

Application Type:	ATICC
Applicant:	
Organization:	
Status:	Draft
Last Updated:	
Updated By:	
Created Date:	
Created By:	
Full Application PDF:	

Company Information

Company Legal Name

Corporate Category

Please Identify if you are one of the following:

--Select One--

Federal Tax ID/EIN

Year Incorporated

Please indicate the year that you were incorporated to do business.

First name of Authorized Representative:

Last name of Authorized Representative:

Title of Authorized Representative:

E-mail address of Authorized Representative:

Applicant web address:

Founders and Members of the Management Team

[Race and gender of management team members] - question in mandatory but includes the option "prefer not to answer"

Business Address

Business Address:	Business City/Town:
Business State:	Business Zip Code:
Business Telephone:	

Corporate Address

Is your corporate address different than your business address?

--Select One--

Number of Massachusetts Facilities

Massachusetts Facilities Address

Address	Address 2	City	State	Zip
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Press Contact

Name of press contact

Press contact e-mail address

Press contact telephone

Company Details

Brief Summary of Applicant's Business and Technology (No more than 5 sentences)

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](#).

Life Sciences Category

Please check no more than 2 categories.

- Agricultural biotechnology Bioinformatics CRO/CMO

- Diagnostics Digital Health Drug Discovery/Development
- Health Information Technology Medical Device Regenerative Medicine
- Professional Services Technology/Tools for Life Sciences Other

Modality

Select the type(s) of products your company is developing and/or marketing.

- Cell Therapy Antibodies Microbiome
- Genetically Modified Cell Therapy Biologics Tools
- Genetic Therapy Small Molecules Other

Stage of Development

Please check one that best describes your stage of product development.

--Select One--

Advancements and Hiring Needs

Please complete in the space provided a brief description of the applicant's potential for further advances in life sciences and the related hiring needs in the Commonwealth of Massachusetts.

Business Plan

Fully Developed Business Plan

The fully developed business plan is to verify that the business the angel investor invested in during the calendar year is considered a "qualifying business" under this program.

Please upload a fully developed business plan (as a .PDF) that addresses the following in the standard table of contents:

1. Executive summary & Company overview
2. Products and services
3. Marketing plan
4. Logistics and operations plan
5. Financial Trends and Key Decision-making Benchmarks

Business Plan Requirements:

1. Executive summary & Company overview
 - Company overview including mission statement;
 - Product description and differentiation;
 - Marketing strategy;
 - Current financial state & projected financial state.
2. Products and services
 - General information on each of the product lines and/or services of novel technology.
3. Marketing plan
 - Patient Population;
 - Pricing and reimbursement strategy;
 - Place and/or location;
 - Research and Development.
4. Logistics and operations plan
 - Regulatory pathway;
 - Potential partnerships;
 - Exit strategy and Contingencies.
5. Financial Trends and Key Decision-making Benchmarks
 - Provide financial data up to approximately 3 to 5 year range;
 - Provide fundraising goals that will enable execution of business strategy;
 - Financial projections and contingencies of long-term and short-term financial goals;
 - Income Statement;
 - Balance Sheet;
 - Cash flow projections of how the revenues and expenses impact the ending cash balance;
 - Assumptions used, if the need to raise more funding, etc.;
 - Pricing and reimbursement strategy;
 - [Example of Financial Plan](#)

Attracting Resources and Manufacturing to Massachusetts

Please submit in the space provided a brief description of the company's potential to attract additional resources to Massachusetts, including the company's potential to promote life sciences manufacturing in Massachusetts, using Massachusetts based contractors and services.

Corporate Social Responsibility

Please describe any recent initiatives around corporate social responsibility—significant donations, community engagement, nonprofit support, or any local public benefit contributions.

Do you plan to stay and grow in Massachusetts? Please explain.

The recommended number of words for this answer is: 75 words.

Please describe what the source funding was used for?

The recommended number of words for this answer is: 75 words.

Number of Employees (company-wide)

What is the current total number of W-2 FTE (full-time equivalent) employees (company-wide)? Consultants, 1099 employees, or interns do not count as part of this number. For purposes of this program, employees are considered to be full-time equivalent if they work 35 hours or more per week for this company.

Number of Employees in Massachusetts

What is the current total number of W-2 FTE (full-time equivalent) employees in Massachusetts? Consultants, 1099 employees, or interns do not count as part of this number. For purposes of this program, employees are considered to be full-time equivalent if they work 35 hours or more per week for this company.

Qualifying Business Certification

To be eligible as a “Qualifying Business,” the **company must have gross revenues equal to or less than \$500,000 in the fiscal year prior to claiming Qualifying Business status.**

Please upload a copy of a Certification of Qualifying Business in **PDF format** from your certified public accountant or attorney in the form substantially similar to the model provided.

VIEW EXAMPLE MODEL CERTIFICATE HERE:

[Qualifying Business Certificate Example](#)

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 company'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 upload a copy of your certificate in **PDF format**. If your existing Certificate of Good Standing was not issued within the previous six (6) months, you must request a new Certificate of Good Standing from the Massachusetts Secretary of State (SOS) and upload a receipt of your application for a certificate in **PDF format** to this application.

Please make every effort to obtain this Certificate of Good Standing from SOS by the time of application. To be considered for the Angel Investor Tax Credit program contact the e-mail address: angeltax@masslifesciences.com.

Click link below to request a Certificate of Good Standing from the Massachusetts Secretary of State:

[Click here](#) Request a Certificate of Good Standing.

[Electronic Certificates](#) Answers to questions about requesting Electronic Certificates.

Massachusetts Department of Revenue Certificate of Good Standing/Letter of Compliance

A Certificate of Good Standing is a certificate issued by the Massachusetts 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 the Massachusetts Department of Revenue.

Please attach a copy of your certificate in **PDF format**. If your existing Certificate of Good Standing was not issued in the previous six (6) months, you must request a new Certificate of Good Standing from the Massachusetts Department of Revenue (DOR) and upload a receipt of your application for a certificate in **PDF format** to this application.

Please make every effort to obtain this Certificate of Good Standing from the Massachusetts Department of Revenue by the time of application. To be considered for the Angel Investor Tax Credit program contact e-mail address: angeltax@masslifesciences.com.

Click link below to request the Massachusetts Department of Revenue Certificate of Good Standing/Letter of Compliance:

[Click here](#) to request the Massachusetts Department of Revenue Certificate of Good Standing.
[FAQ](#) Answers to frequently asked questions about requesting the Massachusetts Department of Revenue Certificate of Good Standing.

Supplemental Information

Indictment

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 an indictment, judgement, conviction, or grant of immunity, including pending actions, for any business-related conduct constituting a crime under state or federal law?

--Select One--

Government Suspension

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 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?

--Select One--

Violation of Law

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 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?"

--Select One--

Importance Notice to Applicants:

If an applicant is awarded an Angel Investor Tax Credit, the awardee is subject to public disclosure, including but not limited to being listed as an Angel Investor in the MLSC Annual Report and other published information relative to the Angel Investor Tax Credit program.

The MLSC is subject to the requirements concerning disclosure of public records under the Massachusetts Public Records Act, M.G.L. c. 66 (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. As a result, any information submitted to the MLSC by an applicant and/or awardee is subject to public disclosure as set forth in the Public Records Act.

The foregoing notwithstanding, "public records" do not include certain materials or data which fall within a specifically enumerated exemption set forth in the MLSC's enabling act, M.G.L. Chapter 23I. Such exemption that may be applicable to documents submitted by an applicant and/or awardee is for any documentary materials or data made or received by the MLSC that consists of trade secrets or commercial or financial information regarding the operation of any business conducted by the applicant and/or awardee, or regarding the competitive position of such applicant and/or awardee in a particular field of endeavor (Trade Secrets Exemption). In the event that an applicant and/or awardee wishes to submit certain documents to the MLSC and believes such a document or documents may be proprietary in nature and may fall within the parameters of the Trade Secrets Exemption, the applicant and/or awardee should identify such materials in its application as Confidential.

Proprietary

Please indicate whether your responses to this application are proprietary in nature as applicable to the MA Public Records Law.

Company Signature

Authorized Representative 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 – 5O.** [Massachusetts General Law](#)

I understand that this Angel Investment Tax Credit 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 by the MLSC.

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 Angel Investment Tax Credit Program Solicitation for any documents that I believe maybe 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. I understand that if Applicant ceases to do business, moves its business out of the Commonwealth, or fails to file its Annual Report within the three taxable years following the taxable year for which the Credit was allowed, the Taxpayer Investor will have to repay the total Credit amount to the Commonwealth.

I acknowledge and agree that if Taxpayer Investor is awarded a MLSC Angel Investment Tax Credit from the MLSC, the Qualifying Business will be required to enter into an agreement with the MLSC and abide by all policies of the Angel Investment Tax Credit Program.

Declaration

Declaration Title