**Attachment A**

**MA Digital Health Sandbox Application**

In addition to Attachments A and B, all applicants must also submit a signed letter of support from the selected sandbox and brief bios of the key team members participating in the project.

|  |  |
| --- | --- |
| Applicant Organization Name | Applicant Website |
| Mailing Address | City/Town/Zip | Telephone |
| Applicant legal status and state of jurisdiction*(e.g., a Massachusetts corporation, a Delaware Limited Liability**Company, a Connecticut limited partnership, etc).* | Applicant Organizational TaxpayerID# |
| Applicant Organization Total FTE Count | Applicant Organization Revenue Range(past 12 months)☐ Less than $500K☐ Between $500K and $2M☐ Between $2M and $5M☐ Between $5M and $10M☐ More than $10M | Applicant Organization total capital raised from grants, angel investors, venture capital, and other outside funding sources☐ Less than $1M☐ Between $1M and $3M☐ Between $3M and $10M☐ More than $10M |
| Applicant Organization Massachusetts FTE Count |
| Primary Contact Name | Contact Title | Contact e-mail | Contact Telephone |

**Select your company stage.**

**See** <https://www.massdigitalhealth.org/resources>

**for descriptions of each stage**

[ ]  Discovery

[ ]  Development

[ ]  Deployment

[ ]  Distribution

**Indicate which Sandbox you are applying for:**

**Select the type of project you are applying for.**

[ ]  Exploratory or Discovery Project

[ ]  Development or Testing Project

[ ]  Active Pilot Project \*

**Have you previously received funding from the Sandbox Grant Program?**

[ ]  Yes †

[ ]  No

\*Applicants applying for an active pilot project must also complete the Active Pilot Supplemental Questions (Attachment C)

†Applicants applying for a second round of funding must also complete the Phase II Supplemental Questions (Attachment D)

**Please provide a pitch deck, video presentation, or other materials that describe your company and its value proposition in your own words.**

**Describe what makes your company or solution unique in your space as compared to your competition.**

**Describe your project and how the sandbox will support the project. Include your expected outcomes and measurements of success.**

*Include any testing and validation needs. If you are proposing a research study, indicate if it will go through an IRB process and note whether you’ve completed an IRB application or if the sandbox will assist in that process. How will you measure success? Who will conduct your data analysis? (Be sure to address all components of the Evaluation Criteria listed in section 3 of the Solicitation)*

**Provide a High Level Project Plan:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Tasks** | **Milestones** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Describe the potential impact of this project on your company and where you would like to be headed after the project.**

**Describe the potential impact of this project on the Massachusetts economy, health equity, and the innovation ecosystem in the state.**

**Describe how this project will address the COVID-19 pandemic.**

*Will your project directly impact the spread of COVID-19? Will it help the Commonwealth recover from the pandemic? Will it support issues in healthcare that were exacerbated by the pandemic?*

**Budget**

Complete the budget template below. Please review the grant eligibility guidelines on <https://masstech.org/digital-health-sandbox-program-solicitation> and include any required matching contributions below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Use of Sandbox** *(e.g. membership level; proposed services)* | **Rate or Fee** | **Period of Use***(if applicable)* | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |
| **Matching funds** |  |
| **Total MassTech Share** |  |

**Attachment B**

**Massachusetts Technology Collaborative**

**Authorized Applicant’s Signature and Acceptance Form**

The undersigned is a duly authorized representative of the Applicant listed below. The Applicant has read and understands the Solicitation requirements. The Applicant acknowledges that all of the terms and conditions of the Solicitation are mandatory, and that Applicant’s response is compliant with such requirements. The Applicant specifically acknowledges the application of the procedures regarding disclosure of sensitive information as set forth in Section 4.1 (d) of the Solicitation, and specifically agrees that it shall be bound by those procedures.

The Applicant understands that, if selected by the Mass Tech Collaborative, the Applicant and the Mass Tech Collaborative will execute written agreements specifying the mutual requirements of participation. The undersigned has either (*please check one)*:

[ ]  specified exceptions and counter-proposals to the terms and conditions of the Grant Agreement and Statement of Work; or

[ ]  agrees to the terms and conditions set forth therein;

The undersigned acknowledges and agrees that the failure to submit exceptions and counter- proposals with this response shall be deemed a waiver, and the Agreement shall not be subject to further negotiation.

Applicant agrees that the entire bid response will remain valid for sixty (60) days from receipt by the

Mass Tech Collaborative.

I certify that Applicant is in compliance with all corporate filing requirements and State tax laws. I further certify that the statements made in this response to the Solicitation, including all

attachments and exhibits, are true and correct to the best of my knowledge.

Applicant:

 (Printed Name of Applicant)

By: (Signature of Authorized Representative)

Name:

Title:

Date:

**Attachment C**

**Active Pilot Supplemental Questions**

**If this is a clinical project, who is the Principal Investigator? Please include their information with the key team member bios and indicate how they will support the project below.**

**Describe your subject recruitment and engagement plan.**

**Attachment D**

**Phase II Supplemental Questions**

* **Please send a brief business plan with your application**
* **Please send your completed Phase I Project Report with your application**

**Describe the impact of your Phase I project on your company or product.**