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| Therapy Acceleration Program (TAP) LLS_Logo_color.pngInitial Funding Request form (SARS-CoV-2 Antibody) | | |
| **Company:** | | **Date:** |
| **Contact:** | | **Email:** |
| **Address:** | | |
|  |  | |
| **Please complete this initial questionnaire and *do not exceed* *one page*.  The answers should be high level, summarizing main points.** | | |
| **1. Antibody TECHNOLOGY PLATFORM** | | |
|  | | |
| **2.** **therapeutics Profile** | | |
|  | | |
| **3. Clinical Study description** (Current *Status, Timeline Projection*) | | |
|  | | |
| **4. FUNDING REQUEST** | | |
| * Total Budget: * Budget on patients with hematological malignancies: * Funding request to LLS: | | |
| **5. company overview** | | |
|  | | |
| **6. Senior Management INDUSTRY RELATED EXPERIENCE** *(Highlights)* | | |
|  | | |
| **7. Company governance** | | |
|  | | |
| **8. COMPANY Funding Raised to date***(in dollars)* | | |
| * VC Total: * Private Total: * Grants: * Other: | | |

**Please return this completed form along with a non-confidential presentation. Thank you.**