

## MassNextGen Application

### Company Information

**Applicant Company Legal Name** (required)

**Year Incorporated** (required)

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### Underrepresented Leader Information

**First Name of Underrepresented Leader** (required)

This will automatically be blinded to reviewers.

**Last Name of Underrepresented Leader** (required)

This will automatically be blinded to reviewers.

**Title of Underrepresented Leader** (required)

This will automatically be blinded to reviewers.

**Email of Underrepresented Leader** (required)

This will automatically be blinded to reviewers.

**Applicant Company Web Address** (required)

This will automatically be blinded to reviewers.

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## Business Address

**Address of Non-Profit Entity** (required)

This will automatically be blinded to reviewers.

**City/Town of Non-Profit Entity** (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.

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## Press Contact

**Is the Press Contact the same as the Underrepresented Leader?** (required)

Yes

No

This will automatically be blinded to reviewers.

**Name of Press Contact**

First Name

Last Name

This will automatically be blinded to reviewers.

**Email Address of Press Contact**

This will automatically be blinded to reviewers.

## Press Contact Telephone



This will automatically be blinded to reviewers.

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## 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

**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

**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.

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

- Yes
- No

**Describe the source AND magnitude 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.

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**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 Role (Please describe your role in the company, including any responsibilities.)** (required)

**Education and Relevant Experience** (required)

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

**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.

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

(required)

**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)

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 and denote female and diverse member(s).** (required)

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)

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)

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.**  
(required)

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

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**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)

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

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

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)

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

**What is your competitive advantage?** (required)

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

**Who is the typical buyer?** (required)

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

**What are your pricing and reimbursement strategies?** (required)

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

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

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

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

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)

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

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### 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.

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

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

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

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

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

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

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

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)

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

- Mansfield Bio-Incubator
- Massachusetts Biomedical Initiatives (MBI)
- Massachusetts Medical Device Development Center (M2D2)
- Hatch.bio
- Portal Innovations
- UMass Boston Venture Development Center
- No

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)

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)

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

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

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)

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

**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, .xls, .xlsx, .zip

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**Signature**

**Authorized Signature and Acceptance** (required)

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
- Third Party (MassBio, MassMedic, etc.)
- Other (specify below)

**Select to receive email notices and updates from MLSC**

You may unsubscribe at any time.

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**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](mailto:massnextgen@masslifesciences.com).**

Drafts may be visible to the administrators of this program.