

Company Information

Applicant Company Legal Name

Massachusetts Life Sciences Center

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.

Co-Applicants

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 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

Business 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.

- | | | |
|--|---|---|
| <input type="checkbox"/> Agricultural biotechnology | <input type="checkbox"/> Bioinformatics | <input type="checkbox"/> CRO/CMO |
| <input type="checkbox"/> Diagnostics | <input type="checkbox"/> Digital Health | <input type="checkbox"/> Drug Discovery/Development |
| <input type="checkbox"/> Health Information Technology | <input type="checkbox"/> Medical Device | <input type="checkbox"/> Regenerative Medicine |
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> Technology/Tools for Life Sciences | <input type="checkbox"/> Other |

Modality

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

- | | | |
|---------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cell Therapy | <input type="checkbox"/> Antibodies | <input type="checkbox"/> 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.

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.

Corporate Governance

Please submit in the space provided, applicant's plan or policy to promote best practices in corporate governance, including but not limited to, financial and accounting policies, board structure and standards of employee conduct.

Corporate Social Responsibility

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

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.

Interaction with other entities

Please identify any other Massachusetts life science nonprofit or public entities your company has interacted with.

- | | | |
|---|---|---|
| <input type="checkbox"/> Massachusetts Office of Business Development | <input type="checkbox"/> Massachusetts Office of International Trade and Investment | <input type="checkbox"/> Municipal Government |
| <input type="checkbox"/> MassBio | <input type="checkbox"/> MassDevelopment | <input type="checkbox"/> MassEcon |
| <input type="checkbox"/> MassMEDIC | <input type="checkbox"/> Incubator/Accelerator | <input type="checkbox"/> Regional Economic Development Agency |

Diversity and Inclusion

Please complete in the space provided a brief description of what programs and policies are in place to promote diversity and inclusion at your company. If available please include diversity statistics of the executive management team, board of directors and organization as a whole.

Projected Revenue

Projected Revenue Generated in Massachusetts for the period 2022-2026 (select one)

Existing Private Investors/Funding Sources

Existing Private Investors/Funding Sources

Please check all that apply

Employee Information

Key Personnel/Management Team

First Name	Last Name	Title	Self Identify: Gender	Self Identify: Race
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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.

New Hire Commitment - 2022

Estimate the number of W-2 FTE (full-time equivalent) employees to be hired in calendar year 2022. 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 note that this figure reflects the application commitment for net new hires under the program. Once the application is submitted, the commitment cannot be adjusted either up or down. This number will be the basis of any award made and will be included in the tax award agreement to be executed by an awardee.**

Average New Hire Salary - 2022

Please provide an estimated average annual salary for the new hires committed above for 2022. Please provide the estimate of base salary only, do not include bonuses or any other additional compensation.

Please estimate (in percentages) what types of positions will be created for the 2022 calendar year above.

Manufacturing %:
Regulatory and Compliance %:
Sales and Marketing %:
Data Analyst %:
Research and Development %:
Administration and Other %:

Affirmative Action Equal Employment Opportunity

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

--Select One--

Massachusetts Capital Access Program

Have you obtained a loan under the Massachusetts Capital Access Program?

--Select One--

Economic Development Incentive Program

The Economic Development Incentive Program (EDIP) is a tax incentive program designed to stimulate business growth and foster job creation. Have you received approval for a “Certified Project” pursuant to Section 3F of Chapter 23A of the M.G.L?

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 listing of ETAs.

--Select One--

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, using the **Upload Supporting Studies** button below.

Tax Incentives

Tax Year

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

Tax Benefits

Please enter the amount requested, which must be claimed either on the December 31, 2021 tax return or a fiscal tax year ending after December 31, 2021 and prior to October 31, 2022.

To see the total amount of the tax benefits requested, please click Save Draft.

2021 Amount Requested

Projected Cumulative 5-Year Amount Requested (For Information Only)

Life Sciences Investment Tax Credit (pursuant to M.G.L. c. 62, §6(m) and c. 63, §38U)

FDA User Fees Credit (pursuant to M.G.L. c. 62, §6(n) and c. 63, §31M)

Extension of Net Operating Losses (NOLs) (pursuant to M.G.L. c. 63, §30(17))

Elimination of Throwback Provision (pursuant to M.G.L. c. 63, §38(f))

90% Refund of Already-available Excess §38M Research Credits (pursuant to M.G.L. c. 63, §38M(j))

§38W Life Sciences Research Tax Credit (pursuant to M.G.L. c. 63, §38W)

Deduction for Orphan Drug Qualified Clinical Testing Expenses (pursuant to M.G.L. c. 63, §38V)

Designation as R & D Company for Sales Tax Purposes (pursuant to M.G.L. c. 63, §42B)

Sales Tax Exemption for Certain Property (pursuant to M.G.L. c. 64H, §6(xx))

Life Sciences Incentive Refundable Credit – minimum job creation is 50 MA FTE’s in one calendar year to be eligible for credit (pursuant to c. 68 of the Acts of 2011)

Total (click Save Draft to calculate)

\$0.00

\$0.00

[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).

Supplemental Information

[Wage Affirmation](#)

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.

[Employment Classification](#)

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.

Employment Due Diligence

By checking the box, applicant affirms that it will not knowingly employ developers, subcontractors, or other third 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.

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.

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--

Signature

Authorized Representative Signature and Acceptance

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 – 5O.**

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 Tax Incentive 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 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 MLSC Tax Incentive from the MLSC, the awardee will be required to enter into an agreement with the MLSC to receive such award and abide by all policies of the Tax Incentive Program set forth at www.masslifesciences.com, and that no 2021 award can be claimed any earlier than July 1, 2022.

Proprietary

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