Massachusetts
LIFE SCIENCES CENTER

Business Builds: Life Sciences FY27 Application

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 (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)

9. Project Description (required)

Please describe the intended investment. 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.

(Optional attachment supplement)

Choose File

Select up to 3 files to attach. No files have been attached yet. You may add 3 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .aac, .aiff, .flac, .m4a, .mp3, .ogg, .wav, .wma, .3gp, .avi, .flv, .m4v, .mkv, .mov, .mp4, .mpg, .webm, .wmv, .epub, .key, .mobi, .mus, .musx, .ppt, .pptx, .sib, .xls, .xlsx, .zip, .adoc, .ai, .bbl, .dae, .dwg, .eps, .fbx, .fdx, .heif, .hevc, .iba, .ibooks, .kml, .kmz, .ltx, .mpp, .mpx, .psd, .step, .stl, .stp, .tex, .vdx, .vsd, .vss, .vst, .vsx, .vtx

10. Is this your first manufacturing expansion in MA?

- ◯ Yes
- ◯ No

11. Grant Amount Requested from MLSC (required)

$ _____ USD

Grant funds must be expended by June 30, 2027. Expected award amounts range from $500,000 to $2,000,000.

12. Overall Project Capital Expenditure (CapEx) (required)

$

13. How many net new full-time equivalent (FTE) jobs will this create over 5 years? (required)

(Optional attachment supplement)

Choose File

Upload a file. No files have been attached yet.

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14. Project Location (required)

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

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

- ◯ New Construction, New Location
- ◯ New Construction, Existing Location
- ◯ Expansion
- ◯ Renovation

Please choose one

16. Does your company need assistance identifying and evaluating potential sites for expansion? (required)

- ◯ Yes
- ◯ No

17. List any relevant partner organizations for this project (companies, nonprofits, workforce training orgs, research partners, etc). (required)

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

18. Describe any anticipated regional or community-wide public 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.

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

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

21. 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.

Budget Template

	A	B	C	D

4	Item Name	Category (equipment/renovation/buildout)	Item Description	Vendor (optional)
5				
6				
7				
8				

22. Upload completed budget here (using the template above)

(required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .epub, .key, .mobi, .mus, .musx, .ppt, .pptx, .sib, .xls, .xlsx, .zip

Please review the budget template below to understand the required budget categories. Applicants should upload their completed project budget using the Budget Upload field.

23. Optional additional documents to upload if some information entered here would be better presented in a different format

Choose File

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

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24. 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

25. 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

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26. 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)

27. 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.