
MassNextGen FY27 Application

Company Information

Applicant Company Legal Name (required)

Year Incorporated (required)

Underrepresented Leader Information

Name of Underrepresented Leader (required)

First Last

This will automatically be blinded to reviewers.

Degrees held by Underrepresented Leader (e.g., MS, PhD, MBA, etc.) (required)

First Last

This will automatically be blinded to reviewers.

Email of Underrepresented Leader (required)

This will automatically be blinded to reviewers.

Applicant Company Web Address

This will automatically be blinded to reviewers.

Business Address

Address of Business (required)

This will automatically be blinded to reviewers.

City/Town of Business (required)

This will automatically be blinded to reviewers.

Zip Code of Business (required)

This will automatically be blinded to reviewers.

Business Telephone (required)



This will automatically be blinded to reviewers.

Additional Company Information

What disease(s) or condition(s) does your company primarily address? Please choose up to three options. (required)

- Autoimmune Disorders
- Cancer - Breast
- Cancer - Ovarian
- Cancer - Others
- Cardiology/ Cardiovascular Research
- Chronic Illness/Disease
- Endocrinology
- Environmental Health
- Gastrointestinal (GI)
- Geriatrics & Gerontology
- Hematology
- Immunology/Inflammation
- Infectious Diseases
- Liver
- Maternal/Infant Health
- Metabolic Diseases
- Microbiome
- Neuroscience
- Nutritional Science
- Oral Health
- Orthopedic Research
- Pediatric Research
- Psychiatry/ Mental Health
- Public Health/ Epidemiology
- Rare Diseases
- Regenerative Medicine
- Reproductive Health
- Toxicology
- Women's Health/ Gender Studies
- Other
- N/A

If other diseases/conditions, please specify (required)

What modality/modalities does your company primarily employ? Please choose up to three options. (required)

- Cell & Gene Therapy
- Clinical Trials
- Data Science
- Diagnostics
- Digital Health

- Drug Delivery
- Drug Discovery & Development
- Imaging
- Medical Device
- mRNA/siRNA/ RNA Research
- Personalized/Precision Medicine
- Phototherapy
- Radiation Therapy
- Robotics
- Vaccines
- Other
- N/A

If other modalities, please specify (required)

What are tools and techniques used in your company? Please choose up to three options. (required)

- 3D printing
- AI/ML/Deep Learning
- Antibody
- Automation
- Biomanufacturing
- Biomarker Identification
- Biomaterials/ Material Sciences
- Biosensor
- Contract Work- CRO/CDMO/CMO
- Crystallography/ Peptide synthesis
- CT/MRI
- Data Optimization
- EEG&ECG
- Electronic Medical Record (EMR)
- FACS/ Flow Cytometry
- Genome Editing
- Genomics
- In Vitro cultures
- In Vivo animal models
- Liquid Chromatography
- Mass Spectroscopy
- Metabolomics
- Microscopy
- Nanotechnology
- Next-generation Sequencing
- NMR/MRS
- Organoid/ Organ-on-a-chip
- Pasteurization/ Sterilization
- Patient Avatars
- Proteomics
- Small Molecule
- Software & Algorithms
- Transcriptomics

- Ultrasound
- Viral Vector
- Other
- N/A

If other tools and technologies, please specify (required)

Stage of Development (required)

- Concept
- Laboratory R&D
- Prototype
- Initial (Alpha) Testing
- Initial (Beta) Testing
- Pre-clinical Studies
- Clinical Trials - Phase I
- Clinical Trials - Phase II
- Clinical Trials - Phase III
- Regulatory Approval
- Product Commercialized
- Other

If other, please specify (required)

MassNextGen Eligibility

- **The Company must be led by an underrepresented entrepreneur** ("Applicant") that identifies as: Arab American, Middle Eastern and North African American; Asian American, Pacific Islander, or Native Hawaiian; Black, African American, or Afro Caribbean; Female; Hispanic, Hispanic American, or Latinx/Latin; Indigenous, Native American, or First Nation; LGBTQIA+; Living with apparent or non-apparent disability; Neurodiverse; Refugee, Immigrant, or Migrant; Socially disadvantaged; Veteran or another underrepresented group **in the CEO or equivalent position (e.g., President)**. The entrepreneur should be responsible for fundraising strategy, negotiating term sheets and licenses, hiring the team, advancing the scientific milestones, vetting external partners, etc.
- **The applicant Life Science company ("Company") and Applicant must be located in the Commonwealth of Massachusetts, registered to do business in Massachusetts, and have the majority of employees in the Commonwealth.** A Certificate of Good Standing from the Massachusetts Secretary of State and Certificate of Good Standing from the Massachusetts Department of Revenue are required for the submission.
- **Total dilutive financing (from angel investors, venture capitalists, or institutional investors) raised by the Company cannot exceed \$5M.**

How do you identify yourself? Please check all that apply. (required)

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

This will automatically be blinded to reviewers.

If other, please specify: (required)

This will automatically be blinded to reviewers.

Number of Employees (company-wide) (required)

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 (required)

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.

MassNextGen program eligibility stipulates that the Company must have **the majority of its FTEs** (full-time-equivalent employees, >35 hours per week) **based in Massachusetts** and must have a minimum of 1 FTE.

Is the company pre-revenue? If no, please provide the revenue for the last year below. (required)

Yes

No

Revenue for the last year (required)

\$ USD

Total dilutive capital (from angel investors, venture capitalists, institutional investors, etc.) raised to date (required)

\$ USD

For the MassNextGen program, total dilutive financing (from angel investors, venture capitalists, or institutional investors) raised by the Company cannot exceed \$5M.

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

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.

Total non-dilutive capital (from federal, philanthropic, institutional investors, competitions etc.) raised to date (required)

\$ USD

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

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

Overview of the Management Team

In an effort to review all applications, based solely on the merits of the proposal and qualifications of the team, the MLSC will blind the name and gender of the entrepreneur to reviewers during the review process. Therefore, **please don't use the entrepreneur's name or gendered pronouns (he/him/his or she/her/hers) in your answers** to the following questions.

Underrepresented Leader's Position (required)

CEO

President

Other CEO-Equivalent

If other CEO-Equivalent, please specify (required)

To be eligible for the MassNextGen program, the Underrepresented entrepreneur ("Applicant") must be in the CEO or equivalent position (e.g., President). 10 words

Underrepresented Leader's Role (Please describe your role in the company, including any responsibilities.) (required)

Please **don't** use the entrepreneur's name or gendered pronouns (he/him/his or she/her/hers) in your answer.

How do you think your selected identification has created challenges/opportunities in your role as an entrepreneur? (required)

Please **don't** use the entrepreneur's name or gendered pronouns (he/him/his or she/her/hers) in your answer.

Does the Underrepresented Leader currently work full-time and solely with the company (>35 hours per week)? (required)

- Yes
- No

MassNextGen program eligibility stipulates that the entrepreneur must be in the **CEO or equivalent position (e.g., President) spending >35 hours per week** working for the Company and **cannot be employed more than 15 hours by other organization(s)** at the time of the award. The Applicant does not need to collect a salary from the Company.

Please describe your intent or plan to leave your current position to work full-time at your company (>35 hours per week) (required)

Education and Relevant Experience (required)

Limit: 150 words

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

Please **don't** use the entrepreneur's name or gendered pronouns (he/him/his or she/her/hers) in your answer.

Other Management Team Member(s) (required)

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). (required)

Limit: 150 words

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

Please **don't** use the entrepreneur's name or gendered pronouns (he/him/his or she/her/hers) in your answer.

Members of the Board of Directors (required)

Please list the names of Board of Director members.

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

Limit: 150 words

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

Members of the Scientific Advisory Board (required)

Please list the names of Scientific Advisory Board members.

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

Limit: 150 words

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? (required)

Limit: 100 words

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

Please don't use the entrepreneur's name or gendered pronouns (he/him/his or she/her/hers) in your answers to the following questions.

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

Limit: 100 words

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

Technology and Company Overview

In an effort to review all applications, based solely on the merits of the proposal and qualifications of the team, the MLSC will blind the name and gender of the entrepreneur to reviewers during the review process. Therefore, **please don't use the entrepreneur's name or gendered pronouns (he/him/his or she/her/hers) in your answers** to the following questions.

Company Summary (abstract) (required)

Limit: 500 words

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

Please **don't use the entrepreneur's name or gendered pronouns (he/him/his or she/her/hers) in your answer.**

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

Limit: 100 words

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? (required)

Limit: 100 words

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

What is your competitive advantage? (required)

Limit: 100 words

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

Who is the typical buyer? (required)

Limit: 75 words

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

What are your pricing and reimbursement strategies? (required)

Limit: 75 words

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

What is the regulatory pathway for your product? (required)

Limit: 75 words

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

What is the IP strategy and what is the current IP status? (required)

Limit: 75 words

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? (required)

Limit: 75 words

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

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

Limit: 150 words

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

What is your financing plan for the next 3 years? (required)

Limit: 50 words

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

Proposal to MLSC

In an effort to review all applications, based solely on the merits of the proposal and qualifications of the team, the MLSC will blind the name and gender of the entrepreneur to reviewers during the review process. Therefore, **please don't use the entrepreneur's name or gendered pronouns (he/him/his or she/her/hers) in your answers** to the following questions.

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

Limit: 75 words

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

Why do you want to participate in the MassNextGen Initiative? (required)

Limit: 300 words

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. (required)

Limit: 150 words

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

If you were selected for an award, would you be interested in a free lab bench at one of the below sponsoring incubators - Please check all that apply (required)

- Abi-Lab
- Berkshire Innovation Center (BIC)
- Cambridge Scientific Labs
- InnoVenture Labs
- LabShares
- Mansfield Bio-Incubator
- Massachusetts Biomedical Initiatives (MBI)
- Massachusetts Medical Device Development Center (M2D2)
- Hatch.bio
- Portal Innovations
- UMass Boston Venture Development Center
- No

! The "If you were selected for an award, would you be interested in a free lab bench at one of the below sponsoring incubators - Please check all that apply" field is required.

This will automatically be blinded to reviewers.

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? (required)

Limit: 150 words

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? (required)

Limit: 150 words

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

What is the vision for the company in three years? (required)

Limit: 75 words

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

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

Limit: 75 words

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

Please upload a Pitch Deck to supplement your application. Limit: 20 slides including appendix (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf, .txt, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .ppt, .pptx, .zip

Please upload your Certificate of Good Standing from the Massachusetts Secretary of State. This document must be dated after November 2025 to be eligible. (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Please upload your Certificate of Good Standing from the Massachusetts Department of Revenue. This document must be dated after November 2025 to be eligible. (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Signature

Authorized Signature and Acceptance (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .jpg, .jpeg, .png

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.

Confidentiality Section can be found here: <https://www.masslifesciences.com/massnextgen-deliverables-confidentiality-and-general-conditions/>

How did you hear about the program? (required)

- Social Media
- MLSC Newsletter/Website
- Program Manager
- Sponsors or Coaches
- Third Party (MassBio, MassMedic, etc.)
- Other (specify below)

Please specify how you heard about the program. (required)

Select to receive email notices and updates from MLSC

You may unsubscribe at any time.

We look forward to reviewing your application and working together. If you have any questions or need assistance, please get in touch with our team at massnextgen@masslifesciences.com.

Save Draft

Submit Form

Drafts may be visible to the administrators of this program.
