

Non-Profit Representative Information

Applicant Name
(Organization):

Anne LLC

First Name of Non-Profit
Principal Investigator:

Last Name of Non-Profit
Principal Investigator:

Title of Non-Profit
Principal Investigator:

E-Mail of Non-Profit
Principal Investigator:

Phone Number of Non-
Profit Principal
Investigator:

Co-Applicants

Authorized Representative

First name of Authorized
Representative:

Last name of Authorized
Representative:

Title of Authorized
Representative:

E-mail address of
Authorized
Representative:

Non-Profit Address

Business Address:

Business City/Town:

Business State:

Business Zip Code:

Business Telephone:

Non-Profit Press Contact

Name of press contact

Press contact e-mail address

Press contact telephone

Qualifications of the Management Team

In an effort to review all applications to the MLSC, based solely on the merits of the proposal and qualifications of the team, the MLSC will be blinding the identities of team members to our reviewers in our review process.

Non-profit PI Lead Name

This field will be blinded to reviewers.

Title and Department

Institution

Please describe the PI's relevant experience, without identifying him/her by name or gender.

Ex. The PI has 10 years of experience administering and managing projects, several of which have included small clinical trials. The PI is the research group leader with expertise in the areas of XYZ...

Proposal to MLSC

Proposal Title:

For the following questions, please do not mention any individuals involved in the project by name or gender.
In an effort to review all applications to the MLSC, based solely on the merits of the proposal and qualifications of the team, the MLSC will be blinding the identities of team members to our reviewers in our review process.

Please summarize your project in 5 sentences intended for a broad audience.

The recommended number of words for this answer is: 250 words, (5 sentences or less).

Describe the clinical/scientific need or problem the project seeks to address.

The recommended number of words for this answer is: 150 words.

Describe the current solution.

The recommended number of words for this answer is: 150 words.

Describe the potential impact and the importance the project will have on women's health and gender biology moving forward.

The recommended number of words for this answer is: 250 words.

What is the patient population and/or target market?

The recommended number of words for this answer is: 150 words.

Who are potential strategic partners and have you engaged in preliminary conversations?

The recommended number of words for this answer is: 150 words.

What work has been done to this point towards the project? What are the significant successes to this point?

The recommended number of words for this answer is: 250 words.

What are the key challenges to successful translation of the outcomes/technology and how do you plan to overcome them?

The recommended number of words for this answer is: 150 words.

What patents have been filed to this point? Do you anticipate any filings over the course of the First Look award?

The recommended number of words for this answer is: 150 words.

Budget

Please describe the milestones you aim to achieve with \$50,000 and provide a high level budget.

The recommended number of words for this answer is: 250 words.

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 Massachusetts Life Sciences Center (MLSC) is subject to prosecution under the False Claims Law at M.G.L. c. 12, sections 5A – 5O. I understand that this First Look 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. I also acknowledge and agree that the MLSC has sole discretion to determine which applicants receive benefits under the Program. On behalf of the applicant, I understand and acknowledge that all materials submitted as part of this application may be subject to disclosure under the Massachusetts Public Records Law. “Public records” may not, however, include 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 may be applicable to materials or data submitted to the MLSC that consist of trade secrets or commercial or financial information regarding the operation of any business conducted by the company, or regarding the competitive position of such company in a particular field of endeavor (Trade Secrets Exemption). I understand and acknowledge that if I wish to submit materials or data to the MLSC that may be proprietary in nature and may fall within the parameters of the Trade Secrets Exemption, I must identify such materials and data as Confidential. I also understand that the receipt of such materials/data by the MLSC does not represent a finding that such materials/data do qualify for protection under the Trade Secrets Exemption.