Applicant Information

Applicant Name (Organization):	Application Preview
Organization Street Address:	
City/Town:	
Zip Code:	

Contact Details

Primary Contact:	
Title:	
Email:	
Phone:	
Accounting/Finance Contact:	
Accounting/Finance Contact Title:	
Accounting/Finance Email:	
Project Lead (if different from Primary Contact):	
Project Lead Title:	
Project Lead Email:	

Applicant Overview

Organization Description

Provide an overview of your organization, including size and years of operation (5-10 sentences).

Project Team

Provide the names, titles, email addresses, and qualifications of all personnel actively engaged in the design and implementation of the project. Please also identify which team member(s) is/are the project lead(s).
Note: if your organization is submitting two applications for this track, the project lead/PI cannot be the same on both applications.

Explanation of how each member has been involved in planning and implementation of the proposed program/project.

Program/Project Description

Overview

Program/Project Name:	

Provide a general overview of the program/project and anticipated impact of MLSC funding. (5-7 sentences)

When will the program be offered?:	☐ **Summer** ☐ **After school (Fall)** ☐ **After school (Spring)** ☐ **Spring vacation**
Number of cohorts per year:	
Number of days per cohort:	
Number of total hours per cohort:	

Is the program for which you are seeking funding new or existing?

- ○ **New**
- ○ **Existing**

If existing, how many years has the program been offered?:	

Select the category most closely aligned with the program/project.

- [ ] **Biotechnology/Biomanufacturing**
- [ ] **General Life Sciences (i.e. Biology, Chemistry, etc.)**
- [ ] **Engineering**
- [ ] **Robotics/AI**
- [ ] **Other:**

What are the project/program objectives and overall goals?

What would not be achieved without MLSC funding? How does this request close a funding gap?

Population Served

What grade levels would be served by the program/project?

- [ ] **Middle school (6-8)**
- [ ] **High school (9-12)**

Total middle school students currently served (annually):

Total high school students currently served (annually):

Total students currently served (annually):	0

Total middle school students projected to be served (annually) with MLSC support:

Total high school students projected to be served (annually) with MLSC support:

Estimated total students to be served (annually) with MLSC support:	0

What is/are the geographic area(s) served by the program?

Select all that apply.

- [ ] **Western Mass**
- [ ] **Central Mass**
- [ ] **North East**
- [ ] **South East**
- [ ] **MetroWest**
- [ ] **Greater Boston**

What is the anticipated demographic breakdown of the students to be served?

Provide names of the school(s) and cities whose students you are CONFIRMED to serve if MLSC funding is awarded.

Provide names of the school(s) and cities whose students you anticipate serving (not yet confirmed) if MLSC funding is awarded. If you do not yet know, please identify potential target schools/districts.

If any of the schools whose students you anticipate serving received grant funding from MLSC, explain how your program would supplement/compliment their life sciences curriculum. If the schools were not previously funded by MLSC or you do not know which schools would be served, please enter "N/A".

What is the plan for recruiting students into the program?

Curriculum

Provide an overview of the curriculum that would be offered to students. What skills would students learn that are relevant for life sciences careers? Describe any hands-on activities that will inspire student interest in the life sciences.

How does this project advance student understanding of life sciences and skills related to life sciences, as defined by MLSC: “advanced and applied sciences that expand the understanding of human physiology and have the potential to lead to medical advances or therapeutic applications.” Activities/curricula should seek to enhance skills relating to human biology/biomedical sciences, chemistry, engineering, robotics, and/or computer/data science that will prepare them for life sciences careers in sectors such as biotechnology, pharmaceuticals, medical device/technology, medical diagnostics, bioinformatics, and digital health. Activities related to the following are not eligible for funding: earth and space science, clean energy, climate/environmental science, gardening/botany, animal science/veterinary assisting, and allied health/healthcare (e.g. nursing, medical assisting, etc.).

Provide examples of the specific types of projects and/or skills that students will be engaged in while participating in your program/project. These should clearly demonstrate life sciences skills, training, contexts and/or applied learning.

Provide a clear and practical roadmap for how the program/project will be executed. It should demonstrate that your organization has carefully considered the implementation process and is well-prepared to achieve the project's goals effectively.

Describe the professional ("soft") skills that students would learn during the program.

Career Awareness and Exploration

Describe how the proposed program/project provides students with relevant, technical skills that prepare them for careers in the life sciences (biotechnology, pharmaceuticals, medical devices, data sciences, etc.).

Explain how the program/project will help students to understand the real-world applications of what they will be learning.

Identify and describe any activities related to career readiness in life sciences. What efforts exist or will be made to encourage participation in experiential learning (e.g. internships/co-ops)?

Partnerships

Select the ways in which industry and non-industry partners have supported the development and/or implementation of your program/project. Industry partners are defined as life sciences industry companies or employers. Non-industry partners are defined as academic and community partners such as colleges/universities, non-profit organizations, associations, training providers, and community-based organizations.

- [ ] **Funding**
- [ ] **Curriculum development (input, review, etc.)**
- [ ] **Equipment advising, set up/operation support**
- [ ] **Student work/project feedback**
- [ ] **Project advisory board**
- [ ] **Donation of equipment, supplies, or personnel time**
- [ ] **Student mentoring/career counselling**
- [ ] **Speakers and/or demonstrations**
- [ ] **Job shadowing**
- [ ] **Field trips**
- [ ] **Internships/co-ops**
- [ ] **Skills training**
- [ ] **Other:**

Describe how life sciences industry and non-industry partners have contributed to the development and implementation of the proposed program.

Upload at least one letter of support from a project partner. Letters should confirm that the partner has evaluated/reviewed the proposed project concept and affirm their support for implementation, as well as any specific contribution to the project (development, implementation, evaluation, etc.).

Evaluation and Impact Assessment

If your organization has received previous MLSC funding, provide a brief summary of the grant outcomes and explain why additional funding is needed.

Programs are expected to assess the following metrics. Describe how you will measure each of them.

- Changes/increases in student technical skills related to life sciences careers.
- Changes/increases in career awareness.
- Changes/increases in student involvement in other extracurricular life sciences activities or work-based learning.

Do you plan to offer validation for program mastery (i.e. microcredentials, certifications)? If so, please describe.

What other ways will the success of the program be measured and evaluated? Detail any tools or assessment methods that will be used to measure changes in student skills, confidence, and interest.

NOTE: MLSC will require pre- and post-implementation surveys for program participants. When selecting success metrics, consider relevance to stated objectives, feasibility (data collection and analysis), and presenting the impact in a comprehensive way. Consider a combination of quantitative and qualitative metrics to provide a well-rounded assessment of your project's success. You may reference the sample Annual Report on the grant program webpage to better align with reporting requirements.

Sustainability

If the funding requested in this proposal is to support program operations, describe the organization's plans for sustaining programming after grant funds are expended.

Describe the organization's plans for seeking follow-on funding to continue supporting the program.

Budget

Project Budget and MLSC Funding Request

MLSC grant funding is disbursed via electronic fund transfer (EFT) on a quarterly basis, after grantee submits reimbursement request form with invoices attached. Direct billing from select equipment vendors is also available.

Budget Caps: Applicants can request up to **$30,000** for eligible expenses. A maximum of 10% of your budget should be dedicated to full-time personnel salaries and benefits. A maximum of 30% of your budget should be dedicated to other personnel costs. A maximum of 5% of your budget should be dedicated to food for students.

Non-Allowable Costs: Curriculum access or subscription fees, event or conference registration fees, travel and lodging expenses, legal expenses, rent and utilities, renting storage space, cloud storage fees, single or multi-year subscriptions, paying off debt, overhead/indirect costs, and activities/items funded by other funding sources.

Quotes: Quotes are required for installation and equipment for items over $5,000. Quotes are required at the end of the review period, however, is preferred that they are attached to the application in this section.

Kit Names: Unit names associated with curriculum kits requested must be included on budget to verify alignment with MLSC definition of life sciences (see MLSC website for eligible OpenSciEd and PLTW kits).

Budget (PDF)

Complete this budget form, convert it to PDF, and upload it below. Please make sure when saving as a PDF that all information is included by fitting to the page width.

Please only enter information in the yellow highlighted cells on the first tab. All other cells will auto-fill. Round all costs up to the nearest dollar on your budget and in the fields below.

Use budget categories as needed and itemize all costs. Listing "other" or "miscellaneous" costs will not be accepted. To the extent possible, please indicate the vendor name and costs based on quotes. While quotes are not required with this application, they may be requested at a later time if deemed necessary.

Budget (Excel)

In the event that MLSC staff need to make edits/adjustments to your budget, please also upload the original Excel file.

Total Cost of Implementation:	
Amount Requested for Equipment/Supplies:	
Amount Requested for Non-Capital Costs:	
Total Amount Requested From MLSC:	$0

Provide justification for the purchase of core expenses requested for a) implementing the specific objectives of the proposal, and b) delivering high-quality, life sciences-focused programming.

Matching Funds

If MLSC funding would not cover all project costs, how will the budget difference be met? Has your organization already secured or plan to secure either internal or external funding? Please describe any cash or in-kind support from other sources, including state/federal government, industry, foundations, etc.

Internal Match Commitment:	
External Match Commitment:	
Total Matching Funds:	$0

Signature

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. 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.

Applicant is aware of the 2-year annual reporting responsibilities for grantees, as indicated on the grant program webpage/solicitation, and has reviewed the sample Annual Report provided.

☐ **Yes**

Applicant is aware of the 2-year pre- and post-program student survey responsibilities for grantees, as indicated on the grant program page, and has reviewed the student survey guidance document provided.

☐ **Yes**

Signature:	