Research Infrastructure FY27 Application

Massachusetts LIFE SCIENCES CENTER

Applicant Name (Organization) (required)

Select...

Applicant (Organization) City/Town (required)

Please indicate if this proposal is for a research institution/academic medical center core facility, an incubator/accelerator expansion, or a clinical trial site. (required)

Clinical Trial Site

Principal Investigator (PI) Name (required)

First Name Last Name

Job Position Title (required)

Email (required)

email@example.com

Phone Number (required)

Project Team Members (Note: each project may have at most, 2 Principal Investigators)

1	A	Name B	Role C	Organization D	Email E	Phone F

3	**2**					
4	**3**					
5	**4**					
6	**5**					
7	**6**					
8	**7**					
9	**8**					
10	**9**					
11	**10**					

Name of Authorized Representative (required)

Title of Authorized Representative (required)

Email of Authorized Representative (required)

email@example.com

Has anyone on the team been awarded an MLSC grant in the past? (required)

- ◉ Yes
- ○ No

How many MLSC grants have you received? (required)

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5+

What year(s) did you receive the awarded grant(s)? (required)

What MLSC funding program(s) did you receive the awarded grant(s) from? Please check all that apply and do not include grants awarded in 2026. (required)

- ☐ Bits to Bytes ($750K)
- ☐ First Look ($50k)

- [ ] Health Equity Accelerator ($50k)
- [ ] Neuroscience Consortium
- [ ] Novel Therapeutics (Drug Delivery) ($750K)
- [ ] Research Infrastructure (a.k.a. Open/Competitive Capital)
- [ ] Women's Health Collaboration ($750K)
- [ ] Women's Health Innovation (up to $300K)
- [ ] Other

If other MLSC program, please describe here.

Please provide metrics related to each of your grant(s): # of publications, intellectual property (IP), equipment and # of industry and academic users, # of clinical trials in progress and/or conducted, follow-on funding. (required)

Limit: 100 words

Please elaborate on the outcomes of the awarded grant(s). (required)

Limit: 100 words

Is this application a completely new project or a follow-on to a prior MLSC grant? (required)

- ◯ New project proposal
- ◉ Follow-on proposal to prior MLSC grant

Describe the value that this application's proposal would bring to a follow-on grant from the MLSC. (required)

Limit: 100 words

Title of Project (required)

If applicable, what fields can be advanced using this resource? Please choose up to three options.

- [ ] Agriculture
- [ ] Autoimune Disorders
- [ ] Cancer - Breast
- [ ] Cancer - Others
- [ ] Cancer - Ovarian
- [ ] Cardiology/ Cardiovascular Research
- [ ] Chronic Illness/Disease
- [ ] Endocrinology
- [ ] Environmental Health
- [ ] Gastrointestinal (GI)

- [ ] Geriatrics & Gerontology
- [ ] Hematology
- [ ] Immunology/Inflammation
- [ ] Infectious Diseases
- [ ] Liver
- [ ] Maternal/Infant Health
- [ ] Metabolic Diseases
- [ ] Microbiome
- [ ] Neuroscience
- [ ] Nutritional Science
- [ ] Oral Health
- [ ] Orthopedic Research
- [ ] Pediatric Research
- [ ] Psychiatry/ Mental Health
- [ ] Public Health/ Epidemiology
- [ ] Rare Diseases
- [ ] Regenerative Medicine
- [ ] Reproductive Health
- [ ] Toxicology
- [ ] Women's Health/ Gender Studies
- [ ] Other
- [ ] N/A

If applicable, what modality/modalities does your project primarily employ? Please choose up to three options. (required)

- [ ] Cell & Gene Therapy
- [ ] Clinical Trials
- [ ] Data Science
- [ ] Diagnostics
- [ ] Digital Health
- [ ] Drug Delivery
- [ ] Drug Discovery & Development
- [ ] Imaging
- [ ] Medical Device
- [ ] mRNA/siRNA/ RNA Research
- [ ] Personalized/Precision Medicine
- [ ] Phototherapy
- [ ] Radiation Therapy
- [ ] Robotics
- [ ] Vaccines
- [ ] Other
- [ ] N/A

What are tools and techniques used in your project? Please choose up to three options. (required)

- [ ] 3D printing
- [ ] AI/ML/Deep Learning
- [ ] Antibody
- [ ] Automation
- [ ] Biomanufacturing
- [ ] Biomarker Identification
- [ ] Biomaterials/ Material Sciences
- [ ] Biosensor
- [ ] Contract Work-CRO/CDMO/CMO
- [ ] Crystallography/ Peptide synthesis
- [ ] CT/MRI
- [ ] Data Optimization
- [ ] EEG&ECG
- [ ] Electronic Medical Record (EMR)
- [ ] Engineered Microbes
- [ ] FACS/ Flow Cytometry
- [ ] Genome Editing
- [ ] Genomics
- [ ] In Vitro cultures
- [ ] In Vivo animal models
- [ ] Liquid Chromatography
- [ ] Mass Spectroscopy
- [ ] Metabolomics
- [ ] Microscopy
- [ ] Nanotechnology
- [ ] Next-generation Sequencing
- [ ] NMR/MRS
- [ ] Organoid/ Organ-on-a-chip
- [ ] Pasteurization/ Sterilization
- [ ] Patient Avatars
- [ ] Proteomics
- [ ] Small Molecule
- [ ] Software & Algorithms
- [ ] Transcriptomics
- [ ] Ultrasound
- [ ] Viral Vector
- [ ] Other
- [ ] N/A

Project Narrative

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1. Elevator Pitch (required)

Limit: 200 words

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.

2. Please describe the capability of the team to execute on, and sustain, the project. (required)

Limit: 250 words

3. 2-Page CV/Biosketch Upload (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Please upload a single PDF that includes a **2-page CV/Biosketch** per team member that will be running the facility (3 CVs max).

4. Please list requested equipment and explain why each are required for the project. If construction/renovation is needed, please explain scope and value. (required)

Limit: 250 words

If the MLSC has additional funding available but is unable to support your full proposal, please indicate which pieces of the requested equipment would be beneficial but are not essential to the success of the resource.

5. Who will maintain, schedule, and manage the equipment? (required)

Limit: 200 words

6. When would the equipment/facility be up and running for public use? (required)

Limit: 250 words

☐ **There cannot be any IP restrictions on users. Please check this box to acknowledge your understanding of this.** (required)

6b. All MLSC funded clinical trial sites must support academic and industry trials with approval timelines of less than 6 months. Please provide details on how you will commit to user projects completion of approval on this timeline.

Limit: 200 words

6c. Indicate the anticipated number of clinical trials per year and what phases of trials you intend to support. Include a breakdown between anticipated academic and industry users.

Limit: 200 words

6d. Describe your participant recruitment process and how you will ensure demographics of the study conditions will be representative.

Limit: 200 words

7a. What is the potential for investment to enable scientific advances and accelerate effective treatment? (required)

Limit: 250 words

7b. Please identify any similar equipment already available within the ecosystem and explain how the new equipment would contribute to greater impact or effectiveness. (required)

Limit: 250 words

7c. How will the site/equipment be shared? How will it be marketed? Detail IP policy. (required)

Limit: 250 words

7d. What is the business model for internal and external users? How will you ensure quality and continued success? (required)

Limit: 250 words

7e. What is the potential to contribute to workforce development through training and/or the creation of jobs? (required)

Limit: 250 words

Uploaded Financial and Letter Documents

8a. Total Amount of MLSC Funding Requested (required)

$ [ ] USD

8b. Breakdown of MLSC Expenditures: Please complete the MLSC Budget to show the detailed breakdown of expenditures for MLSC funds

	A	B	C	D
1	**MLSC Expenses for Project**			
2	**Category Options:**	**Equipment, Supplies/Reagents, Software License, Renovation/Construction**		
3				
4	**Total MLSC Contribution**	**0**		
5	**FY28 (7/1/27 – 6/30/28)**	**0**		
6	**FY29 (7/1/28 – 6/30/29)**	**0**		
7	**FY30 (7/1/29 – 6/30/30)**	**0**		
8				
9	***Do not include $ or commas in FY Estimated Cost column**			
			Category (See Category	**FY28 Estimated**

Complete the MLSC Budget Form provided showing the **detailed** breakdown of expenditures for MLSC funds.

Allowable costs for capital expenses include (with no minimum dollar amount): equipment, equipment service contracts when purchased at the time of the equipment, hardware and software, and construction costs related to the proposed equipment/infrastructure. All capital expenses must be made publicly available.
This award is NOT able to fund: direct labor, overhead/indirect costs, renting space for data storage, monthly cloud storage fees, publication fees, other monthly subscription fees, software development, legal expenses, travel, paying off debt, paying board members, paying for operating costs such as rent and utilities and activities funded by other funding sources.

8c. Vendor Quotations of Capital Equipment over $100,000

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Please include only the page that shows the cost of the item, **not** the entire document.

9a. Total Amount of Funding Committed by Academic / Non-profit (Non-MLSC) Sources (required)

$ [ ] USD

This number should match the total dollar amount in your 9c. Breakdown of Expenditures: Academic Contributions table.

9b. Total Amount of Funding Committed by Industry Sources (Optional)

$ [ ] USD

This number should match the total dollar amount in your 9d. Breakdown of Expenditures: Industry Contributions table.

9c. Breakdown of Expenditures: Academic Contributions

	A	B	C	D
1	**Academic/Nonprofit Contributions for Project**			
2	**Category Options:**	**Equipment, Supplies/Reagents, Software, Renovation/Construction, Salaries, Indirects, Facility Costs, Other**		
3				
4	**Total Academic Contribution**	**0**		
5				
6	***Do not include $ or commas in FY Estimated Contribution column**			
7	**Academic/Nonprofit Organization Name**	**Description of Contribution**	**Category (See Category Options)**	**Estimated Monetary Value of Contribution**
8				

Complete the Academic/Non-profit Partner Budget Form provided showing the **detailed** breakdown of funds to be contributed by the Academic/Non-profit Partners. This may include both monetary and in-kind contributions.

9d. Breakdown of Expenditures: Industry Contributions (Optional)

	A	B	C	D
1	**Industry Contributions for Project**			
2	**Category Options:**	**Equipment, Supplies/Reagents, Software, Renovation/Construction, Equipment Discounts, Salaries, Indirects, Facility Costs, Other**		
3				
4	**Total Industry Contribution**	**0**		
5				
6	***Do not include $ or commas in Estimated Contribution column**			
7	**Industry Organization Name**	**Description of Contribution**	**Category (See Category Options)**	**Estimated Monetary Value of Contribution**
8				

Complete the Industry Partner Budget Form provided showing the **detailed** breakdown of committed dollars to be contributed by any Industry Partners. This may include both monetary and in-kind contributions.

10. Letters of Commitment from Funding Sources (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Provide a letter of commitment from senior leadership of **each Non-MLSC funding source** listed in your budgets (both academic and industry) describing the importance/need of the proposed projects to the organization and its commitment to ensuring success. The letter is **required** to contain the total dollar amount of contribution committed by the organization to the project.

Every line item in Questions 9c and 9d tables must be included in one of these letters. The dollar amounts in these letters need to match the dollar amounts indicated for the respective line item on each table.

Massachusetts Ecosystem Development

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11. Describe value to the community of the proposed resource. (required)

Limit: 250 words

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?

12. Please upload letters of use from 3 academic researchers with a brief description of a potential project using the equipment requested. At least one letter should be from academic researchers external to the Applicant institution. (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Letters of use **must** include strong language that the writers would utilize the resource if it existed, and an example of a project that the writers would use the proposed resource for. General letters of enthusiasm do not qualify. At least one letter should be from an academic researcher **external** to the Applicant institution.

Please upload exactly 3 letters in a single PDF file format.

13. Please upload letters of use from 3 companies that would utilize the equipment/site if it was funded with a brief description of a potential project using the proposed resource. (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Letters of use **must** include strong language that the writers would utilize the resource if it existed, and an example of a project that the writers would use the proposed resource for. General letters of enthusiasm do not qualify.

Please upload exactly 3 letters in a single PDF file format.

14. Detail the project outcomes and impact on economic development in Massachusetts. (required)

Limit: 250 words

Please detail the major outcomes of the project and how this project will advance economic development in Massachusetts (job creation, company creation/success, IP, product development (therapeutics, devices, etc), regulatory milestones, clinical trial support, attracting businesses to MA, etc.)

Authorized Representative Signature (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

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 confirm that all of the information entered into this application is accurate.

Authorized Signatory Job Position Title (required)

How did you hear about the program? (required)

- [ ] Program Manager / MLSC Staff
- [ ] LinkedIn
- [ ] Google Search
- [ ] MLSC Website
- [ ] MLSC Newsletter
- [ ] Ecosystem Partner (e.g. MassBio, MassMEDIC, etc.)- specify below
- [ ] Other- specify below

- [ ] **Please select for the Principal Investigator to receive email notices and updates from the MLSC newsletter.**

You may unsubscribe at any time.

We look forward to reviewing your application and working together to advance life sciences research capabilities in Massachusetts. If you have any questions or need assistance, please contact our team at ResearchInfrastructure@masslifesciences.com.

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Save Draft | Submit Form

Drafts may be visible to the administrators of this program.