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Complete the application by clicking on the "Next >" button (at the top of the page) and complete all requested information. Be sure to save your work by clicking on the "Save" button as you complete the application. **You may complete a portion of the application, save it, and return to complete the application at a later time, provided that you save the link as instructed.** If you would like to print the application, you may do so by clicking on the "Print/Download Application" button.

DO NOT click on the "Confirm and Submit Application" button until you are satisfied with your application because you will be unable to re-enter the application to make edits or to print the application. Once you have hit the "Confirm and Submit Application" button, your application will be considered complete by the Mass Life Sciences Center (Center) and available for evaluation by the Center's reviewers.

It is the sole responsibility of the applicant to ensure that this Life Sciences 2011 Tax Incentive Program Application is complete and is properly submitted to the Massachusetts Life Sciences Center.

Pursuant to Section 5(d) of its enabling statute, M.G.L. Chapter 23I (the "Life Sciences Statute"), the Massachusetts Life Sciences Center ("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. Any company seeking to receive tax incentives or credits through the Life Sciences Tax Incentive Program (the "Program"), must submit this Program Application, which identifies the specific benefits or incentives requested by the applicant. Applicants also must be certified as a "Certified Life Sciences Company," as defined in the Life Sciences Statute, in order to receive any tax benefits from the MLSC. Please note that a designation as a Certified Life Sciences Company will not be made independent of a tax benefit award.

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 review Program information on the MLSC's website: www.masslifesciences.com. If you have any questions about how to complete this application, please contact MLSC staff at Taxprogram@masslifesciences.com. However, MLSC staff cannot provide tax advice to applicants or answer questions regarding the status of any Life Sciences Tax Incentive Program Application pending review.

PLEASE NOTE THAT THE MLSC CAN NOT AND WILL NOT ENTER INTO ANY CONFIDENTIALITY OR NONDISCLOSURE AGREEMENTS.

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, with the exception of information that may be eligible as trade secrets or commercial or financial information regarding the operation of any business ("MLSC Trade Secrets Exemption"). 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.

If, however, applicant believes that documents it submits to the MLSC may be proprietary in nature, applicant must comply with the public disclosure requirements and procedures for the handling and submission of documents in Section 8.1 of the Tax Incentive Program solicitation (the "Solicitation"), which can be found on the MLSC's website: www.masslifesciences.com. Even if applicant complies with all procedures described in detail in Section 8.1 of the Solicitation to have such documents treated as confidential, the MLSC's receipt of such documents does not represent a finding by the MLSC or the Supervisor of Public Records that such documents fall within the MLSC's Trade Secrets Exemption.

PART I - APPLICATION FOR CERTIFICATION

1. Applicant Company Legal Name:

Please identify if applicant is a:

2. Federal Tax I.D. Number:

3. Name of Authorized Representative:

Provide the name of the person acting as the applicant's authorized representative for purposes of this Application. This person must be an officer or director of the Applicant, or other person directly authorized to act on behalf of the Applicant.

4. Title of Authorized Representative:

5. Contact e-mail address:

6. Applicant web address:

7. Business Address:

7a. Business City/Town:

7b. Business State:

7c. Business Zip Code:

7d. Business Country:

8. Business Telephone:

9. Business Fax:

PART I - APPLICATION FOR CERTIFICATION

If corporate headquarters differs from the business address entered in Question 7, please complete questions 10-12 below. Otherwise, proceed to question 13.

10. Corporate Headquarters Address:

10a. Corporate Headquarters City/Town:

10b. Corporate Headquarters State:

10c. Corporate Headquarters Zip Code:

10d. Corporate Headquarters Country:

11. Corporate Headquarters Telephone:

12. Corporate Headquarters Fax:

13. Name of press contact:

14. Press contact e-mail address:

15. Press contact telephone:

16. Brief Summary of Applicant's Business and Technology:

(no longer than 5 sentences) as it relates to, or is advancing life sciences

17. NAICS Code:

Provide the applicable North American Industry Classification System (NAICS) code for the applicant's business. For more information on NAICS and to search for the applicable NAICS code, [click here](#).

PART I - APPLICATION FOR CERTIFICATION

18. Life Sciences Category (check no more than 2):

- Agricultural biotechnology
- Biogenetics
- Bioinformatics
- Chemical synthesis
- Chemistry technology
- Diagnostics
- Drug delivery
- Drug discovery
- Genomics
- Image analysis
- Marine biology
- Marine technology
- Medical device
- Nanotechnology
- Natural product pharmaceuticals
- Nucleic acids research
- Proteomics
- Regenerative medicine
- RNA interference
- Stem cell research and development
- Technology for life sciences
- Veterinary science
- Other

18a. Other (if applicable):

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

- Laboratory R&D
- Concept or prototype
- Initial (alpha) testing
- Pre-clinical studies
- Phase 0
- Phase I
- Phase II
- Phase III
- Phase IV
- Regulatory Approval
- Product Commercialized
- Multiple products at multiple stages
- Other

19a. Other (if applicable):

PART I - APPLICATION FOR CERTIFICATION

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

- Universities
- Founders
- Angel investors
- Foundations
- Venture capital
- Private equity
- Strategic investors
- Government sources (NIH, NSF, SBIR, etc.)
- Public markets
- Loan
- Self-funded
- Friends and Family
- Other

20a. Other (if applicable):

21. Key Personnel/Management Team (name, title, relevant experience):

Add Member	
Last Name	<input type="text"/>
First Name	<input type="text"/>
Title	<input type="text"/>
Experience	<input style="height: 40px;" type="text"/>

[Insert](#)

Please indicate whether your responses to this question are proprietary in nature. Yes No

PART I - APPLICATION FOR CERTIFICATION

22. Number of Employees (company-wide):

Number of actual full-time equivalent employees (FTEs), over 35 hours per week, company-wide as of the date of this application.

Please indicate whether your responses to this question are proprietary in nature. Yes No

23. Number of Employees (Massachusetts):

Number of actual full-time equivalent employees (FTEs), over 35 hours per week, in Massachusetts as of the date of this application.

Please indicate whether your responses to this question are proprietary in nature. Yes No

24. Number of Massachusetts Facilities:

Please indicate whether your responses to this question are proprietary in nature. Yes No

25. Address of Massachusetts Facilities:

Add Location	
Address	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Add Location	

26. Projected Revenue Generated in Massachusetts for the period 2012-2016 (check one):

- \$0
- \$5,000,000-\$9,999,999
- \$500,000,000-\$999,999,999
- \$1-\$999,999
- \$10,000,000-\$99,999,999
- \$1,000,000,000-\$4,999,999,999
- \$1,000,000-\$4,999,999
- \$100,000,000-\$499,999,999
- Over \$5,000,000,000

Please indicate whether your responses to this question are proprietary in nature. Yes No

27. Revenue Plan:

Please provide (in PDF format) a summary narrative of the applicant's plan (no more than 5 pages) to achieve the revenue projected in question 26 for each tax year (specify when your tax year ends) 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.

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Please indicate whether your responses to this question are proprietary in nature. Yes No

PART I - APPLICATION FOR CERTIFICATION

28. Employee Plan: Estimate the number of full-time equivalent Massachusetts employees (over 35 hours per week) to be hired over the next 5 calendar years. If you have two part-time Massachusetts employees whose hours total over 35 hours per week, you may include them as equal to one full-time equivalent. **Please note the figure for 2012 reflects applicant commitment for net new hires under the program.**

Year 2012	Year 2013	Year 2014	Year 2015	Year 2016
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate whether your responses to this question are proprietary in nature. Yes No

29. Average Annual Salary: For each of the next five calendar years, estimate the average annual salary for the employees identified in question 28.

Year 2012	Year 2013	Year 2014	Year 2015	Year 2016
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate whether your responses to this question are proprietary in nature. Yes No

30. Annual Taxable Income: For each of the next five calendar years period 2012-2016, estimate the aggregate annual taxable income generated by the employees identified in question 28 pursuant to Chapter 62 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 2012	Year 2013	Year 2014	Year 2015	Year 2016
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

Please indicate whether your responses to this question are proprietary in nature. Yes No

31. Recruiting and Diversity Plan: Does the applicant have an affirmative action/equal employment opportunity plan or statement? Yes No

If yes, please submit it in the space provided below. 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.

PART I - APPLICATION FOR CERTIFICATION

32. Massachusetts Capital Access Program:

The Massachusetts Capital Access Program is designed to help small businesses obtain loans from participating banks that might otherwise be unable to lend. ONLY IF applicant has obtained a loan under this program, please attach in PDF format the applicable agreement between the applicant and such banking institution. [Click here](#) for more information about Massachusetts' small business capital access program established pursuant to Section 57 of Chapter 23A of the M.G.L.

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33. Economic Assistance Coordinating Council Certified Project:

The Economic Development Incentive Program (EDIP) is a tax incentive program designed to stimulate business growth and foster job creation. To be eligible for an EDIP, a company must attain "Certified Project" status based on requirements administered by the Massachusetts Office of Business Development. ONLY IF applicant has received approval for a Certified Project, please attach in PDF format any documentation that confirms this status. [Click here](#) for more information.

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34. Certificate of Good Standing from the Massachusetts Secretary of State:

A Certificate of Good Standing from the Massachusetts Secretary of State provides evidence of the applicant co's name, state where incorporated, date incorporated, date registered to do business in Massachusetts, that the applicant is not delinquent in filing annual reports, and is still qualified to do business in Massachusetts.

Please attach in PDF format a copy of applicant's Certificate of Good Standing from the Massachusetts Secretary of State (SOS). [Click here](#) to request this Certificate of Good Standing.

[Browse...](#) [Upload](#) Status: **No file uploaded.**

35. Certificate of Good Standing/Letter of Compliance from the Massachusetts Department of Revenue:

A Certificate of Good Standing is a certificate issued by the Department of Revenue (DOR) indicating that a corporation, individual, sole proprietor, non-profit organization, partnership, limited liability company, limited liability partnership, trust or any other entity registered and filing taxes in Massachusetts has filed all necessary tax returns and is deemed in good standing by DOR.

Please attach in PDF format a copy of applicant's Certificate of Good Standing from DOR. [Click here](#) for more information about obtaining this Certificate of Good Standing.

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PART II - APPLICATION FOR TAX BENEFITS

36. Applicant Tax Year (Check One)

Calendar Year (January 1 - December 31)

Fiscal Year (complete with the end of your tax year in this format: month/day)

37. Tax Incentive:

For each tax benefit for which applicant is applying, please indicate (i) the estimated dollar value of such benefit for applicant's 2011 tax year and (ii) the estimated cumulative dollar value of such benefit over the life of such benefit (if applicable) for the 2011 through 2015 tax years. Benefits for which applicant is not applying should be left blank. **Please note that awardees will not be allowed to claim any awards (including, without limitation, in the calculation of estimated taxes) prior to July 1, 2012.**

	Tax Benefit	Applicant's 2011 Tax Year Requested Value (\$)	5-Year Cumulative 2011-2015 Tax Years Requested Value (\$)
Input/Edit	Life Sciences Investment Tax Credit (pursuant to M.G.L. c. 62, §6(m) and c. 63, §38U)		
Input/Edit	FDA User Fees Credit (pursuant to M.G.L. c. 62, §6(n) and c. 63, §31M)		
Input/Edit	Extension of Net Operating Losses (NOLs) (pursuant to M.G.L. c. 63, §30(17))		
Input/Edit	Elimination of Throwback Provision (pursuant to M.G.L. c. 63, §38(f))		
Input/Edit	90% Refund of Already-available Excess §38M Research Credits (pursuant to M.G.L. c. 63, §38M(j))		
Input/Edit	§38W Life Sciences Research Tax Credit (pursuant to M.G.L. c. 63, §38W)		
Input/Edit	Deduction for Orphan Drug Qualified Clinical Testing Expenses (pursuant to M.G.L. c. 63, §38V)		
Input/Edit	Designation as R&D Company for Sales Tax Purposes (pursuant to M.G.L. c. 63, §42B)		
Input/Edit	Sales Tax Exemption for Certain Property (pursuant to M.G.L. c. 64H, §6(xx))		
Input/Edit	Life Sciences Incentive Refundable Credit - minimum 2012 job creation is 50 MA FTE's to be eligible for credit (pursuant to c. 68 of the Acts of 2011)		
	Total	\$0.00	\$0.00

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

38. Project Description:

If there is a specific capital project underlying the tax benefit for which the applicant is applying, please submit (in PDF format) a brief description of the project (no more than 25 pages), 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).

Status: **No file uploaded.**

Please indicate whether your responses to this question are proprietary in nature.

Yes No

PART II - APPLICATION FOR TAX BENEFITS

39. 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 (in PDF format) any supporting studies, if applicable.

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Please indicate whether your responses to this question are proprietary in nature.
Yes No

40. Economic Target Area: Please indicate whether the applicant company is located in an Economic Target Area (ETA) as defined by the Massachusetts Economic Assistance Coordinating Council (EACC). Click here for a map of ETAs.

Yes No

41. ETA Employment: Please complete 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.

[Text Area]

PART III - SUPPLEMENTAL INFORMATION

42. Scientific Advancements: Please complete in the space provided a brief description of the applicant's potential for further advances in life sciences that may lead to new medical applications such as medical devices, drugs and drug delivery systems, and new therapies and diagnostics.

[Text Area]

Please indicate whether your responses to this question are proprietary in nature.
Yes No

43. Attracting Resources and Manufacturing to Massachusetts: Please complete 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.

[Text Area]

Please indicate whether your responses to this question are proprietary in nature.
Yes No

44. Applicant Business Description: Please submit (in PDF format) a summary of applicant's business and technology (no more than 1 page). The executive summary of the applicant's business plan will usually suffice.

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Please indicate whether your responses to this question are proprietary in nature.
Yes No

PART III - SUPPLEMENTAL INFORMATION

45. 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 parties or entities 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.
- By checking the box, applicant affirms that it will work with the MLSC to develop reasonable labor standards for applicants certified under the Program and make a good faith effort at complying with such standards as they are developed.

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:

- Yes No 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 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 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?"

If your answer is yes to any item in part (B) above, please submit in the space provided a brief description of the facts and circumstances surrounding each instance.

[Empty text input area with vertical scrollbar]

PART III - SUPPLEMENTAL INFORMATION

46. 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.

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47. 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.

[Empty text input area with vertical scrollbar]

PART III - SUPPLEMENTAL INFORMATION

48. 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. **The submission of false information to the Center is subject to prosecution under the False Claims Law at M.G.L. c. 12, sections 5A – 50.**

I understand that this Life Sciences Tax Incentive Program Application may be disqualified if it does not contain all required information or if the applicant does not meet the eligibility criteria required under the Program, and I further acknowledge and agree that the Agreement shall be executed in substantially the form provided in the Solicitation.

I specifically acknowledge that all of the terms and conditions of the Solicitation are mandatory.

On behalf of the applicant, I understand and acknowledge that all materials submitted as part of this application are subject to disclosure under the Massachusetts Public Records Law. Furthermore, I understand and acknowledge that I have followed the procedures set forth in Section 8.1 of the Life Sciences 2011 Tax Incentive Program Solicitation for any documents that I believe may be proprietary in nature and that may fall within the parameters of the MLSC's Trade Secrets Exemption; and that the MLSC's receipt of such documents does not represent a finding by MLSC or the Supervisor of Public Records that such documents fall within the Trade Secrets Exemption.

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.

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. I understand that if the job growth forecasts set forth in this Application differ materially from actual performance over the five-year period following certification, applicant's certification, together with all tax benefits awarded under the program, may be revoked pursuant to the Life Sciences Statute.

I acknowledge and agree that if applicant is awarded a 2011 MLSC Tax Incentive from the MLSC, the awardee will be required to enter into an agreement with the MLSC to receive such award and that no 2011 award can be claimed any earlier than July 1, 2012.

- I have read and agree to the terms and conditions of applying to the Life Sciences 2011 Tax Incentive Program. You must agree to the terms and conditions to submit this application.

Electronic Signature

Title

Clicking the button below will submit this application. You will not be able to return to your application or make any further modifications.

[Confirm and Submit Application](#)