

## Applicant Information

|                                   |                     |
|-----------------------------------|---------------------|
| Applicant Name<br>(Organization): | Application Preview |
| Organization Street<br>Address:   |                     |
| City/Town:                        |                     |
| Zip Code:                         |                     |

## Contact Details

|                                                                             |
|-----------------------------------------------------------------------------|
| Primary Contact:                                                            |
| Title:                                                                      |
| Email:                                                                      |
| Phone:                                                                      |
| Accounting/Finance<br>Contact:                                              |
| Accounting/Finance<br>Contact Title:                                        |
| Accounting/Finance<br>Email:                                                |
| Project PI/Coordinator (if<br>different from the Primary<br>Contact above): |
| PI/Coordinator Title:                                                       |
| PI/Coordinator Email:                                                       |

## Applicant Overview

## Applicant Category

Please note that no more than two applications per organization will be accepted.

☐ 2-year/Community College

☐ 4-year college/university

☐ Non-profit training provider

## Organization Description

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

## Overall Student Demographics

**What percentage of students are Massachusetts residents?**

**What percentage of students are Pell Grant recipients?**

**What percentage of students identify as people of color?**

## Project Team

### 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 Description

### Overview

Program Name:

**Provide a general overview of the program and anticipated impact of MLSC funding (i.e. what would the grant enable that would not otherwise be possible at this time?). (5-7 sentences)**

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

- ☐ **Biotechnology**
- ☐ **Biomanufacturing**
- ☐ **Data Science/Bioinformatics**
- ☐ **Engineering**
- ☐ **Imaging Systems**
- ☐ **Robotics/AI/Automation**
- ☐ **General Life Sciences (Biology, Chemistry, etc.)**
- ☐ **Other:**

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**

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

☐ New

☐ Existing

If existing, how many years has the program been offered? If new, has it obtained all the necessary approvals (if applicable)?

How long is the program? (enter number of weeks/months/years)

How many students/trainees does your program currently serve annually? Enter an approximate number.

How many students would potentially be served (annually) as an outcome of receiving this grant? Enter an approximate number.

What are the plans for recruiting students to the course or program?

Provide a detailed breakdown of student/trainee demographics, in aggregate, over the past 1-3 years. To the extent possible, include race/ethnicity, gender, and region.

## Curriculum

Provide a clear, logical, 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.

How does this project advance student or trainee 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.” 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.

Provide examples of the specific types of projects/research 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.

Describe the primary goal(s) for implementing the curriculum and your desired outcomes (short and long term).

Describe in detail the specific, measurable, achievable, realistic, time-based (SMART) objectives of the proposed program, course, or curriculum.

Explain how the new equipment will be integrated into the new or existing curriculum to improve instruction and achieve project goals.

Describe how the proposed curriculum will be implemented including specific competencies, credentials, and timeframe.

Demonstrate how the curriculum ties directly with workforce development for high-demand careers in the life sciences.

Is an internship/co-op/apprenticeship required? If not, please describe plans to incorporate work-based learning experiences into the program.

To what extent have industry partners been engaged to provide input and guidance regarding the development and implementation of the program? If the program has an advisory board, please describe the size, makeup, and frequency of meetings.

Does the program incorporate any professional ("soft") skills training? If so, how many hours are dedicated to this training and what are some specific skills addressed?

## Career Awareness

Describe how the proposed curriculum 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 new/enhanced curriculum will help students to understand the real-world applications of the new equipment. Describe specific plans for implementing workforce readiness activities into the curriculum.

Describe specific plans for implementing additional career awareness activities into the curriculum.

## Equipment and Supplies

Provide a detailed summary of the equipment, supplies, and/or technology that will be used to effectively implement the proposed curriculum. Demonstrate a sufficient need for the requested items and describe the value it would bring to delivering quality instruction and preparing students for placement in jobs within the life sciences industry.

Provide justification for the purchase of core items requested for a) implementing the specific objectives of the proposal, and b) delivering high-quality, industry-aligned instruction to prepare students for direct placement in high-demand life sciences occupations.

Is there dedicated space for the equipment? If not, is there a plan to secure sufficient space if the grant is awarded? Will any renovations be necessary to support this project and accommodate the new equipment? Please explain.

Where will the equipment be located? (enter building name)

Provide a timeline for ordering the equipment and identify the personnel responsible for ordering, receiving, and setting it up.

## Partnerships and Collaboration

Select the ways in which **INDUSTRY** partners have supported the development and/or implementation of your program/project. Industry partners are defined as life sciences industry companies or employers.

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

**Describe in detail all partnerships with life sciences industry partners directly contributing to the development, implementation, and/or successful outcomes of the program for which you are seeking funding.**

**Upload at least one letter of support from a life sciences industry/employer partner.** Letters should confirm that the partner has evaluated/reviewed the proposed project concept and affirm their support for implementation, including a statement of their specific contribution to the project (development, implementation, evaluation, etc.).

Select the ways in which **NON-industry partners** have supported the development and/or implementation of your **program/project**. 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 project feedback
- ☐ Participation on advisory board
- ☐ Donation of equipment, supplies, or personnel time
- ☐ Student mentoring/career counselling
- ☐ Speakers and/or demonstrations
- ☐ Job shadowing
- ☐ Field trips
- ☐ Internships/co-ops/apprenticeships placement
- ☐ Skills training
- ☐ Other:

Describe any partnerships with non-industry partners directly contributing to the development, implementation, and/or successful outcomes of the program for which you are seeking funding.

Are there complementary or similar programs in the region that provide potential opportunities for collaboration?

## Sustainability

How will the program be sustained in the years following the MLSC award? Does the organization have a capital/operating plan for financing the ongoing maintenance and/or future replacement of the equipment?

Describe the extent to which the program is leveraging other funds to maintain equipment and consumables for the program/course.

Explain any contingency plans for unexpected challenges or issues that may arise during the project. Describe your strategies for mitigating these risks and managing any unexpected issues, i.e. personnel turnover.

## Evaluation and Impact Assessment

If your organization has received previous MLSC funding, provide a brief summary of the grant outcomes and the justification for additional funding.

If the program has existed for more than two years, what is the percentage of alumni currently employed in the life sciences?

List any accreditation, validations, or awards the program has received.

Indicate the projected outcomes related to the program for which you are seeking funding.

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 participation in internships/co-ops.
- Impact of program participation on assessment performance data (include a description of the assessments you will analyze).

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? Describe the plan to measure program outcomes, including but not limited to the following:**

- Year-to-year enrollment growth
- Percentage of students participating in internships
- Percentage of graduates hired by life sciences companies/research institutions within six months of completing the program
- New industry partnerships
- Follow-on funding secured

NOTE: MLSC will require pre- and post-implementation surveys for students/trainees. 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.

## 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 **\$500,000** for eligible expenses. Applications submitted by multiple entities collaborating on a project can request up to \$400,000 per eligible institution/organization (costs must be identified separately). Renovation costs cannot exceed 75% of the budget.

**Non-Allowable Costs:** Any non-capital/operating costs, basic office supplies, overhead/indirect costs, and activities/items funded by other funding sources.

**Quotes:** All line items above \$10,000 require a quote. All renovation items/services must be itemized AND include quotes for each item. Quotes can be submitted at a later time (through the review period) if necessary, but it is preferred that they are included with the budget PDF uploaded to this application or linked to each associated line item in the budget.

### Budget (PDF)

Complete this [budget form](#), save and convert it to PDF, and then upload it below. Please make sure when saving as a PDF that all information is included by fitting to the page width. If you are seeking funding for multiple organizations (consortium), please use [this form](#) instead.

*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.*

Itemize all equipment, renovation costs, consumables, technology, software, etc. Listing "other," "miscellaneous," "general lab supplies," or "consumables," will not be accepted. To the extent possible, please indicate the vendor name and costs based on quotes.

## 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:

Total Amount Requested  
From MLSC:

**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.**

**If applicable, has your organization received other state funding (e.g. Skills Capital Grant Program) to support this program in the past? If yes, please elaborate. If no, do you plan to apply for other state funding in the next 1-2 years?**

Internal Match  
Commitment:

\$5

External Match  
Commitment:

\$5

Total Matching Funds:

\$10

## 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 3-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 3-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:

*Check the box below if you would like to subscribe to MLSC's weekly newsletter (if not already subscribed).*

☐ **Subscribe**