to describe the innovation in your product/service and highlight what is the inventive step that enables your unique selling point.

Response:

Technical Description of the Innovation

CoachLinq is a next-generation clinical intelligence and decision-support platform designed specifically for health coaching organizations. It delivers personalized, evidence-based insights to both patients and coaches—enhancing behavior change engagement while elevating the consistency and quality of clinical coaching using AI-powered, board-certified training protocols.

We aim to develop and test a clinically aligned behavioral insight prediction model using structured NBHWC datasets, incorporating real-time biosignals, coach feedback, and patient responses. The model will be benchmarked against traditional rule-based workflows for escalation accuracy, insight precision, and behavior change prediction.

CoachLinq *is a next-generation clinical intelligence and decision-support platform designed specifically for health coaching organizations. It delivers personalized, evidence-based insights to both patients and coaches—enhancing behavior change engagement while elevating the consistency and quality of clinical coaching using AI-powered, board-certified training protocols.*

CoachLinq, Inc. originated as a ***technology spin-off from inhealth****, a clinically focused health coaching services company. While inhealth continues delivering human-led chronic care coaching, CoachLinq represents the innovation engine—built to equip organizations like inhealth with scalable, intelligent coaching infrastructure. inhealth will serve as the first deployment partner, using CoachLinq to enhance its own coaching services and validate the platform in real-world clinical use.*

Key Innovations:

- ***Purpose-built AI coaching platform****: Unlike general-purpose chatbots or symptom checkers, CoachLinq is engineered around NBHWC standards, motivational interviewing, and behavioral science models. Its engine combines biosignal inputs,*

patient-reported outcomes, and clinical logic to generate timely, context-aware coaching insights.

- ***Dual-facing interface**: The platform serves both patients and coaches. Patients receive dynamic, conversational behavior support and education. Coaches access real-time dashboards with risk alerts, behavioral trend summaries, and AI-generated intervention recommendations.*
- ***Human-in-the-loop safety**: Clinical insights are continuously reviewed, validated, and improved through inhealth's network of board-certified health coaches to ensure safety, cultural alignment, and trustworthiness.*

Technical Objectives and Phase I Milestones:

The initial Phase I scope will focus on:

- *Building the **insight generation engine**, which synthesizes patient biometrics, natural language, and goal tracking data.*
- *Developing the **clinical logic layer**, embedding NBHWC-aligned decision rules and escalation protocols.*
- *Validating usability and accuracy of insights through a pilot deployment with inhealth, measuring:*
    - *Coach adoption and satisfaction (via UX testing and NPS)*
    - *Accuracy of risk flagging vs. coach judgment*
    - *Impact on patient engagement metrics (e.g., check-in rate, goal adherence)*

Data Pipeline, Compliance, and Model Governance:

*CoachLinq is developed in compliance with **HIPAA** and leverages secure data pipelines to integrate:*

- *Wearables and remote patient monitoring (e.g., heart rate, weight, sleep)*
- *Patient-reported outcomes and survey data*
- *Structured conversation logs and behavioral history*

*All data is processed using a **federated learning model**, allowing the system to learn and adapt across populations while maintaining strict privacy. The **inhealth Academy**—an internal QA and training engine—functions as a feedback loop to continuously improve platform performance using:*

- *Real-world coaching session reviews*
- *Outcome-based scoring and correction*
- *Inclusion of new research and behavior models*

Market Fit and Broader Impact:

Health coaching has proven efficacy in addressing chronic conditions like obesity, diabetes, and sleep apnea, but is constrained by workforce cost, variable quality, and poor scalability. CoachLinq addresses these industry-wide challenges by:

- *Automating routine decision-making and workflow for coaches*
- *Enabling smaller teams to support larger patient populations with better outcomes*
- *Ensuring consistency and clinical alignment across distributed coaching networks*

Initial commercialization will target coaching organizations, digital health startups, payers, and employer wellness programs, with inhealth serving as a launch partner and validation site.

Future Technical Expansion:

CoachLinq is built on a modular foundation that will support:

- *Expansion into additional domains such as mental health, medication adherence, and sleep coaching*
- *Integration of multimodal inputs (e.g., voice, video, and environmental sensors)*
- *Smart escalation routing to physicians or pharmacists*
- *Multilingual coaching and health literacy adaptation*

This platform will evolve into a universal infrastructure layer for clinical coaching programs, bridging human care with intelligent technology to make behavioral healthcare more affordable, accessible, and evidence-driven.

2. Who are the direct and indirect competitors? What are the main advantages respect to competitors? Please highlight which are the unique values offered to customers and users? It's important to have a clear picture of the competition and to u understand why the proposed product is better than competing solutions

Response:

Direct Competitors

These are companies offering digital health coaching platforms or AI-powered behavior change tools, often in employer, payer, or DTC markets:

- *Omada Health – Offers human-led digital coaching for chronic conditions, using structured content and biometric monitoring.*
- *Noom – Behavior-change app focused on weight loss using CBT, content delivery, and habit tracking (non-clinical coaches).*
- *BetterUp – AI-assisted life and leadership coaching for enterprise clients, focused more on mental health and workplace performance.*
- *Lark Health – AI-driven chronic condition management using conversational agents and behavioral nudges; limited human escalation.*
- *K Health / Babylon / Ada Health – AI symptom checkers with escalation to telemedicine; not coaching-specific or NBHWC-aligned.*

Indirect Competitors

These are adjacent tools or services that partially overlap with CoachLinq's functionality:

- *EHR-integrated care coordination platforms (e.g., Welldoc, Livongo): Focused on care teams rather than coaches.*
- *Fitness/wellness apps (e.g., MyFitnessPal, Fitbit Premium): Provide tracking and engagement, but no clinical insight or coaching infrastructure.*
- *Generic LLM-based bots (e.g., ChatGPT via API, Google's Med-PaLM): Not health-coaching-specific, lack compliance, structure, and domain tuning.*

CoachLinq's Advantages and Differentiation

CoachLinq is not only a behavioral coaching tool but a research-grade clinical insights engine that can link engagement patterns with downstream biometrics, allowing for continuous validation and optimization of care pathways—something not addressed by commercial wellness bots.

Feature/Capability	*CoachLinq*	*Competitors*
Built for Health Coaches	✓ *NBHWC-aligned*	✗ *General wellness*

Feature/Capability	*CoachLinq*	*Competitors*
Dual Interface	✔ *Supports both patient + coach workflows*	✖ *Most focus on one side only*
Clinical Decision Support	✔ *AI flags risks, escalates intelligently*	✖ *Limited or no escalation logic*
Human-in-the-loop Feedback	✔ *Continuous QA via inhealth Academy*	✖ *Static models or black-box AI*
Plug-in Architecture	✔ *Deploys into existing ecosystems*	✖ *Often closed systems (walled gardens)*
Real-World Validation Partner	✔ *Embedded within inhealth from day one*	✖ *Pilots optional or siloed*
Board-Certified Oversight	✔ *Trained + supervised by NBHWC coaches*	✖ *Non-credentialed or loosely governed*
Behavioral + Biometric Fusion	✔ *Combines data from RPM + chat inputs*	✖ *Mostly text-only or rules-based logic*

Unique Value to Customers and Users

- *For Health Coaching Organizations:*
  - *Scales coaching without sacrificing quality*
  - *Reduces labor and onboarding costs for new coaches*
  - *Ensures clinical consistency across large teams*
  - *Enables performance benchmarking with insight validation*
- *For Health Coaches:*
  - *Provides intelligent decision support without replacing the health coach*
  - *Reduces cognitive burden and note-taking*
  - *Offers just-in-time learning and smart content suggestions*
  - *Provides participant engagement in-between sessions with the health coach to support continued progress and data insights.*

- *For Patients:*
    - *Offers always-on access to clinically aligned coaching support*
    - *Creates trust and accountability with timely nudges and progress tracking*
    - *Escalates to human support when needed—avoiding feeling "lost in a bot"*

Why CoachLinq is Better

CoachLinq uniquely blends NBHWC-certified coaching principles (first of its kind in the market), using AI-powered decision support, and a dual-user platform to serve both the coach and the patient—a model not offered by any current competitor. Unlike narrow chatbots or rigid coaching workflows, CoachLinq provides flexible, clinically sound, and data-integrated support at scale—while preserving the human connection that makes coaching effective.

3.*_Previous Summary Statement (mandatory) if proposal has been submitted before:*

Response:

Not submitted before.

4. ***Duration of R&D phase*:** When did the R&D start? For how long has the technology been under development?

Response:

Duration of R&D Phase

Stage of development and description of the milestones/experimental results achieved so far

To date, we've conducted usability interviews with 10 coaches, wireframed the dual-user interface, and tested GPT-4 fine-tuned prompts with coaching scenarios. These outputs inform our MVP logic layer. Example interface and logic flow is included in Appendix A. Key technical risks include model hallucination, low

escalation specificity, and integration lags. We will mitigate these through constraint-based NLP prompts, reinforcement via coach QA feedback, and asynchronous architecture using HL7/FHIR-compatible APIs.

Response:

Research and development for **CoachLinq** began in **Q4 2023** as an internal innovation initiative within **inhealth**, a clinical health coaching company. The initial work focused on identifying gaps in current coaching tools and exploring how AI and decision-support systems could enhance behavior change and clinical coaching delivery.

- **Q4 2023** – Discovery and requirements gathering: stakeholder interviews with coaches, technical scoping, evaluation of AI models.
- **Q1-Q4 2024** – Technical prototyping: founders reviewing market for health coaching AI models including proof-of-concept modules in other markets, including natural language coaching logic and risk alert triggers.
- **Q1 2025 – Present** – Continued model refinement, dashboard architecture, and surveys for features with inhealth coaches and patients.
- **Q2 2025** – Formation of CoachLinq as a spin-off venture to build a standalone platform; began integrating the inhealth Academy for model training.

As of the time of submission (Q3 2025), the technology has been under active development for approximately **21 months**. The SBIR Phase I award will accelerate efforts to finalize the insight engine, complete validation testing, and prepare for a broader pilot deployment in clinical settings.

6. ***Company Ownership: Can you provide the shareholding structure and the citizenship of shareholders that are physical persons?*** *(>51% Ownership by USA residents/citizens)*

Response:

CoachLinq, Inc. is a Delaware C-Corporation founded as a spin-off from inhealth to develop and commercialize technology that supports scalable, clinically aligned health coaching.

- **Ownership Structure (as of SBIR Phase I submission):**
  - **Michelle Alencar (U.S. citizen)** – Co-founder
  - **Aubrey Sawyer (U.S. citizen)** – Co-founder
  - **Johnnie Jenkins (U.S. citizen)** – Co-founder
  - **inhealth, Inc. (U.S.-based company)** – Strategic partner and minority shareholder

The **three individual U.S. citizen co-founders collectively hold 75%** of the shares, while **inhealth, Inc. holds 25%**. All individual shareholders are U.S. citizens, and the corporate shareholder (inhealth) is a U.S.-registered company headquartered in California.

Therefore, CoachLinq, Inc. is 100% U.S.-owned, with 75% directly owned by U.S. citizens, and is in full compliance with the SBIR requirement that >51% of the company be owned by U.S. citizens or permanent residents.

7. ***Business model: Market and customers identified; revenue model described.*** What is your target market? Who are your customers? How do you plan to reach them (e.g. direct sales, through distributors, licensing)?

Response:

Business Model

CoachLinq is a B2B health technology platform that supports health coaching organizations with an AI-powered decision-support system to deliver scalable, clinically aligned behavior change interventions.

CoachLinq will generate revenue through a **SaaS licensing model**, charging monthly or annual subscription fees based on the number of health coaches or patients supported. Additional revenue will be generated from integration fees, enterprise onboarding packages, and optional AI-training customization using organization-specific protocols.

Target Market

CoachLinq serves a growing segment of the $9B+ U.S. digital health coaching and behavior change market. The initial target market includes:

- **Health coaching organizations** (independent practices, virtual-first startups)
- **Digital health companies** offering chronic care and lifestyle interventions
- **Employer wellness vendors** managing large populations with lifestyle-driven risk
- **Accountable care organizations (ACOs)** and **value-based care systems**
- **Payers** and **Medicare Advantage providers** integrating digital coaching into care teams

inhealth, a clinically validated coaching company, will serve as **the first customer and pilot site**, helping demonstrate real-world application and gather outcomes data.

Customer Segments

Segment	Pain Point	CoachLinq Value
Coaching Companies	High labor costs, inconsistent coaching	AI-supported decision engine, performance QA

Segment	Pain Point	CoachLinq Value
Digital Health Platforms	Lack of scalable coaching layer	Embedded coaching plug-in with AI insights
Employers / Payers	Low engagement, rising chronic care costs	Consistent, personalized patient-facing guidance
ACOs / Providers	Gaps in between-visit support	Clinically reliable, NBHWC-aligned coach tooling

Revenue Model

- **Core SaaS Platform** – Per-seat or per-member/month license
- **API/Integration Services** – Custom EHR, RPM, or pharmacy platform support
- **Professional Services** – AI customization, NBHWC-aligned training add-ons
- **Data Licensing (Future Phase)** – De-identified insight benchmarking and outcomes tracking (with HIPAA-safe compliance protocols)

Pricing tiers will scale with organization size and service complexity.

Go-to-Market Strategy

Phase I – Validation & Partnership Development (2025–2026):

- Launch with inhealth as anchor customer and pilot partner
- Collect coach and patient outcome data for case studies and publications
- Develop co-branded marketing assets and demo environments

Phase II – Direct Sales & Ecosystem Integration (2026–2027):

- Hire small sales team to target health coaching orgs and digital health startups
- Attend NBHWC, HLTH, and HIMSS conferences
- Partner with EHR and telehealth platforms for strategic integrations

Phase III – Channel Expansion & Licensing (2027+):

- Explore distribution through employer wellness vendors and benefits brokers
- License white-labeled versions to international markets and niche specialties (e.g., mental health, women's health)

CoachLinq's long-term vision is to become the **intelligent infrastructure layer** powering all coach-delivered behavior change interventions—blending the empathy of human connection with the consistency of clinical AI.

8. ***Revenue streams identified and financial plan described: Have you identified the revenue model and pricing for your solution? Can you provide your financial projections (****up to 5 years from now****)?***

Response:

Revenue Streams Identified and Financial Plan

CoachLinq will generate revenue through a **B2B SaaS model**, with multiple streams designed to scale alongside adoption by health coaching organizations, digital health platforms, and value-based care entities.

Primary Revenue Streams

Revenue Stream	Description
SaaS Subscriptions	Monthly or annual license per coach or per active patient (PM/PM model)
Enterprise Integrations	Custom onboarding, white-labeling, and API setup fees
Professional Services	AI training customization, onboarding, and NBHWC workflow mapping
Data Reporting Tools	Optional reporting modules for outcomes benchmarking and payer dashboards
Training + QA Modules	Subscription to inhealth Academy's QA engine as a service (Phase II+)

Preliminary Pricing Model

- **Small Coaching Teams** (1–10 coaches): $79–$129/month per coach
- **Enterprise Coaching Platforms**: Custom pricing tiers based on active users or lives served
- **Integration Setup Fees**: $10,000–$50,000 per implementation (EHR, RPM, Pharmacy API)

5-Year Financial Projections (Preliminary, Conservative Case)

Year	Revenue	COGS	Gross Margin	Key Drivers
Y1 (2025)	$0–$25K	Minimal	N/A	SBIR-funded R&D; pre-revenue
Y2 (2026)	$200K	$50K	75%	Launch with 3–5 orgs (incl. inhealth)

Year	Revenue	COGS	Gross Margin	Key Drivers
Y3 (2027)	$750K	$150K	80%	Add regional health orgs + 1 payer pilot
Y4 (2028)	$2.5M	$450K	82%	National rollout with employer wellness channels
Y5 (2029)	$7M+	$1.2M	83%	Platform licensing, analytics, training tools

Note: These projections are conservative and do not include potential licensing or international deals, which may add additional upside in later years.

Financial Plan Summary

- **SBIR Phase I** funding will be used for prototype development, usability testing, and initial integration with inhealth.
- **SBIR Phase II** (if awarded) will support scaling CoachLinq's technical infrastructure, securing first paying customers, and generating measurable clinical and financial ROI case studies.
- By **Year 3**, CoachLinq expects to reach cash-flow positivity through high-margin SaaS licensing and expansion into the employer and ACO markets.
- The company plans to raise angel finding in late 2025 for protocype developement and seed funding in late 2026 to support sales and growth acceleration.

9. ***_IP and patents (If any): Do you have patents that protect your technology? Are they granted or pending? Is the IP/patent licensed from third party? If yes, have you moved on by yourself with more R&D after the license purchase?***

Response:

IP and Patents

Yes, **inhealth, Inc.** holds a **provisional patent application** for the foundational methods behind the CoachLinq platform. The invention is titled:

"Telemedicine Methods for Management of a Health Condition"

- **Application No.:** 63/127,261
- **Filing Date:** December 8, 2022
- **Inventor:** Dr. Michelle Alencar
- **Attorney Docket No.:** 124770-5001-PR
- **USPTO Confirmation No.:** 1068

- **Status:** Provisional patent, filed and pending with the USPTO124770-5001-PR - Applic…

The patent describes a structured, personalized health coaching method using telehealth modalities, biometric inputs, and goal-based reinforcement loops to improve patient outcomes through sustained behavior change. It includes flow diagrams, user interfaces, and workflows for personalized health scoring, automated follow-ups, and escalation protocols (see schematic and GUI examples on **pages 55–64** of the filing).

IP Agreement Between inhealth and CoachLinq

CoachLinq, Inc. has entered into a **formal intellectual property licensing and collaboration agreement** with inhealth. This agreement grants CoachLinq:

- **Full access to inhealth's pending IP**
- Rights to **develop, commercialize, and enhance technology** built on this foundation
- Freedom to extend the patent's methods into **AI-driven applications and clinical decision-support systems**

CoachLinq is leading the **technology development** while inhealth remains the **clinical validation and training partner**. Any future patent filings derived from this work will be covered under a shared IP framework outlined in the licensing terms.

Summary

- Patent-pending IP is already filed and directly applicable to CoachLinq's use case
- IP is **not licensed from a third-party** but internally developed within the founding team
- CoachLinq has continued independent R&D using this IP as a foundation
- SBIR funding will further the development of unique, protectable AI-enabled extensions

10. Provide the CV's which include previous job experience, publications etc. We need the CV's of all the team members and please suggest a PI from the team. LinkedIn profiles would work too. *Please note: The PI should be selected with a technical background that matches the project objectives, he/she should have US citizenship or a regular work permit and be employed by the company at the time of the award. For NIH, publications in the field are not mandatory but definitely a valuable PLUS*

Response:

Principal Investigator (PI) and Team Qualifications

Principal Investigator: Dr. Michelle Alencar, PhD, NBC-HWC

We propose **Dr. Michelle Alencar** as the **Principal Investigator (PI)** for the CoachLinq SBIR project.

Dr. Alencar is a **U.S. citizen** with extensive experience in clinical health coaching, digital health innovation, and academic research. She holds a Ph.D. in Health & Human Performance and serves as a **tenured Professor at California State University, Long Beach (CSULB)** during the academic year. She is also the **Chief Clinical Officer and Co-Founder of inhealth**, a digital health company delivering lifestyle-based interventions for chronic conditions.

Dr. Alencar has published widely in the areas of telehealth, obesity, and health coaching. Her CV (attached) includes:

- Over **20 peer-reviewed publications** in journals such as *Telemedicine and e-Health* and *Obesity Research & Clinical Practice*
- Multiple studies showing **clinical effectiveness** of digital coaching interventions for obesity, sleep apnea, diabetes, and hypertension
- Previous roles leading cross-functional R&D teams across academia, clinical practice, and startup environments
- Principal inventor on the **provisional patent** used as the foundation for CoachLinq: *Telemedicine Methods for Management of a Health Condition*124770-5001-PR - Applic…

She is well-suited to lead this Phase I SBIR as she brings both the **clinical grounding** to validate behavior-change outcomes and the **technical leadership** to guide product development.

Team Members

Aubrey Sawyer – Co-Founder, Product + Market Strategy

- Expertise: Health tech commercialization, go-to-market planning, user experience
- Background: 10+ years in digital health marketing and platform strategy
- Role: Responsible for user testing, partner engagement, and commercialization plan

Johnnie Jenkins – Co-Founder, Engineering Operations

- Expertise: Health system integration, IT infrastructure, DevOps
- Background: Managed engineering teams focused on digital health solutions and EHR data pipelines
- Role: Leads technical architecture and integration planning with digital health ecosystems

Support from inhealth

inhealth will provide access to:

- **Board-certified health coaches** to participate in usability testing and QA

- The **inhealth Academy**, a NBHWC-aligned coach training platform that will serve as CoachLinq's model training pipeline
- A clinically validated coaching framework, with outcomes already published on inhealthonline.com/clinical-research

11. ***Project objectives, activities, timeline and budget:***

    1. ***Can you provide a breakdown of the activities that will be performed with the PH I grant and PH II grant? Please take into account that the budget constraint for PhI is about $300,000 in a timeframe of 6-12 months, while the PH II finances up to about 2M$ for 24 months.***

    2. ***If the Proposed project activities exceed the allowed budget (300k for PhI, 2M for PhII): Can you identify a subset of activities that can fit in the PH I budget constraints?***

Response:

Project Objectives, Activities, Timeline, and Budget

PHASE I – Feasibility & Prototype Development (6–12 months, $300,000 max)

Goal: Develop and validate an MVP (minimum viable product) of the CoachLinq insight engine and coaching dashboard, and assess feasibility in a real-world use case with inhealth.

Objectives

- Finalize technical specifications for AI-driven coaching logic
- Build an early prototype of the clinical insight engine (rule-based + LLM-enhanced)
- Design and test the dual interface (coach dashboard and patient UI)
- Establish a human-in-the-loop QA system using inhealth Academy feedback
- Conduct usability testing with 5–10 coaches and 20–30 patients
- Define key performance metrics for engagement, escalation accuracy, and coach satisfaction

Activities & Deliverables

Timeline	Activity	Deliverables
Month 1–2	Technical spec, UI wireframes	Architecture map, design system

Timeline	Activity	Deliverables
Month 3–5	Build MVP of insight engine & dashboard	Working prototype (non-integrated)
Month 4–6	QA/training system setup with inhealth	Feedback pipeline + training rubric
Month 6–9	Usability testing in sandbox	Report on accuracy, coach NPS, patient use
Month 9–12	Final feasibility report	Go/no-go recommendation for Phase II

Budget Breakdown (approximate)

- Technical development: $120,000
- Clinical QA & coach testing: $40,000
- Project management + reporting: $30,000
- UX/UI design + front-end prototype: $35,000
- Legal/IP/licensing: $20,000
- Indirect costs/overhead: $55,000

Subset Fit for Phase I (if budget-constrained)

If necessary, the core Phase I scope can be reduced to:

- A leaner MVP (text-only logic and simple interface)
- Internal sandbox testing with just 3 coaches
- Simulated patient data instead of live user testing
  This trimmed scope would still demonstrate feasibility and would cost ~$250,000–$275,000.

PHASE II – Full Product Build & Pilot Deployment (24 months, up to $2M)

Goal: Develop production-ready CoachLinq platform, integrate with EHR and RPM tools, and conduct outcome validation in a multicenter pilot across multiple coaching organizations.

Objectives

- Expand insight engine to support real-time escalation from biosensors and longitudinal behavior modeling
- Build scalable architecture with API endpoints for RPM, pharmacy, and EHR integrations
- Pilot with at least 3 coaching organizations (1000+ patients)
- Validate clinical impact, cost savings, and ROI for commercialization partners

Activities & Deliverables

Timeline	Activity	Deliverables
Months 5–8	Develop integration APIs for third-party tools	RPM/EHR connectors
Months 9–18	Pilot deployments across 3 orgs	Implementation reports, patient outcomes
Months 18–24	Final validation & investor/funding readiness	Phase II final report + clinical publication

Budget Allocation (sample)

- Software Engineering: $600,000
- Clinical pilots and implementation: $400,000
- Data science and QA: $300,000
- Compliance & privacy: $100,000
- UX/DevOps/SRE: $200,000
- Commercial readiness (marketing, legal, pitch): $200,000
- Overhead/management/contingency: $200,000

Summary

Phase	Duration	Budget	Outcomes
I	6–12 mo	$300K	Feasibility, MVP, usability data
II	24 mo	$2M	Fully integrated platform, clinical validation, commercial pilots

12. Partners to perform the project activities (CROs, hospitals, pre-clinical research centers): Do you need partners to perform the project activities? Have you already identified and contacted these partners? If yes, please provide the names. What is the estimated budget allocated to these partners? Are these companies based in the US?

Response:

Partners to Perform the Project Activities

Yes, we anticipate working with **a select group of U.S.-based partners** to perform Phase I and Phase II project activities related to clinical validation, usability testing, and condition-specific coaching integration.

These partners have already been identified and **have ongoing or planned collaborations with inhealth**, the clinical services company supporting CoachLinq.

Confirmed and Targeted Partners

Partner	Role in Project	U.S.-Based	Notes	Letter of Support
Apnimed	Sleep medicine pharma + behavior protocol input	yes	Supports Phase II integration for OSA coaching + escalation logic. Already have clinical trial evidence of coaching methods + wearable device integration within a platform.	Committed to provide letter as a part of the application
Wesper	Sleep health wearable + coaching data input	yes	Integration of wearable data and biofeedback with CoachLinq. Partnership with employers and employees for coaching integration.	Committed to provide letter as a part of the application
LiveHealth Online (by Amwell)	Provider network for tele-coaching escalation (employer focus)	yes	Partner for coach-to-clinician handoff and B2B pilots	Committed to provide letter as a part of the application
Select inhealth Clinics (nationwide)	Clinical pilot sites for usability testing and validation	yes	Sites already under contract with inhealth across multiple states	10 committed to provide letter as a part of the application

Estimated Partner Budget Allocation

Phase I (~$300K total):

- Estimated Partner Allocation: **$25,000–$50,000**
    - Includes access to inhealth-affiliated clinics, limited pilot testing with Wesper data, and early escalation routing modeling with LiveHealth Online

Phase II (~$2M total):

- Estimated Partner Allocation: **$400,000–$500,000**

- Expanded data integrations, joint clinical protocol testing, live population deployment, outcome analysis, and feedback loop refinement across all partners

Summary

All partners are **U.S.-based and currently engaged or in negotiation**. They represent a blend of medical device, digital health, and clinical services organizations aligned with CoachLinq's mission to deliver board-certified, AI-powered behavior change support at scale. These collaborations will support real-world validation and enhance the clinical generalizability of the platform across sleep, lifestyle, and chronic care verticals.

13. ***Do you have ongoing projects funded by a US governmental program? Have you submitted recently any other concurrent proposal to any US governmental program (not only SBIR but from all federal agencies)?***

Response:

No.

14. ***Evidence of interest raised among potential customers or Key Opinion leaders: Can you show any evidence of the interest raised among potential customers or Key Opinion Leaders?***

Response:

Evidence of Interest from Potential Customers and Key Opinion Leaders

CoachLinq has already generated **strong interest from both commercial partners and clinical leaders**, validating the relevance and demand for its AI-powered health coaching infrastructure.

Letters of Intent (LOIs)

- **Wesper** – A leading U.S.-based sleep diagnostics and wearable device company has **provided a Letter of Intent (LOI)** for commercial integration of CoachLinq. Wesper is interested in embedding CoachLinq as a behavior change support layer within their direct-to-consumer and clinical partner programs, focused on improving long-term outcomes in sleep apnea and insomnia.

- **Apnimed** – A clinical-stage pharmaceutical company focused on obstructive sleep apnea (OSA) has agreed to provide a **Letter of Intent for research collaboration**. Apnimed plans to use CoachLinq as part of behavioral companion studies during its OSA drug trials, enhancing patient engagement and real-world data collection through integrated sleep coaching protocols.

These LOIs demonstrate pre-commercial validation from both a **device partner (Wesper)** and a **pharmaceutical innovator (Apnimed)**.

Customer and Market Feedback

- **inhealth** (CoachLinq's clinical partner) has received consistent requests from:
  - **Employer wellness vendors** seeking scalable coaching infrastructure
  - **ACO-affiliated clinics** needing in-between-visit support solutions
  - **Digital health startups** struggling to hire, train, and manage credentialed coaches at scale
- Key Opinion Leaders (KOLs) in the NBHWC and sleep medicine communities have expressed early interest in:
  - Using CoachLinq as a **decision-support tool for new coach onboarding**
  - Embedding AI-generated escalation cues into clinical coaching protocols
  - Reducing cost-per-patient in lifestyle behavior change interventions

This early traction affirms CoachLinq's unique value proposition: **a scalable, clinically sound infrastructure to support behavior change at the intersection of coaching, wearables, and chronic disease care**.

15. Private investment or public grants raised: Have you raised other funding to support this project (either private capital investment or public grants?)

Response:

Private Investment or Public Grants Raised

To date, **CoachLinq has not received any outside investment or public grant funding**. The project has been supported exclusively by **founder contributions** from Michelle Alencar, Aubrey Sawyer, and Johnnie Jenkins, who have collectively funded early-stage R&D, market validation, and IP development.

This SBIR Phase I grant will represent the **first external source of funding** for the project.

CoachLinq plans to raise a **pre-seed / angel round in late 2025**, following the completion of the SBIR Phase I milestones. The proceeds from that round will be used to:

- Build the full prototype

- Expand the technical team
- Fund early go-to-market pilots and integrations

This capital strategy ensures that SBIR funds will be deployed with high efficiency and that commercialization will be accelerated through private follow-on investment.

16. Physical Company Address (where the company performs majority of its operations). Can you confirm if this address is already associated with the company?

Please also tick the appropriate check box to specify what type of location it is

CoachLinq has a virtual mailbox at:

2810 N CHURCH ST PMB 142259

WILMINGTON, DE 19802

All CoachLinq,Inc staff are remote via home office in various locations.

Response:

× *Office Space*

× *Co-working Space*

× *Own/rented laboratory facility*

× *University lab/space*

×x *Home Office*

× *Other - _____*

17. Pitch deck (if available)

Don't have one just yet. Almost done.

Response:

18. Company presentation (if available)

Don't have one just yet. Almost done.

Response:

19. Are you generating revenue?

Response:

As of the time of this application, **CoachLinq is not yet generating revenue**.

The company is in the **pre-commercial, product development phase**, focused on:

- Validating the market opportunity through partner engagement
- Developing an initial prototype (via SBIR Phase I support)
- Preparing for early pilot deployments and technical build-out

Revenue generation is projected to begin in **late 2026**, following:

- Completion of the Phase II development cycle
- Launch of early adopter pilots with health coaching organizations and digital health platforms

CoachLinq's business model is based on B2B SaaS licensing, and strong early interest from partners like Wesper, Apnimed, and inhealth supports a clear path to commercialization.