

Company Information

1. Applicant Name (Organization / Company) (required)

2. Organization Category (required)

Select...

If other, please explain below

3. Applicant Organization Address (required)

Country (required)

Select...

Address (required)

Address Line 2 (optional)

City (required)

State, Province, or
Region (required)

Zip or Postal Code (required)

4. Website Address

example.com

Contact Information

5. Name of Authorized Representative (required)

First Name (required)

Last Name (required)

6. Title of Authorized Representative (required)

7. Email Address of Authorized Representative (required)

email@example.com

9. Phone Number of Authorized Representative (required)



10. Project Description (required)

Please describe the intended investment and use of the site. Include the estimated capital expenditure, anticipated job creation, and the types of products or manufacturing activities that are planned or could potentially be supported through this investment.

11. Project Location (required)

Please identify any relevant cities or towns under consideration. If multiple locations are being considered, please describe.

12. Choose the option that best describes this project (required)

- ☐ New Construction
- ☐ Expansion
- ☐ Renovation

Please choose one

13. I am applying for: (required)

- ☐ Funding intended for companies or nonprofits to directly support a biomanufacturing or advanced manufacturing operation in MA (up to \$3

million)



Funding intended for real estate developers to support feasibility studies or assess site readiness for future biomanufacturing or advanced manufacturing uses (up to \$500,000)

14. List any relevant partner organizations for this project (companies, nonprofits, workforce training orgs, research partners, etc) and identify at least one nonprofit organization with which you will partner and/or collaborate. (required)

Please list the nonprofit partner(s) and provide a brief description of the type of collaboration or partnership.

15. Describe any anticipated regional or community-wide benefits of this project beyond the direct advantages to the company / organization (required)

I.e., local supply chain development, workforce opportunities, infrastructure improvements, or contributions to regional economic growth, support local STEM education, etc.

16. Will this project contribute to supply chain resiliency or support the localized production of critical life sciences or advanced manufacturing products? Please explain (required)

17. How many jobs will this project create in Year 1 and cumulatively in Years 2 through 5? Please distinguish between construction-related jobs and permanent jobs? (required)

State the number of jobs in year 1 and, separately, the expected total jobs from years 2 through 5.

18. How will this project promote workforce readiness and equitable access to careers in biomanufacturing or advanced medical technology manufacturing in Massachusetts?

19. Please describe any planned partnerships with educational institutions, workforce development programs, or community organizations.

20. Please describe your approach to environmental sustainability, including any planned green building practices, energy efficiency measures, or strategies to reduce environmental impact. .

Please include considerations specific to biomanufacturing or advanced medical technology facilities.

21. Have you completed any feasibility studies or obtained permitting for this project? If yes, please describe the studies conducted, permitting status, and any approvals received.

22. Please upload detailed project budget (required)

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .ppt, .pptx, .xls, .xlsx

Where possible, itemize how the MLSC funds will be spent, within the context of the larger project budget.

23. Upload Certificate of Good Standing from Department of Revenue (DOR) (required)

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .ppt, .pptx, .xls, .xlsx

24. Upload Certificate of Good Standing from the Secretary of State (required)

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .ppt, .pptx, .xls, .xlsx

25. Authorized Representative Signature and Acceptance:

Authorized Representative Signature and Acceptance I verify that I am authorized to commit my organization and to make this application on behalf of the organization. I certify that the above information is correct and that the statements made herein, including all attachments and exhibits, are true and correct to the best of my knowledge. The submission of false information to the Massachusetts Life Sciences Center (MLSC) is subject to prosecution under the False Claims Law at M.G.L. c. 12, sections 5A – 5O. I understand that this Program Application may be disqualified if it does not contain all required information or if the Applicant does not meet the eligibility criteria required under the Program, and I further acknowledge and agree that the Agreement shall be executed in substantially the form provided in the Solicitation. I specifically acknowledge that all of the terms and conditions of the Solicitation are mandatory. On behalf of the applicant, I understand and acknowledge that all materials submitted as part of this application are subject to disclosure under the Massachusetts Public Records Law. Furthermore, I understand and acknowledge that I have followed the procedures set forth in Section 9 of the Program Solicitation for any documents that I believe may be proprietary in nature and that may fall within the parameters of the MLSC's Trade Secrets Exemption; and that the MLSC's receipt of such documents does not represent a finding by the MLSC of the Supervisor of Public Records that such documents fall within the Trade Secrets Exemption. I acknowledge and agree

that the MLSC has sole discretion to determine which applicants receive benefits under the Program. (required)

26. How did you hear about the program? (required)

- ☐ MLSC Social Media
- ☐ MLSC Newsletter/Website
- ☐ MassBio
- ☐ MassMedic
- ☐ MassEcon
- ☐ Business Front Door / MA Office of Business Development
- ☐ Other

If other, state below

Save Draft

Submit Form

Drafts may be visible to the administrators of this program.