

**Life Sciences Tax Incentive Program
Application**

DRAFT

Life Sciences Tax Incentive Program Application

Complete the attached form online by clicking on the link link@masslifesciences.com and completing all requested information. It is the sole responsibility of the applicant to ensure that this Life Sciences Tax Incentive Program Application is complete and is properly submitted to the Massachusetts Life Sciences Center (MLSC).

Any information submitted to the MLSC by the applicant in response or in connection with this Life Sciences Tax Incentive Program Application is subject to public disclosure requirements as set forth in the Massachusetts Public Records Act, M.G.L. c. 66 (the “Public Records Act”), which governs the retention, disposition and archiving of public records. For purposes of the Public Records Act, “public records” include all books, papers, maps, photographs, recorded tapes, financial statements, statistical tabulations, or other documentary materials or data, regardless of physical form or characteristics, made or received by the MLSC.

IT IS THE MLSC’S EXPECTATION AND BELIEF THAT THE OVERWHELMING PERCENTAGE OF DOCUMENTS IT RECEIVES FROM APPLICANTS WILL NOT CONTAIN ANY INFORMATION THAT WOULD WARRANT AN ASSERTION BY THE MLSC OF AN EXEMPTION FROM THE PUBLIC RECORDS ACT. APPLICANTS SHOULD THEREFORE TAKE CARE IN DETERMINING WHICH DOCUMENTS THEY SUBMIT TO THE MLSC IN CONNECTION WITH THIS APPLICATION, AND SHOULD ASSUME THAT ALL DOCUMENTS SUBMITTED TO THE MLSC ARE SUBJECT TO PUBLIC DISCLOSURE.

For more information about the Public Records Law and for a more detailed discussion of public disclosure requirements and procedures for the handling and submission of documents, particularly those identified by the applicant as “sensitive information,” please see Section 8.1 of the Tax Incentive Program solicitation (the “Solicitation”), which can be found on the MLSC’s website: www.masslifesciences.com.

LIFE SCIENCES TAX INCENTIVE PROGRAM APPLICATION

All companies seeking to receive benefits of the life sciences tax incentive program (the "Program"), as described in Section 5(d) of the MLSC's enabling statute, M.G.L. Chapter 23I (the "Life Sciences Statute"), must first submit a Life Sciences Tax Incentive Program Application. In order to receive any such tax benefits, applicants must be certified as a "Certified Life Sciences Company," as defined in the Life Sciences Statute. Please note that a designation as a Certified Life Sciences Company will not be made independent of a tax benefit award.

Pursuant to the Life Sciences Statute, the MLSC is authorized to grant certain tax incentives to Certified Life Sciences Companies in a cumulative amount of not more than \$25 million in any given year. Each applicant must identify below the specific benefits or incentives for which it is applying. **THE PROGRAM IS COMPETITIVE AND THE MLSC HAS FULL DISCRETION AND AUTHORITY TO DETERMINE (1) WHICH COMPANIES, IF ANY, ARE ENTITLED TO RECEIVE BENEFITS OR INCENTIVES UNDER THE PROGRAM AND (2) THE AMOUNTS OF ANY SUCH BENEFITS OR INCENTIVES. SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE THE AWARD OR RECEIPT OF ANY BENEFITS OR INCENTIVES UNDER THE PROGRAM.**

For more detailed information about the Program, or about becoming a Certified Life Sciences Company, please refer to the MLSC's website: www.masslifesciences.com. If you have any questions about how to complete this application, please contact MLSC staff at 617.788.3604. However, MLSC staff cannot answer questions regarding the status of your Life Sciences Tax Incentive Program Application pending review and evaluation.

PLEASE DO NOT SUBMIT ANY INFORMATION DEEMED CONFIDENTIAL. PLEASE NOTE THAT THE MLSC CANNOT AND WILL NOT ENTER INTO ANY CONFIDENTIALITY OR NONDISCLOSURE AGREEMENTS.

PART I – APPLICATION FOR CERTIFICATION

1. Applicant Company Legal Name		2. Tax I.D. Number/Jurisdiction																											
3. Name of Authorized Representative		4. Title																											
5. Contact e-mail address		6. Applicant Web Address																											
7. Business Address	City/Town	State	Zip Code	Country																									
8. Telephone		9. Fax																											
10. Corporate Headquarters Address (if different)	City/Town	State	Zip Code	Country																									
11. Telephone		12. Fax																											
13. Brief Summary of Applicant's Business and Technology (no longer than 2 sentences)				14. NAICS Code																									
15. Life Sciences Category (check all that apply)																													
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Agricultural biotechnology</td> <td><input type="checkbox"/> Genomics</td> <td><input type="checkbox"/> Proteomics</td> </tr> <tr> <td><input type="checkbox"/> Biogenetics</td> <td><input type="checkbox"/> Image analysis</td> <td><input type="checkbox"/> Regenerative medicine</td> </tr> <tr> <td><input type="checkbox"/> Bioinformatics</td> <td><input type="checkbox"/> Marine biology</td> <td><input type="checkbox"/> RNA interference</td> </tr> <tr> <td><input type="checkbox"/> Chemical synthesis</td> <td><input type="checkbox"/> Marine technology</td> <td><input type="checkbox"/> Stem cell research and development</td> </tr> <tr> <td><input type="checkbox"/> Chemistry technology</td> <td><input type="checkbox"/> Medical device</td> <td><input type="checkbox"/> Technology for life sciences</td> </tr> <tr> <td><input type="checkbox"/> Diagnostics</td> <td><input type="checkbox"/> Nanotechnology</td> <td><input type="checkbox"/> Veterinary science</td> </tr> <tr> <td><input type="checkbox"/> Drug delivery</td> <td><input type="checkbox"/> Natural product pharmaceuticals</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Drug discovery</td> <td><input type="checkbox"/> Nucleic acids research</td> <td></td> </tr> </table>						<input type="checkbox"/> Agricultural biotechnology	<input type="checkbox"/> Genomics	<input type="checkbox"/> Proteomics	<input type="checkbox"/> Biogenetics	<input type="checkbox"/> Image analysis	<input type="checkbox"/> Regenerative medicine	<input type="checkbox"/> Bioinformatics	<input type="checkbox"/> Marine biology	<input type="checkbox"/> RNA interference	<input type="checkbox"/> Chemical synthesis	<input type="checkbox"/> Marine technology	<input type="checkbox"/> Stem cell research and development	<input type="checkbox"/> Chemistry technology	<input type="checkbox"/> Medical device	<input type="checkbox"/> Technology for life sciences	<input type="checkbox"/> Diagnostics	<input type="checkbox"/> Nanotechnology	<input type="checkbox"/> Veterinary science	<input type="checkbox"/> Drug delivery	<input type="checkbox"/> Natural product pharmaceuticals	<input type="checkbox"/> Other:	<input type="checkbox"/> Drug discovery	<input type="checkbox"/> Nucleic acids research	
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<input type="checkbox"/> Chemistry technology	<input type="checkbox"/> Medical device	<input type="checkbox"/> Technology for life sciences																											
<input type="checkbox"/> Diagnostics	<input type="checkbox"/> Nanotechnology	<input type="checkbox"/> Veterinary science																											
<input type="checkbox"/> Drug delivery	<input type="checkbox"/> Natural product pharmaceuticals	<input type="checkbox"/> Other:																											
<input type="checkbox"/> Drug discovery	<input type="checkbox"/> Nucleic acids research																												

16. Stage of Development (check one that best describes your stage of product development)

<input type="checkbox"/> Laboratory R&D	<input type="checkbox"/> Phase I	<input type="checkbox"/> Product Commercialized
<input type="checkbox"/> Concept or prototype	<input type="checkbox"/> Phase II	<input type="checkbox"/> Multiple products at multiple stages
<input type="checkbox"/> Initial (alpha) testing	<input type="checkbox"/> Phase III	<input type="checkbox"/> Other:
<input type="checkbox"/> Pre-clinical studies	<input type="checkbox"/> Phase IV	
<input type="checkbox"/> Phase 0	<input type="checkbox"/> Regulatory Approval	

17. Existing Investors/Funding Sources (check all that apply)

<input type="checkbox"/> Universities	<input type="checkbox"/> Venture capital	<input type="checkbox"/> Public markets
<input type="checkbox"/> Founders	<input type="checkbox"/> Private equity	<input type="checkbox"/> Loan
<input type="checkbox"/> Angel investors	<input type="checkbox"/> Strategic investors	<input type="checkbox"/> Self-funded
<input type="checkbox"/> Research grant	<input type="checkbox"/> Government sources (NIH, NSF, SBIR, etc.)	<input type="checkbox"/> Other:

18. Key Personnel/Management Team (name, title and relevant experience)

19. Number of Employees (company-wide)

<input type="checkbox"/> 0-10	<input type="checkbox"/> 101-500
<input type="checkbox"/> 11-50	<input type="checkbox"/> Over 500
<input type="checkbox"/> 51-100	

20. Number of Employees in Massachusetts

<input type="checkbox"/> 0-10	<input type="checkbox"/> 101-500
<input type="checkbox"/> 11-50	<input type="checkbox"/> Over 500
<input type="checkbox"/> 51-100	

21. Number of Massachusetts Facilities

<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-10	<input type="checkbox"/> Over 10
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22. Address of Massachusetts Facilities

23. Projected Revenue Generated in Massachusetts in Next 5 Years (check one)

<input type="checkbox"/> \$0	<input type="checkbox"/> \$5,000,000 - \$9,999,999	<input type="checkbox"/> \$500,000,000 - \$999,999,999
<input type="checkbox"/> \$1 - \$999,999	<input type="checkbox"/> \$10,000,000 - \$99,999,999	<input type="checkbox"/> \$1,000,000,000 - \$4,999,999,999
<input type="checkbox"/> \$1,000,000 - \$4,999,999	<input type="checkbox"/> \$100,000,000 - \$499,999,999	<input type="checkbox"/> Over \$5,000,000,000

24. Revenue Plan

Please submit in the space provided a summary of the applicant's plan to achieve such revenue including, for each tax year, an estimate of the net new commercial revenue that applicant's operations will provide to the Commonwealth of Massachusetts. The plan submitted should provide precise goals for each tax year.

25. Employee Plan

Estimate the number of Massachusetts employees to be hired or retained over the next 5 years (check one for each year)

Year 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 10	<input type="checkbox"/> 11- 25	<input type="checkbox"/> 26-50	<input type="checkbox"/> 51-100	<input type="checkbox"/> 101-500	<input type="checkbox"/> Over 500
Year 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 10	<input type="checkbox"/> 11- 25	<input type="checkbox"/> 26-50	<input type="checkbox"/> 51-100	<input type="checkbox"/> 101-500	<input type="checkbox"/> Over 500
Year 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 10	<input type="checkbox"/> 11- 25	<input type="checkbox"/> 26-50	<input type="checkbox"/> 51-100	<input type="checkbox"/> 101-500	<input type="checkbox"/> Over 500
Year 4	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 10	<input type="checkbox"/> 11- 25	<input type="checkbox"/> 26-50	<input type="checkbox"/> 51-100	<input type="checkbox"/> 101-500	<input type="checkbox"/> Over 500
Year 5	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 10	<input type="checkbox"/> 11- 25	<input type="checkbox"/> 26-50	<input type="checkbox"/> 51-100	<input type="checkbox"/> 101-500	<input type="checkbox"/> Over 500

26. Average Annual Salary

For each of the next five years, estimate the average annual salary for the employees identified in question 29 (check one for each year)

Year 1	<input type="checkbox"/> \$0 - \$25k	<input type="checkbox"/> \$25k - \$50k	<input type="checkbox"/> \$50k - \$100k	<input type="checkbox"/> \$100k - \$150k	<input type="checkbox"/> \$150k - \$200k	<input type="checkbox"/> \$Over \$200k
Year 2	<input type="checkbox"/> \$0 - \$25k	<input type="checkbox"/> \$25k - \$50k	<input type="checkbox"/> \$50k - \$100k	<input type="checkbox"/> \$100k - \$150k	<input type="checkbox"/> \$150k - \$200k	<input type="checkbox"/> \$Over \$200k
Year 3	<input type="checkbox"/> \$0 - \$25k	<input type="checkbox"/> \$25k - \$50k	<input type="checkbox"/> \$50k - \$100k	<input type="checkbox"/> \$100k - \$150k	<input type="checkbox"/> \$150k - \$200k	<input type="checkbox"/> \$Over \$200k
Year 4	<input type="checkbox"/> \$0 - \$25k	<input type="checkbox"/> \$25k - \$50k	<input type="checkbox"/> \$50k - \$100k	<input type="checkbox"/> \$100k - \$150k	<input type="checkbox"/> \$150k - \$200k	<input type="checkbox"/> \$Over \$200k
Year 5	<input type="checkbox"/> \$0 - \$25k	<input type="checkbox"/> \$25k - \$50k	<input type="checkbox"/> \$50k - \$100k	<input type="checkbox"/> \$100k - \$150k	<input type="checkbox"/> \$150k - \$200k	<input type="checkbox"/> \$Over \$200k

27. Annual Taxable Income

For each of the next five years, estimate the aggregate annual taxable income generated by employees identified in question 29 pursuant to Chapters 62 and 63 of the Massachusetts General Law (check one for each year). For more information on taxable income, see <http://www.mass.gov/legis/laws/mgl/>.

Year 1	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1-100k	<input type="checkbox"/> \$100k - \$500k	<input type="checkbox"/> \$500k - \$1m	<input type="checkbox"/> \$1m - \$2m	<input type="checkbox"/> \$2m - \$5m	<input type="checkbox"/> Over \$5m
Year 2	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1-100k	<input type="checkbox"/> \$100k - \$500k	<input type="checkbox"/> \$500k - \$1m	<input type="checkbox"/> \$1m - \$2m	<input type="checkbox"/> \$2m - \$5m	<input type="checkbox"/> Over \$5m
Year 3	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1-100k	<input type="checkbox"/> \$100k - \$500k	<input type="checkbox"/> \$500k - \$1m	<input type="checkbox"/> \$1m - \$2m	<input type="checkbox"/> \$2m - \$5m	<input type="checkbox"/> Over \$5m
Year 4	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1-100k	<input type="checkbox"/> \$100k - \$500k	<input type="checkbox"/> \$500k - \$1m	<input type="checkbox"/> \$1m - \$2m	<input type="checkbox"/> \$2m - \$5m	<input type="checkbox"/> Over \$5m
Year 5	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1-100k	<input type="checkbox"/> \$100k - \$500k	<input type="checkbox"/> \$500k - \$1m	<input type="checkbox"/> \$1m - \$2m	<input type="checkbox"/> \$2m - \$5m	<input type="checkbox"/> Over \$5m

28. Recruiting and Diversity Plan

Does the applicant have an affirmative action/equal employment opportunity plan or statement?

- Yes No

If yes, please submit in the space provided. If no, describe the business' hiring policies and practices, including the applicant's plan or method to obtain new employees and pursue a diverse workforce.

29. Banking Agreement

Describe briefly the applicant's local banking relationship(s), if any. Does the applicant's bank participate in the Massachusetts Capital Access Program, which is designed to commit a portion of the applicant's deposits to fund loans to local businesses?

Yes No

If yes, please attach in PDF format the applicable agreement between the applicant and such banking institution. For more information about Massachusetts' small business capital access program established pursuant to Section 57 of Chapter 23A of the M.G.L., see <http://www.mass.gov/legis/laws/mgl/23a-57.htm>.

30. Economic Assistance Coordinating Council Certified Project

If applicable, please attach in PDF format any documentation that applicant has received approval for a certified project from the Economic Assistance Coordinating Council pursuant to Section 3F of Chapter 23A of the M.G.L. (<http://www.mass.gov/legis/laws/mgl/23a-3f.htm>).

31. Certificate of Good Standing

Please attach in PDF format a copy of applicant's Certificate of Good Standing from the Massachusetts Department of Revenue (DOR). For information about obtaining a Certificate of Good Standing, please visit the DOR's website: <https://wfb.dor.state.ma.us/WEBFILE/CERTIFICATE/Public/Webforms/Welcome.aspx>.

PART II – APPLICATION FOR TAX BENEFITS

32. Tax Incentive

For each tax benefit for which applicant is applying, please indicate (i) the priority rank of such benefit (with "1" being highest priority), (ii) the estimated dollar value of such benefit for taxable year 2009 and (iii) the estimated cumulative dollar value of such benefit over the life of such benefit (if applicable). Benefits for which applicant is not applying should be left blank.

	<u>Rank</u>	<u>2009 Value (\$)</u>	<u>Cumulative Value (\$)</u>
Life Sciences Investment Tax Credit	_____	_____	_____
FDA User Fees Credit	_____	_____	_____
Extension of Net Operating Losses (NOLs)	_____	_____	_____
Elimination of Throwback Provision	_____	_____	_____
\$38M Research Credit Refundability	_____	_____	_____
\$38W Life Sciences Research Tax Credit	_____	_____	_____
Deduction for Orphan Drug Qualified Clinical Testing Expenses	_____	_____	_____
Designation as R&D Company for Sales Tax Purposes	_____	_____	_____
Sales Tax Exemption for Property Used in Certain Development	_____	_____	_____
TOTAL		_____	_____

For more information about each of the tax benefits available through the Program, please review Section 3.1 of the Solicitation.

33. Project Description

If there is a specific capital project underlying the tax benefit for which the applicant is applying, please submit in the space provided a brief description of the project, as well as the name and address of project, and specific project or investment plans with detail on the type of expense (construction, renovation, acquisition of equipment, etc.). As part of this narrative, please explain how the project fits into the applicant's overall business strategy, and indicate the project's commencement and completion dates (expected or actual).

34. Economic Benefits of Project

If there is a specific capital project underlying the tax benefit for which the applicant is applying, please submit in the space provided a brief description of the economic benefits to the Commonwealth that are anticipated or that have been achieved for the applicant and the project. For example, describe anticipated state and local tax benefits, municipal road or infrastructure improvements, assistance from local job training programs, the impact of local permit streamlining and other benefits anticipated or achieved from the project. Please include any supporting studies, if applicable.

35. Economic Target Area

Please indicate whether the applicant's operations or the project(s) underlying the tax benefit are located in an Economic Target Area (ETA) as defined by the Massachusetts Economic Assistance Coordinating Council (EACC).

36. ETA Employment

Please submit in the space provided a brief description of the actions the applicant has taken or intends to take to recruit employees from among residents of the ETA (if applicable). Please be specific as to the number of local ETA residents hired or intended to be hired.

37. Department of Revenue Information Waiver

By signing below and submitting this Application to the MLSC, the applicant expressly authorizes the Massachusetts Department of Revenue to release to the MLSC and any person or entity authorized to act on its behalf information contained on applicant's tax filings relevant to the tax benefit applied for pursuant to this Application and/or granted by the MLSC. MLSC agrees to keep such information confidential and to use such information solely for the purpose of evaluating this Application and administering the Program.

PART III – SUPPLEMENTAL INFORMATION

38. Scientific Advancements

Please submit in the space provided a brief description of the applicant's potential for further technological advancements in life sciences and its potential to offer a breakthrough medical treatment for a particular disease or medical condition.

39. Attracting Resources and Manufacturing to Manufacturing

Please submit in the space provided a brief description of the applicant's potential to leverage additional funding or attract additional resources to Massachusetts, including the applicant's potential to promote life sciences manufacturing in Massachusetts.

40. Applicant Business Description

Please submit in the space provided a summary of applicant's business and technology. The executive summary of the applicant's business plan will usually suffice.

41. Labor Affirmation

Part A:

- By checking the box, applicant affirms that, in connection with its construction and renovation projects, it (i) provides its employees with the minimum hourly wage rates as determined pursuant to the Massachusetts Division of Occupational Safety's Prevailing Wage Program (the "Prevailing Wages") and (ii) contracts only with contractors and subcontractors that, to applicant's knowledge, provides their respective employees with Prevailing Wages.
- By checking the box, applicant affirms that it will not unlawfully misclassify workers as self-employed or as independent contractors, and certifies compliance with applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, child labor, and the Massachusetts Health Care Reform Law, Chapter 58 of the Acts of 2006, as amended.
- By checking the box, applicant affirms that it will not knowingly employ developers, subcontractors, or other third parties that unlawfully misclassify workers as self-employed or as independent contractors, or that fail to comply with applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, child labor, and the Massachusetts Health Care Reform Law, Chapter 58 of the Acts of 2006, as amended.

Part B:

Within the past five years, has the applicant or any of its officers, directors, employees, agents, or subcontractors of which the applicant has knowledge, been the subject of:

- i) an indictment, judgment, conviction, or grant of immunity, including pending actions, for any business-related conduct constituting a crime under state or federal law?
 Yes No
- ii) a government suspension or debarment, rejection of any bid or disapproval of any proposed contract, including pending actions, for lack of responsibility, denial or revocation of prequalification or voluntary exclusion agreement?
 Yes No
- iii) any governmental determination of a violation of any public works law or regulation, or labor law or regulation or any OSHA violation deemed "serious or willful?"
 Yes No

If your answer is yes to (i), (ii) or (iii), please submit in the space provided a brief description of the facts and circumstances surrounding each instance.

42. Environmental Sustainability

Please submit in the space provided applicant's plan or method to reduce or minimize the impact of the operations of the applicant and its suppliers on the environment, to the extent appropriate for a company at the applicant's stage of development.

43. Corporate Governance

Please submit in the space provided applicant's plan or policy to promote best practices in corporate governance, including without limitation, with respect to financial and accounting policies, board structure and standards of employee conduct.

44. Authorized Respondent Signature and Acceptance

I verify that I am authorized to commit my organization and to make this application on behalf of the organization. I certify that the above information is correct and that the statements made herein, including all attachments and exhibits, are true and correct to the best of my knowledge. I understand that this Life Sciences Tax Incentive Program Application may be disqualified if it does not contain all required information. I specifically acknowledge the applicability of the procedures regarding the disclosure of sensitive information as set forth on the cover page to this application, and specifically agree that my organization and I shall be bound by those procedures. I understand and acknowledge that all materials submitted as part of this application are subject to disclosure under the Massachusetts Public Records Law. I acknowledge and agree that the MLSC has sole discretion to determine which applicants receive benefits under the Program and which applicants are designated certified life sciences companies.

Signature	Name (print)
Title	Date

DRAFT

Tax Incentive Program
Authorized Applicant's Signature and Acceptance Form

The undersigned is a duly representative of the applicant listed below. The applicant has read and understands the Solicitation requirements. The applicant acknowledges that all of the terms and conditions of the Solicitation are mandatory. The applicant specifically acknowledges the application of the procedures regarding submission of sensitive information as set forth in Section 8.1 of the Solicitation, and specifically agrees that it shall be bound by those procedures.

The undersigned:

- agrees to the terms and conditions of the Agreement; or
- has specified exceptions and counterproposals to the Agreement, all of which are attached.

The undersigned acknowledges and agrees that the failure to submit exceptions and counterproposals with this Application shall be deemed a waiver and the Agreement shall not be subject to further negotiation.

The undersigned certifies that the statements made in this Application, including all attachments and exhibits, are true and correct to the best of his or her knowledge.

Applicant: _____
Printed Name of Applicant

By: _____
Signature of Authorized Representative

Name: _____

Title: _____

Date: _____

Submission Instructions:

Please complete the Life Sciences Tax Incentive Program Application online at link@masslifesciences.com.

Submission Checklist:

- Signed and completed Life Sciences Tax Incentive Program Application
- Signed and completed Authorized Applicant's Signature and Acceptance Form
- Banking Agreement (in PDF format) (if applicable)
- Economic Assistance Coordinating Council Certified Project Approval (in PDF format) (if applicable)
- Certificate of Good Standing (in PDF format)

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