

BioBoost Application - Real Estate Developer FY26

Contact Information

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

2. Applicant Organization Address (required)

Country (required)

 

Address (required)

Address Line 2 (optional)

City (required)

State, Province, or
Region (required)

Zip or Postal Code (required)

3. Organization Category (required)

Select...

▼

4. Website Address (required)

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

8. Phone Number of Authorized Representative (required)

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Project Overview

9. Describe the proposed site, including location, size, zoning, and current condition. (required)

10. Describe how does the proposed site’s characteristics support the development of a biomanufacturing or advanced manufacturing facility, and what makes it a strategic choice for this investment. (required)

11. What feasibility studies or site assessments are planned or completed, and what key findings or anticipated outcomes will guide the development of the facility? (required)

Include considerations such as infrastructure, utilities, environmental constraints, and regulatory compliance.

12. Describe the anticipated job creation (construction and permanent), regional supply chain effects, and workforce development opportunities or partnerships associated with this project. (required)

13. How does this project advance Massachusetts’ priorities in biomanufacturing, advanced manufacturing, or regional economic development? (required)

14. Describe any innovative or sustainable features of the project, including green building practices, energy efficiency measures, or strategies to reduce environmental impact. How will these features enhance the long-term viability and competitiveness of the facility?
(required)

15. 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.

16. 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

17. 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

18. 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)

19. 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

20. If other, state below