



**Maternal & Infant Health R&D  
Grant Program  
Application Template**  
2022

# Online Application <https://application.njeda.com/CSIT>

## Welcome Page



### Welcome to the Commission on Science, Innovation and Technology's application portal!

#### GENERAL INFORMATION:

Before you get started, there are a few things you should be aware of to make the application process as simple as possible.

- In order to complete your online application, you must register for an account with a username and password. Your username and password will allow you the flexibility to complete your application at your convenience.
- All fields are mandatory but can be completed with a 'NA' if you do not have the requested information at the time of application or if the question does not apply.
- If you would like to go back to a previous application section, select the section name from the left panel. Use the continue button to navigate to the desired page.
- You may use the "HELP/Assistance" button on the top right to email [csit@njeda.com](mailto:csit@njeda.com).
- If asking questions regarding your specific application, please reference the Application ID # located on the top right of the screen.
- Because some state systems have experienced longer than usual processing times due to COVID-19, applicants are encouraged to obtain copies of the required NJ documentation early in the process of completing their applications to avoid any delays in submission of supporting documentation

#### **Maternal and Infant Health (R&D) Grant Program**

The Maternal and Infant Health (R&D) Grant Program application will open on Friday, July 1, 2022 at 9 a.m. The application will be open through August 26, 2022 at 5pm.

- You may use the "HELP/Assistance" button on the top right to email [csitmaternal@njeda.com](mailto:csitmaternal@njeda.com)

# Online Application

## Create a New Account



**Log In**

User Name:

Password:

# Online Application

## Create a New Account



In order to complete your online application, you must register for an account with a username and password on our system. Your username and password will allow you to fill out the application in steps as your schedule permits.

Note: All fields are required.

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Company:	<input type="text"/>
Phone Number:	<input type="text"/>
Phone Ext.:	<input type="text"/>
E-mail:	<input type="text"/>
Username:	<input type="text"/>
Password:	<input type="password"/>
Re-type Password:	<input type="password"/>

Remember to write down your username and password for future reference

Submit

# Online Application

## Start a New Application



 [Logout](#)

### Start a New Application

Please check the applicable (Only one may be selected):

- Maternal and Infant Health R&D Grant Program
- Round 2 Clean Tech Research and Development (R&D) Voucher Pilot Program
- Catalyst Research and Development (R&D) Voucher Pilot Program

Please enter a brief description of your project (up to 50 characters). The description is for your reference only. It will not be submitted with the application.

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## Company Welcome & Eligibility



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### Welcome

Thank you for applying to the Maternal and Infant Health R&D Grant Program. The goal of the Maternal and Infant Health R&D Grant Program is to support innovation from researchers and entrepreneurs focused on developing technology, therapeutics, and other solutions to address maternal and infant health challenges in New Jersey. The grant will engage early-stage innovation-based companies in New Jersey and help to accelerate research and development, transforming new discoveries from research stage into commercially viable products and services.

**Important Note:** The grant must be used for Research and Development projects or the testing of technologies related to maternal and infant health excluding clinical trial activity.

### Eligibility

Is the applicant, or any person who controls the applicant, or owns or controls more than 1% of the stock or units of the applicant, an officer or employee of any agency, authority, or other instrumentality of the State of New Jersey? An agency, authority, or other instrumentality of New Jersey includes:



- Any of the principal departments in the Executive Branch of the New Jersey state government, or a division, board, bureau, office, commission or other instrumentality within or created by such a department, or
- An interstate agency to which New Jersey is a party, or
- Any independent New Jersey authority, commission, instrumentality, or agency.

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## Company Welcome & Eligibility cont.

units of the applicant, an officer or employee of any agency, authority, or other instrumentality of the State of New Jersey? An agency, authority, or other instrumentality of New Jersey includes:

- Any of the principal departments in the Executive Branch of the New Jersey state government, or a division, board, bureau, office, commission or other instrumentality within or created by such a department, or
- An interstate agency to which New Jersey is a party, or
- Any independent New Jersey authority, commission, instrumentality, or agency.

The company is conducting research and development in the area of life sciences, technology, and non-retail food / beverage, where the innovation addresses maternal and infant health challenges

Does the company have a minimum of one full-time worker (Full-time calculated on a 35-hour work week). A founder can be counted as a worker; a worker may be paid or unpaid at the time of submission.

Does the company have no more than 25 full-time equivalent (FTE) workers (FTE calculated on a 35-hour work week) at time of submission.

Is fifty percent or more of the cumulative hours worked by all workers, founders, and contractors must be conducted in New Jersey (as calculated on an FTE basis of 35 hours per week) at time of submission.

Does the company have less than or equal to \$1,000,000 in 2021 calendar year sales revenue.

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### Company Information

Company Name (Legal name):

Provide a brief company description (150 words max)



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## Company Information cont.

Company Headquarters	
Street Address:	<input type="text"/>
Address Line 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="▼"/>
ZIP Code:	<input type="text"/>
Company's primary R&D space	
Street Address:	<input type="text"/>
Address Line 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="▼"/>
ZIP Code:	<input type="text"/>
Company Website:	<input type="text"/>
State of Formation of Company	<input type="text" value="▼"/>
Year Established:	<input type="text" value="▼"/>
Legal Structure:	<input type="text" value="▼"/>
Industry ( <a href="#">NAICS Code</a> ):	<input type="text"/>
Federal Tax ID Number (EIN):	<input type="text"/>
<input type="button" value="Continue"/>	

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### Worker Log

Please complete the worker log table. List all individuals that work for the company at the time of application (E.g. full-time, part-time, consultants, interns, etc.). Please include the CEO and/or founder's information as well. Verification documentation will be uploaded later in the application process. Please note that if the company uses a Professional Employment Organization (PEO) for payroll processing, the PEO-form issued by the NJ Department of Labor must be submitted as well. Do not include: Advisors, board members, etc.

Employee Name:

Position:

Date Hired:

Type:  ▼

# of hours worked per week:

Is the employee's work location in NJ?  ▼

Primary work location address:

Is the employee getting paid?  ▼

Does the employee have equity in the business?  ▼

Verification document:  ▼

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### Worker Log

Please complete the worker log table. List all individuals that work for the company at the time of application (E.g. full-time, part-time, consultants, interns, etc.). Please include the CEO and/or founder's information as well. Verification documentation will be uploaded later in the application process. Please note that if the company uses a Professional Employment Organization (PEO) for payroll processing, the PEO-form issued by the NJ Department of Labor must be submitted as well. Do not include: Advisors, board members, etc.

Employee Name	Position	Type	# Hours worked per week	Verification Document
<a href="#">Edit</a> <a href="#">Remove</a> sample	sample	FTE	40	W2

[Add Another Individual](#)

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### Diversity, Equity & Inclusion

In this section we would like more information about the diversity of your company. This information is optional and for tracking purposes only. Any questions that are not applicable may be skipped.

With which of the following does the majority owner of the applicant organization self-identify (if applicable)?

- Minority
- Woman
- Veteran
- LGBTQ
- Disabled
- Prefer not to answer

\* Required Field

Please select which of the following certifications the applicant organization currently holds:

- Small Business Enterprise (SBE)
- Disadvantaged Business Enterprise (DBE)
- Minority-Owned Business Enterprise (MBE)
- Woman-Owned Business Enterprise (WBE)
- Veteran-Owned Business Enterprise (VOB)
- Disabled Veteran-Owned Business Enterprise (DVOB)
- None of the above / I do not wish to identify

\* Required Field

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## Company Information

cont.

**Additional DE&I Information**

In this section, we would like more information about any actions your company has taken or is taking with respect to Diversity, Equity & Inclusion. If these questions are not applicable, you may skip them.

Please describe whether your company's leadership team is made up of a diverse group of individuals. Please provide as much detail as possible about the composition of your leadership team as it relates to groups that have been historically underrepresented (minority, woman, veteran, LGBTQ, disabled).

Please describe whether your company's Board of Directors is made up of a diverse group of individuals. Please provide as much detail as possible about the composition of your leadership team as it relates to groups that have been historically underrepresented (minority, woman, veteran, LGBTQ, disabled).

Please describe any diversity initiatives, programs, or plans the applicant company has established.

**Language Assistance**

Is English your primary language?

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### Company Information

Do you have an executed license with a NJ university for this technology?

Select 

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## Primary Contact Information



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### Primary Contact Information

First Name:

Last Name:

Job Title:

Telephone Number:

Email Address:

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## Project Description



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### Project Description

What industry sector is your proposed innovation project focused in. Check all that apply.

- Life Sciences
- Non-Retail Food / Beverage
- Technology (including communications and IT)

Briefly describe the innovation that your company is developing and how it will address maternal and infant health challenges? (250 words max) E.g. The company is developing a .... for use in...



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## Project Description cont.

What is/are the specific problems/challenges that your innovation is trying to solve in the maternal and infant health space? (250 words max)



How will the proposed innovation address maternal and infant health problems and challenges (250 words max)?



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## Project Description cont.

How has your company and/or proposed innovation worked to address racial disparity in maternal and infant health? (250 words max.)

How has your company engaged with vulnerable communities and target groups to address maternal and infant health challenges? (250 words max.)

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### Project Description

What/who are the incumbent players in the ecosystem and their respective solutions or proposed solutions? (State the names of up to five companies and the solutions they offer today. If landscape has more than five main players, identify the five you considered to be most significant and indicate that there are more than five players in the market offering similar solutions)

Name of Company:

Proposed solution (Please differentiate between various company solutions)

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### Project Description

What/who are the incumbent players in the ecosystem and their respective solutions or proposed solutions? (State the names of up to five companies and the solutions they offer today. If landscape has more than five main players, identity the five you considered to be most significant and indicate that there are more than five players in the market offering similar solutions)

		Name of Company
<a href="#">Edit</a>	<a href="#">Remove</a>	company 1
<a href="#">Edit</a>	<a href="#">Remove</a>	company 2
<a href="#">Edit</a>	<a href="#">Remove</a>	company 3
<a href="#">Edit</a>	<a href="#">Remove</a>	company 4
<a href="#">Edit</a>	<a href="#">Remove</a>	company 5

There are more than five players in the market offering similar solutions

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### Project Description

Describe the current stage of innovation development for the proposed project. Projects should have demonstrated proof of concept but not be at the stage of product launch to be considered for funding in the Maternal and Infant Health R&D Grant Program (250 words max) (Reminder: **Proof of concept** documentation will be required to upload at the end of the application)

Are there any regulatory approvals required for the adaption of your innovation? Please describe how you plan to address these requirements.

# Online Application

## Project Description cont.

Are there any regulatory approvals required for the adaption of your innovation? Please describe how you plan to address these requirements.

Do you have any intellectual property associated with this innovation or Project? Select ▼

Please describe any plans the company has to file intellectual property related to the proposed project.

Continue

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**Project Description**

If applicable, list any intellectual property you have, associated with this innovation or Project.

Patent Number:

Patent Title:

Patent Status:

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**Applicant:**

Company: sample

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### Project Description

If applicable, list any intellectual property you have, associated with this innovation or Project.

	Patent Number	Patent Title	Patent Status
<a href="#">Edit</a>	<a href="#">Remove</a>	sample	sample

[Add Additional Intellectual Property](#)

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## Milestone & Budget



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### Milestone and Budget

Briefly describe how the funding will be used to further the research and development of your innovation? (150 words max)

Please complete the [Milestone and Budget template](#). Click the link to access and save the completed file to your computer. This document will be uploaded later in the application.

[Continue](#)

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## Go-to-market strategy

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### Go-to-market strategy

Describe your proposed business model. (e.g. manufacturing, license, manufacturing partnership) (250 words max)

Who are your target customers and how do you intend to market your solution to them? Please be specific (e.g. Women in prenatal stage, infants 3-6 months, etc.) (250 words max)

How are you planning to scale-up your business in the next three-years (250 words max)

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### Team Information

List all the Team members who are proposed to be involved in the Project, including a brief description of the role they will play. For each team member, provide a brief bio, including any college and graduate degrees and professional experience relevant to his/her proposed role. Please add the Postsecondary Degree, Major, and University Affiliation on the same line.

Name:

Title:

Postsecondary Degrees:

Brief Bio (250 words max) Include LinkedIn URL if available


LinkedIn Profile (weblink):

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## Team Information



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### Team Information

List all the Team members who are proposed to be involved in the Project, including a brief description of the role they will play. For each team member, provide a brief bio, including any college and graduate degrees and professional experience relevant to his/her proposed role. Please add the Postsecondary Degree, Major, and University Affiliation on the same line.

**Team Member Name**

[Edit](#)   [Remove](#)   employee name

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## Acknowledgement of Virtual Presentation



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### Acknowledgement of Virtual Presentation

- I acknowledge that upon submission of this application, I agree to participate in a 30-minute virtual presentation of the proposed project with grant reviewers.

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## Legal Questionnaire

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### New Jersey Commission on Science, Innovation, and Technology Legal Questionnaire

Persons (entities or individuals) applying for CSIT programs are subject to the Disqualification/Debarment set forth in Executive Order 34 (Byrne 1976). Applicants are required to answer the following background questions ("Legal Questionnaire") pertaining to causes that may lead to debarment, disqualification, or suspension from eligibility under the Regulations and Executive Orders 34 (Byrne 1976) and 189 (Kean 1988) after consideration of all relevant mitigating factors. Governmental entities are not required to submit this Legal Questionnaire and may leave it empty.

***Note that this form has recently been modified.  
Please review in its entirety prior to providing any responses or certifications.***

#### DEFINITIONS

Notwithstanding any terms defined elsewhere or otherwise herein, the following definitions shall govern in responding to this Legal Questionnaire:

"Affiliates" means any entities or persons having an overt or covert relationship such that any one of them directly or indirectly controls or has the power to control another. For the purposes of application for, or ongoing compliance with, CSIT-administered programs, this includes:

- any entities or persons having an ownership interest in Applicant of 10% or greater;
- any entities in which Applicant holds an ownership interest of 10% or greater; and
- any entities that are named in the application and/or agreement, or that will receive a direct benefit from the financing, incentive, or other agreement with CSIT.

*Note that any entities or persons fitting these definitions will need to be listed in Part C on the next page.*

"Legal Proceedings" means any civil, criminal, or administrative proceedings in a State or Federal court or administrative tribunal in the United States or any territories thereof.

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### **Part C: Applicable Affiliates**

"Affiliates" means any entities or persons having an overt or covert relationship such that any one of them directly or indirectly controls or has the power to control another. For the purposes of application for, or ongoing compliance with, CSIT-administered programs, this includes:

- any entities or persons having an ownership interest in Applicant of 10% or greater;
- any entities in which Applicant holds an ownership interest of 10% or greater; and
- any entities that are named in the application and/or agreement, or that will receive a direct benefit from the financing, incentive, or other agreement with CSIT.

Please provide a list of all entities or persons considered to be "Affiliates" of Applicant based upon the above definitions.

I have no affiliates to report.

Name of Affiliate (Entity or Person):

Federal Employer Identification Number (FIN) (if applicable):

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**Applicant:**

**Company:** sample

**Project:** sampl,e

**Product:** Maternal and Infant Health R&D Grant Program

**Application ID #203108**



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### Part C: Applicable Affiliates

"Affiliates" means any entities or persons having an overt or covert relationship such that any one of them directly or indirectly controls or has the power to control another. For the purposes of application for, or ongoing compliance with, CSIT-administered programs, this includes:

- any entities or persons having an ownership interest in Applicant of 10% or greater;
- any entities in which Applicant holds an ownership interest of 10% or greater; and
- any entities that are named in the application and/or agreement, or that will receive a direct benefit from the financing, incentive, or other agreement with CSIT.

Please provide a list of all entities or persons considered to be "Affiliates" of Applicant based upon the above definitions.

**Name**

**FEIN (if applicable)**

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## Legal Questionnaire cont.

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**Applicant:** Application ID #203104  
**Company:** sample  
**Project:** sample  
**Product:** Maternal and Infant Health R&D Grant Program ? HELP / Assistance

### CERTIFICATION OF LEGAL QUESTIONNAIRE AND AUTHORIZATION TO RELEASE INFORMATION

This certification shall be signed as follows:

- for a corporation, by a principal executive officer, at least the level of vice president;
- for a partnership, by a general partner;
- for a sole proprietorship, by the proprietor;
- for a governmental entity, the contact person (business administrator, manager, mayor, etc.);
- for other than above, the person with legal responsibility for the application.

I hereby represent and certify that I have reviewed the information contained in this Legal Questionnaire, and that the foregoing information is true and complete under penalty of perjury. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I further agree to inform the New Jersey Commission on Science, Innovation, and Technology of any changes in the foregoing information which may occur prior to execution of any agreement with CSIT, and so long as any such agreement is in effect. Failure to disclose relevant matters may render the Applicant ineligible for the financial benefits sought and may subject the Applicant to disqualification, debarment, suspension, or referral to the office of the State's Attorney General.

The undersigned, on behalf of the Applicant, understands and acknowledges that information and documents provided to the New Jersey Commission on Science, Innovation, and Technology: (1) are subject to public disclosure during deliberations of the CSIT at public meetings regarding the application and as set forth in the minutes of the CSIT's public meetings; and (2) are subject to public disclosure under certain laws, including, but not limited to, the Open Public Records Act, N.J.S.A. 47A:1-1 et seq., and the common law right-to-know.

Name:   
Title:   
Applicant Name:


**I am Authorized Signer and I accept the terms and conditions.**

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## Russia/Belarus Questionnaire

Commission on Science,  
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**Applicant:**  
**Company:** sample  
**Project:** sample  
**Product:** Maternal and Infant Health R&D Grant Program

Application ID #203104

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### **CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS PURSUANT TO P.L. 2022, C. 3**

I, sample sample, am authorized to certify that sample is not "engaged in prohibited activities in Russia or Belarus" (as such term is defined in P.L.2022, c. 3., sec. (1)(e)) except as permitted by federal law. I understand that if this statement is willfully false, I may be subject to penalty, as set forth in P.L. 2022, c. 3, section (1)(d).

IN WITNESS WHEREOF, I have hereunto set my hand this 15th day of June, 2022.

**Name:** sample sample  
**Company:** sample

- I am Authorized Signer and I accept the terms and conditions.**
- The applicant company is engaged in prohibited activities in Russia or Belarus and therefore is not able to complete this certification.**

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# Online Application

## Required Attachments

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- [Project Description](#)
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**Applicant:**  
**Company:** sample  
**Project:** sample  
**Product:** Maternal and Infant Health R&D Grant Program

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### Required Documentation

All applications to the Maternal and Infant Health Grant Program **must** include the following documentation:

- To evidence that proof of concept has been achieved for the project. Submit one of the following:
  - Description of the proof-of-concept results,
  - Published paper outlining results achieved,
  - Detailed description of patent application for proposed technology,
  - Successful completion of a federal SBIR/STTR grant or contract related to the project,
  - Confirmation documentation from a university tech transfer office if the project relates to technology that has been developed at a university.
- [Budget and Milestone Template \(use attached excel template\)](#)
- Employee information as appropriate for applicable company structure and staffing (i.e., most recent New Jersey WR-30 (W2 employees) or 1099 (contractors)), Shareholder Agreement or K-1, or offer letters. Please note that if a Professional Employment Organization (PEO) is utilized, the applicant must submit confirmation of PEO-A form issued by the New Jersey Department of Labor (DOL). These confirmations are issued on an annual basis and are valid for a year. See <https://www.nj.gov/labor/ea/employer-services/leasing-companies/> for additional information on PEOs.
- Summary of most recent Internal Payroll (Q4 2020 or Q1 2021) indicating each employee name and number of hours worked per week.
- Most recent company tax filing: Federal 941 and either an NJ-CBT-100 (Schedule A), Form-1065 or Form -1040 (Schedule C), as applicable, showing the total gross receipts or sales for the year.
- Current NJ tax clearance certificate (listing New Jersey Commission on Science, Innovation and Technology). See [https://www16.state.nj.us/NJ\\_PREMIER\\_EBIZ/jsp/home.jsp](https://www16.state.nj.us/NJ_PREMIER_EBIZ/jsp/home.jsp). All certificates listing another state agency will be rejected.
- If applicable, copy of Women and/or Minority owned business NJ certification <https://www.njportal.com/DOR/SBERegistry/Default/>
- If applicable, copy of Veteran-owned, Minority-owned, or Women-owned business certification.

# Online Application

## Required Attachments cont.

### i. Signed CSIT Certification

*Please download, sign, and upload the linked Application Certification as an attachment on the next page.*

The online application will enable applicants to provide an electronic Application Certification by uploading a signed PDF. However, if an **applicant prefers not to** provide an electronic Application Certification, the applicant may:

a. Mail a hard copy of the signed Application Certification postmarked by the application deadline to CSIT at:

Commission on Science, Innovation and Technology

Attn: Judith Sheft (Executive Director)

36 W State Street

P.O. Box 990

Trenton, NJ 08625

AND

b. Email the signed CSIT Certification to CSIT with the subject line: "MAILED Application Certification Maternal and Infant Health RD Grant Program" indicating that the document has been mailed. Only the signed CSIT Legal Certification should be mailed; the rest of the application must be submitted through the online system.


**Please note that if an applicant chooses to mail a hard copy of the application certification, the application will only be considered complete once the original signed CSIT application certification post marked by the application deadline is received by CSIT.**



[Print List of Required Attachments](#)

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# Online Application


## Required Attachments cont.



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**Attachments**

There are no files currently attached to the application.

Attachments may be submitted in the following formats:

- Microsoft Word (.doc, .docx)
- Microsoft Excel (.xls, .xlsx)
- WordPerfect (.wpd)
- Text (.txt)
- Adobe PDF (.pdf)

Select file(s) to attach:

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### Application Submission

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