

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.

Company Information

First name of Authorized Representative:

Last name of Authorized Representative:

Title of Authorized Representative:

E-mail address of Authorized Representative:

Applicant web address:

Business Address

Business Address:

Business City/Town:

Business State:

Business Zip Code:

Business Country:

Business Telephone:

Corporate Address

Is your corporate address different than your business address?

--Select One--

Number of Massachusetts Facilities

Address	Address 2	City	State	Zip
---------	-----------	------	-------	-----

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.

Modality

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

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 Upload

Please upload a business plan (as a .PDF) that addresses the following:

- Company overview including mission statement
- Value proposition of novel technology
- Defined market opportunity supported by a rational addressable patient population and pricing and reimbursement strategy
- Commercialization strategy including research and development, regulatory pathway, potential partnerships, and exit strategy
- Appropriate fundraising goals that will enable execution of business strategy
- Long-term and short-term forecasts and contingencies of business operations
- Profit, loss and cash flow projections

Attracting Resources and Manufacturing to Massachusetts

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

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

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.

Please upload a certification in the form and substance indicated here from the Chief Executive Officer, or other authorized representative of the business, that attests to the location of the principal place of business, the number of FTEs working for the business, and the percentage of FTEs who work at the principal place of business.

Company Uploads

Qualifying Business Certificate

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 Certification of Qualifying Business from your certified public accountant or attorney in the form substantially similar to the model provided.

VIEW MODEL 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 is dated prior to January 1, 2020, 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. [Click here](#) to request a new Certificate of Good Standing.

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.

[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 a copy of your certificate in **PDF format**. If your existing Certificate of Good Standing is dated prior to January 1, 2020, 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. [Click here](#) to request a new Certificate of Good Standing.

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

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--

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.

Proprietary

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

--Select One--