

## Impact Catalyst Program 2026 Cycle Application

### Eligibility Info

#### Applicants must:

- Have more than 50% of their employees based in Massachusetts.
- Be at the first institutional financing round (seed round stage) with committed investors for that round

#### Required Documents for this form:

- Certificate of Good Standing from the Massachusetts Secretary of State
- Certificate of Good Standing from the Massachusetts Department of Revenue
- Letters of Intent from investors, confirming the investor is actively considering participation in the first institutional financing round (seed round) and has conducted appropriate due diligence on the company

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### Company Information

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**Applicant Company Legal Name** (required)

**Year Incorporated** (required)

**Name of Applicant and Title in Company** (required)

**Email of Applicant** (required)

email@example.com

**Applicant Company Web Address** (required)

example.com

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**Business Address**

**Address of Business** (required)

**City/Town of Business** (required)

**Zip Code of Business** (required)

Select...



**Business Telephone** (required)



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**Additional Company Information**

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**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

**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

**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

**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
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**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.

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

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

\$  USD

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

(required)

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.

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**Overview of the Team**

**Leadership Team (Please describe the roles of the C-level leadership team in the company, including all responsibilities.)** (required)

**Are the leadership team members currently working full-time (more than 35 hours per week) and exclusively for the company?** (required)

Yes

No

Program eligibility stipulates that 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.

**Leadership Team Education and Relevant Experience** (required)

Limit: 150 words

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

**Members of the Board of Directors** (required)

Please list the names of Board of Director members.

**Please provide relevant experience for all Board 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 advisor(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 share any links highlighting the award(s) online.

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**Technology and Company Overview**

**Company Summary (abstract)** (required)

Limit: 400 words

The recommended number of words for this answer is: 400 words.

**Please describe the disease or condition your technology addresses, including its prevalence, incidence, mortality, morbidity, and overall impact on the affected population. Include quantifiable metrics, unmet needs, or disparities your solution aims to address.** (required)

Limit: 200 words

The recommended number of words for this answer is: 200 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.

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## Financing Overview and Proposal to MLSC

**Are you currently raising the first institutional financing round? If yes, please describe the status of the raise.** (required)

Limit: 100 words

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

**What is your total target raise amount for this round?** (required)

\$  USD

**How much capital has been committed or soft circled to date? Please explain.** (required)

Limit: 75 words

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

**When do you anticipate closing the round?** (required)



**Have you identified a lead investor? If yes, please specify and indicate whether a term sheet has been issued.** (required)

Limit: 75 words

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

**What types of investors are participating or in active discussions (e.g., institutional VC, angels, strategics)?** (required)

Limit: 100 words

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

**What gaps remain in your syndicate or fundraising strategy?** (required)

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

**What milestones will this round enable over the next 18–24 months? List 2 major milestones. Please outline key use of funds.** (required)

Limit: 100 words

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

**How would participation from Impact Catalyst help you close or strengthen this round?** (required)

Limit: 100 words

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

**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.

**What will your company accomplish with approximately \$250,000 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.

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## Document Uploads

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**Please upload a Pitch Deck to supplement your application.** (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

Limit: 20 slides including appendix

**Please upload Letters of Intent from all investors planning to participate in your first institutional financing round (seed round), confirming that the investor is actively considering participation and has conducted appropriate due diligence on the company.** (required)

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

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

**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

If you do not yet have the certificate, please upload proof that you have requested it from the Massachusetts Secretary of State.

**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

If you have not yet received the certificate, please upload proof that you have requested it from the Massachusetts Department of Revenue.

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**Signature**

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**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 Impact Catalyst 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 Impact Catalyst 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/programs/impact-catalyst/>

### 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)

**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: [impactcatalyst@masslifesciences.com](mailto:impactcatalyst@masslifesciences.com)**

**Save Draft**

**Submit Form**

Drafts may be visible to the administrators of this program.