

### Organization Information

Applicant Name  
(Organization):



Applicant City/Town:

Organization Type:

--Select One--

### Contact Details

Name:

Title:

E-mail:

Telephone:

### Project Information

Name of Project

Amount of MLSC Funding

Total Project Cost

### Project Narrative

Elevator Pitch

Provide a short summary (no more than 5 sentences) 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.

General Criteria Upload

*Please answer the general criteria below in a narrative format (no longer than 2 pages with 11 pt. font). Each bullet must be fully addressed.*

General Criteria:

Capability of team to execute on, and sustain, the project (Note: include a 2 page CV/NIH Biosketch per team member. This will not be counted toward the 2-page limit. Please include the CV's at the end of the Narrative)

Who will maintain/schedule/manage the equipment?  
Capacity of project to create and/or retain jobs in Massachusetts  
When would the equipment be up and running for use?

### Specific Criteria Upload

*Based on your institution type, please answer the specific criteria below in a narrative format (no longer than 2 pages with 11 pt. font). Each bullet must be fully addressed.*

#### Criteria for Research Institutions/Academic Medical Centers:

Potential for investment to enable scientific advances and accelerate effective treatment  
Potential to fill a gap, or accelerate growth, in the Massachusetts research ecosystem  
How will the equipment be shared? Marketed? Are there any IP restrictions?  
What is the business model? How will you ensure quality and continued success?  
Potential to contribute to workforce development through training and/or the creation of jobs

#### 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

### Project Budget Upload

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. 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, 2020 unless explicitly agreed to by the MLSC. The MLSC may consider requests greater than \$2M in the event of a very compelling and highly competitive application.

In a new tab, download and complete the [GOOGLE FORM](#) provided showing the **detailed** breakdown of expenditures for MLSC funds, as well as the applicant and company contributions and their monetary value. Include vendor quotations of capital equipment cost as appropriate.

### Letters of Commitment from Funding Sources

Please upload letters of commitment from funding sources.

### Letters of Interest from Academic Researchers

**Provide a letter of support from senior leadership describing the importance/need of the proposed projects to the institution and its commitment to ensuring success.** (This field may not be relevant for all incubator/accelerator applicants).

Additionally, please upload letters of interest and/or support from (at least) **three academic researchers** with a brief (3

sentence) description of a potential project using the equipment requested. Internal and external academic partners should be included, if possible.

### Letters of Interest from Industry Partners

Please upload letters of interest and/or support from (at least) **three industry partners** with a brief (3 sentence) description of a potential project using the equipment requested.

### 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: how would the creation of a new imaging center enable greater patient access to preventive care?

### Project Outcomes and Impact

What does “success” look like and how will it be measured?

## 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.