



RHODE ISLAND LIFE SCIENCE HUB
BUSINESS ATTRACTION GRANT PROGRAM APPLICATION
APPENDIX A

**PLEASE SUBMIT A COMPLETE ELECTRONIC APPLICATION WITH ATTACHMENTS TO THE
RHODE ISLAND LIFE SCIENCE HUB AT INFO@RILIFSCIENCE.COM.**

- This supplemental application consists of a set of required attachments and a certification form. To be considered for Business Attraction Grant Program funds, all items must be submitted in a single submission, organized as instructed below. Failure to provide required information could result in a delay in the review of or rejection of an application.
- The Rhode Island Life Science Hub reserves the right to require the submission of additional information in connection with any application or to require the revision of an application.
- Applicants approved for financing will be required to enter into a grant agreement with the Rhode Island Life Science Hub to receive funding. The Rhode Island Life Science Hub may request additional information in the course of negotiating that agreement.
- All applicants are advised that any and all records (documents, correspondence, memoranda, etc.), received or maintained by the Rhode Island Life Science Hub may be a matter of public record and subject to release upon a request from a member of the public under the Rhode Island Access to Public Records Act (“APRA”), R.I. Gen. Laws Section 38-2-1 *et seq.* In response to a request, the Rhode Island Life Science Hub has the right, in its sole discretion, to redact or withhold information which is exempt from disclosure under APRA, including trade secrets and commercial or financial information which is of a privileged or confidential nature. The Rhode Island Life Science Hub recommends that any portion of any attachment in the application that contains such information be clearly labeled with the legend “Confidential Information.”



Company Name:

Federal Tax ID/EIN:

Private or Public Company:

Year and Location of Incorporation:

Company Website:

Business Address:

Authorized Company Representative (Name):

Title:

Email:

Phone Number:

Secondary Company Representative (Name):

Title:

Email:

Phone Number:



Company Press Representative (Name):

Title:

Email:

Phone Number:

Interaction with other entities - Please identify any other Rhode Island nonprofit or public entities your company has interacted with:

RI Commerce Corporation

Department of Labor and Training

RI BIO

NEMIC

Other

Brief Company Description:

Executive Management Team (List Names & Titles):



Life Science Sector/Category (List max TWO categories):

Modality - type(s) of products your company is developing and/or marketing:

NAICS Code – Please provide the applicable North American Industry Classification System (NAICS) code for the applicant’s business. For more information on NAICS and to search for the applicable NAICS code, [click here](#) :

Company Locations & Number of Employees – Please list:



Company Portfolio

- Commercial Products:

- Clinical Stage Products:

- Products in Research Pipeline:

- Current Portfolio Partnerships:

Current Company Size:

- Total Current Number of Employees (Define # of FTE, Consultants, 1099 Employees, Interns):

- Real Estate Space (square feet) – describe location(s), site type, and size:

- Describe Diversity Profile of Current Workforce:



Rhode Island – Project Profile

- Project Type (Expansion/Relocation/Both):
- Total Number of New Jobs Created in Rhode Island:
- Anticipated Average Salaries for RI Employees:
- Job Requirements for RI Employees:

- Number of RI Employees projected at end of Y1:
- Number of RI Employees projected at end of Y2:
- RI Real Estate Space planned initially (sq ft):
- RI Real Estate Space projected at end of Y1:
- RI Real Estate Space projected at end of Y2:

For Locating to Existing Site in Rhode Island:

- Have you identified a location? If so, where?

- Anticipated Square Footage required:

- Have discussions been had with real estate firms? If so, which firm?



For Building Out New Site in Rhode Island:

- Describe the scale and scope of development:

- Unique requirements for development, if any:

When does the company anticipate the opening of the Rhode Island location?

Company Financials

- Annual Revenue:
- Cash on Hand:
- Debt Held:
- Current Anticipated Cash Runway (if applicable):

If Private, Fund Raising to Date:

- Investors:

Company Funds Contributed for Relocation/New Operations in Rhode Island:



What funding will be required from the Rhode Island Life Science Hub for Relocation/Expansion?

Company Future Planning in Rhode Island

- **Define key milestones for the company over the next years:**
 - Year One:

 - Year Three:

 - Year Five:

- **Comment on successful milestones and future growth for the company:**



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? **(Yes/No)**

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? **(Yes/No)**

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?” **(Yes/No)**

Proprietary

Please indicate whether your responses to this application are proprietary in nature as applicable to the MA Public Records Law. **(Yes/No)**



Application Certification Form

The undersigned is the chief executive officer or equivalent officer of the applicant with the authority to bind the company for the proposed RILSH Business Attraction Grant Program.

I certify that:

- I have reviewed the information contained in this supplemental Business Attraction Grant Program application and confirm that the statements made in this supplemental application in its entirety including all attachments, appendices, etc. are true, accurate and complete to the best of my knowledge.
- The applicant is neither a person subject to the Rhode Island Code of Ethics nor a person within the scope of R.I.G.L. § 36-14-5(h).
- The applicant has not been convicted of bribery or attempting to bribe a public official or employee of the Rhode Island Life Science Hub or of the State, has not been disqualified from an awarded contract with Rhode Island Life Science Hub or the State, and has never defaulted on work awarded by the Rhode Island Life Science Hub or the State.

Name of Certifying Officer:

Title:

Signature of Certifying Officer:

Date Signed:

If you have any questions regarding the application process, e-mail info@rilifescience.com.