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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.**