

Organization Information

Applicant Name (Organization):	Massachusetts Life Sciences Center
Applicant City/Town:	
Organization Type:	--Select One--

Contact Details

Name:	
Title:	
E-mail:	
Telephone:	

Project Information

Name of Project	
Total Project Cost	

Source of Committed Funding	Amount of Committed Funding
Sample	\$0.00
	\$0.00

Fiscal Year	Funding Level
FY20-FY21 (July 1, 2019 - June 30, 2020)	\$0.00
FY21-FY22 (July 1, 2020 - June 30, 2021)	\$0.00
TOTAL Funding Requested from MLSC	\$0.00

Project Narrative

Please describe the Project your organization is proposing in narrative format (no longer than 6 pages with 11 pt font) and include the following sections:

- 1. Elevator Pitch (no more than 5 sentences)**

Provide a short summary to describe your project, its value proposition to the Applicant institution and to the broader life sciences community, and how the MLSC funding would leverage something that otherwise would not happen.

2. Description, Objectives and Scope of the Project

Provide a detailed description of the project and the value to the Commonwealth of providing funding to enable or accelerate the execution of the project. As part of this description, address the General Criteria listed below and the Applicant-specific criteria relevant to your institution.

General Criteria:

- Capacity of project to create and/or retain jobs in Massachusetts
- Contributions to the Massachusetts life sciences ecosystem and its culture of innovation
- Promotion of significant economic development in Massachusetts
- Potential for MLSC's funds to make a difference and availability of funds from other sources
- Capacity of Applicant to implement and sustain the project

Criteria for Research Institutions/Academic Medical Centers:

- Potential for investment to enable scientific advances and accelerate effective treatment
- Potential to succeed and innovate in addressing challenges faced by the specialty
- Capability of team to execute on, and sustain, the project (curriculum vitae of team members are allowed and will not be counted toward the 6-page limit - they should be included at the end of the Project Narrative)
- Likelihood of Massachusetts life sciences ecosystem to benefit from the investment
- Effectiveness and robustness of partnerships
- Potential to contribute to workforce development through training and the creation of jobs
- Potential to fill a gap, or accelerate growth, in the Massachusetts research ecosystem

Criteria for Incubators/Accelerators:

- Potential for investment to provide value and development opportunities to emerging companies
- Potential to fill a gap, or accelerate growth, in a particular sub-cluster of the life sciences in a particular region of the Commonwealth
- Demonstration of market demand for such incubator/accelerator resources and how such resource differentiates itself from existing resources
- Qualifications, experience and expertise of Applicant to create, manage and sustain an incubator/accelerator

Criteria for Non-Research Colleges and Universities/Workforce Development Organizations:

- Potential for training program to benefit students who are under-represented in the life sciences or economically disadvantaged
- Potential to fill a gap in, or accelerate, the development of skills in demand by industry in the region in which Applicant is located; and a demonstration that such skills are not already provided by another institution within the Applicant's region
- Demonstration that Applicant has dedicated and effective resources to provide career development services to students including providing students with access to career awareness activities and documenting the number of internship placements in the life sciences, connections to life science industry partners, and evidence of job placements in the life sciences upon graduation
- Demonstration that Applicant's training program is a result of input and advice provided by life science industry professionals

3. Project Budget

A budget must be submitted with a breakdown of the use of funds requested, their associated costs, and the total project costs. Allowable capital costs will be reimbursed for costs associated with an approved project. Indirect costs for maintenance, support personnel and service costs associated with the utilization of equipment are not reimbursable. Reimbursement for equipment rental is permissible provided that it is an operational lease (lessor is owner of the equipment and there is no finance charge) and not a financial lease (lessee is the owner of the equipment and interest charges apply). The total amount for all budgeted items must equal the amount of funding requested, and the MLSC only will reimburse expenditures for items incurred in connection with an approved project no earlier than July 1, 2019 unless explicitly agreed to by the MLSC.

Applicants may request single or multi-year funding. Note that \$30 million in capital dollars has been allocated to the 2019 Program to be applied to projects in FY2020 (July 1, 2019 - June 30, 2020) and FY2021 (July 1, 2020 - June 30, 2021). Funding up to \$5,000,000 may be requested from research institutions, academic medical centers, and incubators/accelerators. In general, funding up to \$500,000 may be requested from non-research colleges and universities and workforce development organizations. The MLSC may consider requests greater than \$500,000 from non-research colleges and universities and workforce development organizations in the event of a very compelling and highly competitive application. The MLSC intends to provide up to \$15 million in FY20 and up to \$15 million in FY21.

In addition to the budgeted items requested from the MLSC, Applicants should include in their budget section any other funds, whether from internal or external sources, presently committed to the proposed project. Please do not include any potential/uncommitted sources of funding.

4. Value to the Community

This section should address, with specificity, how this project will benefit the larger community beyond the interests of the Applicant institution and its formal partners. For example, if equipment is being requested, will researchers and companies outside of the Applicant institution have access to such equipment at a reasonable cost and time? How would the creation of a new imaging center enable greater patient access to preventive care?

5. Partnerships

Describe any partnerships that will contribute to project execution or play a role post-project completion. Potential partnerships that could be described include: collaborations with other research institutions, companies, and/or disease foundations; engagement with public or private secondary or higher education institutions to promote STEM education, etc. Each partnership should include: names; nature of the partnership; level and stage of partnership. Please provide examples of specific partners that have agreed to play a role in the project once it is completed. If there is any signed agreement between the Applicant and partner, that should be noted. Letters of support are allowed and will not be counted toward the 6-page limit. They should be included at the end of the .pdf of the Application.

6. Project Outcomes and Impact

There are two critical elements that should be described in this section:

Job creation in the life sciences ecosystem in Massachusetts that will directly result from your proposed project and/or workforce development through education and training; and

Potential scientific advances and/or commercial developments that will be enabled as a result of this capital investment.

If the investment will enable scientific breakthroughs, please describe the types of advances that are likely to come from this investment. If the investment enables the education and training of the next generation of life sciences workers, please describe how this will be accomplished and evidence of the demand for such workers. If the capital project expands collaboration or allows the integration of different scientific or technical skill sets, please explain who will be involved in the collaboration and how the collaboration will be structured.

Signature

Signature of Applicant

I verify that I am a senior leader of the organization (President, CEO, Executive Director, etc.) and that I am authorized to submit this application on behalf of my organization. I certify that the information submitted as part of this application is correct and that

the statements made herein, including the attached project summary, are true and correct to the best of my knowledge.

Please type your full name and title below, which shall constitute your electronic signature of this application.

I have read and agree to the terms and conditions of using this website, and have confirmed all of the information above is accurate

Please type your full name and title below, which shall constitute your electronic signature of this application.
