

Company Information

Applicant Company Legal Name

Your Company

Year Incorporated

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

Underrepresented Leader Information

First Name of
Underrepresented
Leader:

Last Name of
Underrepresented
Leader:

Title of Underrepresented
Leader:

E-mail Address of
Underrepresented
Leader:

Applicant Company Web
Address:

Business Address

Business Address:

Business City/Town:

Business State:

Business Zip Code:

Business Telephone:

Press Contact

Is the Press Contact the same as the Underrepresented Leader?

Yes

Name of press contact:

Press contact e-mail
address:

Press contact telephone:

Additional Company Information

Life Sciences Category

Please check no more than TWO categories.

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

If other, please specify:

Stage of Development

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

--Select One--

Number of Employees (company-wide)

What is the current total number of 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 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.

Is the company pre-revenue?

If no, please provide the revenue for the last year.

Describe the source AND magnitude of dilutive capital (from angel investors, venture capitalists, institutional investors, etc.) raised to date.

Please note total **DILUTIVE** capital raised by the company **can't exceed \$5M (excluding non-dilutive grants)** to be eligible to apply. The recommended number of words for this answer is: 75 words.

Describe the source AND magnitude of non-dilutive funds (e.g., SBIR/STTR, other grants, loans, or other types of non-equity financing) received to date.

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

Overview of the Management Team

Underrepresented Leader's Role

Please describe your **role** in the company, including any **responsibilities**.

Education and Relevant Experience

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

How do you identify yourself?

Please check all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Arab American, Middle Eastern and North African American | <input type="checkbox"/> Asian American, Pacific Islander, or Native Hawaiian | <input type="checkbox"/> Black, African American, or Afro Caribbean |
| <input type="checkbox"/> Female | <input type="checkbox"/> Hispanic, Hispanic American, or Latinx/Latin | <input type="checkbox"/> Indigenous, Native American, or First Nation |
| <input type="checkbox"/> LGBTQIA+ | <input type="checkbox"/> Living with apparent or non-apparent disability | <input type="checkbox"/> Neurodiverse |
| <input type="checkbox"/> Refugee, Immigrant, or Migrant | <input type="checkbox"/> Socially disadvantaged | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Other | | |

If other, please specify:

Other Management Team Member(s)

Please list the names of other team members and denote female and diverse member(s).

Please provide relevant experience for all and denote female and diverse member(s).

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

Members of the Board of Directors

Please list the names of Board of Director members.

Please provide relevant experience for all and denote female and diverse member(s).

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

Members of the Scientific Advisory Board

Please list the names of Scientific Advisory Board members.

Please provide relevant experience for all and denote female and diverse member(s).

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

Has the team or company been recognized for any awards in the last three years?

The recommended number of words for this answer is: 100 words.

Has the team or company worked with a mentor or mentoring organization in the last three years? If so, elaborate.

The recommended number of words for this answer is: 100 words.

Technology and Company Overview

Company Summary (abstract)

The recommended number of words for this answer is: 500 words.

Describe the clinical unmet need or problem the technology seeks to address.

The recommended number of words for this answer is: 100 words.

What is the current state of the art or standard of care for the above market/patient population?

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

What is your competitive advantage?

The recommended number of words for this answer is: 100 words.

Who is the typical buyer?

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

What are your pricing and reimbursement strategies?

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

What is the regulatory pathway for your product?

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

What is the IP strategy and what is the current IP status?

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

Where did the technology originate? If a license to practice and/or develop is required, has it been in-licensed and from whom?

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

Proposal to MLSC

What are the key challenges to successful commercialization and what is your strategy for mitigating the risk they introduce?

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

What is your fundraising plan for the next 3 years?

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

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

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

Why do you want to participate in the MassNextGen Initiative?

The recommended number of words for this answer is: 300 words.

What will your company accomplish with approximately \$100,000 in grant money? Please include a high level budget for proposed use of funds. Please Note: The MLSC has sole discretion to decide the number and size of award(s) based on the quality of applicants.

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

If you were selected for an award, would you be interested in a lab bench at

Please check all that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Berkshire Innovation Center (BIC) | <input type="checkbox"/> InnoVenture Labs | <input type="checkbox"/> Mansfield Bio-Incubator |
| <input type="checkbox"/> Massachusetts Biomedical Initiatives (MBI) | <input type="checkbox"/> Massachusetts Medical Device Development Center (M2D2) | <input type="checkbox"/> No |

What do you hope to get from the Executive Coaching? How will that benefit you and your company in the near-term and long-term?

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

What is the expected outcome for you and your company at the conclusion of the one year program?

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

What is the vision for the company in three years?

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

What is your long-term strategy for maintaining diverse leadership in the company?

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

Signature

How did you hear about the program?

--- Select One ---

Other:

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 MassNextGen 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 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 the [Confidentiality Section](#) of the MassNextGen 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 the MLSC of the Supervisor of Public Records that such documents fall within the Trade Secrets Exemption.

I acknowledge and agree that the MLSC has sole discretion to determine which applicants receive benefits under the Program.

Select to receive email notices and updates from MLSC

You may unsubscribe at any time.

Select to receive email notices and updates from MLSC