

Company Information

Applicant Company Legal Name

Corporate Category

Please Identify if you are one of the following:

--Select One--

Federal Tax ID/EIN

1234567

Is the applicant publicly traded

Year Incorporated

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

Name	Role	E-mail	Phone	Organization
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Company Information

First name of Authorized Representative:

Last name of Authorized Representative:

Title of Authorized Representative:

E-mail address of Authorized Representative:

First Name of Secondary Contact:

Last Name of Secondary Contact:

Title of Secondary Contact:

Email address of Secondary Contact:

Applicant web address:

Business Address

Business Address:
Business State:
Business Country:
Business Fax:

Business City/Town:
Business Zip Code:
Business Telephone:

Parent Company

Corporate Address

Is your corporate address different than your business address?

--Select One--

Parent Company Address

Do you have a parent company?

--Select One--

Subsidiary Company

Do you have any subsidiary companies?

--Select One--

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)

Life Sciences Category

Please check no more than 2 categories.

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.

Future Milestones

Future Milestones attached below.

Massachusetts Business Opportunity Plan

Role of Massachusetts Operations

Please use the check boxes below to indicate what role the Massachusetts operations will serve for the applicant as well as a brief description.

Massachusetts Footprint

In the space below, please provide an estimate of the initial space requirements that the applicant will require.

Timing of Massachusetts Operations

Please select the response that best represents the applicant's timing of potential Massachusetts operations. Operations are defined as the date that the applicant begins construction or occupies a property if no construction is needed.

--Select One--

Real Estate steps taken to date

Please select any steps taken towards applicant's potential Massachusetts operations.

Massachusetts Real Estate Plan

Please use the check boxes below to indicate whether the applicant plans to:

Massachusetts Location

If known, please identify any locations that the applicant is considering or has visited in Massachusetts.

Investment

In the space provided, please estimate the financial investment in infrastructure and capital investments the applicant will be making in Massachusetts.

Long Term Growth

In the space provided, please provide a description of the applicant's additional investments over time.

Current Partners

Additional steps taken to date

Please select any additional steps taken towards applicant's potential Massachusetts operations.

Employee Information

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.

Year	Number of New Employees	Average Annual Salary	Estimated Cumulative Annual Withholding Tax
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Affirmative Action Equal Employment Opportunity

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

--Select One--

Financial Information

Funding Raised

Additional funding

Will the applicant seek additional funding for operations in Massachusetts?

--Select One--

Projected Revenue

Available Capital

Please select from the drop down menu which amount of time appropriately describes the length of time that the applicant would be able to operate given it current finances.

--Select One--

Burn Rate

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--

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.

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 unless it is eligible for an exemption including the MLSC's Trade Secrets Exemption. Please indicate by selecting yes or no whether any of the information submitted herein is confidential.