



Frontiers Fund Eligibility Questionnaire

1. Is the Applicant a not-for-profit research institution located in Massachusetts? (required)

☐ Yes

☐ No

2. Do you commit to not mentioning the Principal Investigator (PI) by name or gender except where explicitly requested? And do you understand that if you do include name or gender in the final submission your application may be deemed ineligible? (required)

☐ Yes

☐ No

3. Is the Applicant in compliance with all Massachusetts Life Sciences Center agreements? (required)

☐ Yes

☐ No

Save Draft

Submit Form

Drafts may be visible to the administrators of this program.



Frontiers Fund FY26 Application

Frontiers Fund Program

Welcome to the Frontiers Fund Program application! This novel program is designed to support early-stage, high-risk translational research in historically underfunded and understudied sectors of the life sciences. Below, please provide detailed information about yourself, your organization and project. Ensure all responses are concise and within the specified word limits.

Applicant Name (Non-Profit Organization) (required)

City/Town of Non-Profit Entity (required)

 

Zip Code of Non-Profit Entity (required)

 

Contact Information

Concealed from reviewers.

Principal Investigator Name (required)

First Name

Last Name

This field will be blinded to reviewers.

Principal Investigator Job Position Title (required)

This field will be blinded to reviewers.

Principal Investigator Department (required)

This field will be blinded to reviewers.

Principal Investigator Email (required)

email@example.com

This field will be blinded to reviewers.

Principal Investigator Phone Number (required)

 

This field will be blinded to reviewers.

Please describe the PI's relevant experience, without identifying them by name or gender. (required)



Limit: 500 words

Please don't use PI's name or gendered pronouns (he/him/his or she/her/hers). Ex. The PI has 10 years of experience administering and managing projects, several of which have included small clinical trials. The PI is the research group leader with expertise in the areas of XYZ...

Authorized Representative (required)

Title of Authorized Representative (required)

Email of Authorized Representative (required)

email@example.com

Name of Press Contact (required)

First Name

Last Name

This field will be blinded to reviewers.

Email Address of Press Contact (required)

email@example.com

This section will automatically be blinded to reviewers.

Press Contact Telephone (required)



This section will automatically be blinded to reviewers.

Is there a Co-PI? (required)

☒ Yes

☐ No

Name of Co-PI (required)

First Name

Last Name

This field will be blinded to reviewers.

Co-PI Title/Position (required)

This field will be blinded to reviewers.

Email Address of Co-PI (required)

This section will automatically be blinded to reviewers.

Co-PI Telephone (required)



This section will automatically be blinded to reviewers.

Past MSLC Awards

Have you been awarded an MLSC grant in the past? (required)

☒ Yes

☐ No

How many MLSC grants have you received? (required)

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

What MLSC funding program did you receive the awarded grant(s) from? Please check all that apply (required)

☐ Bits to Bytes (\$750K)

☐ Neuroscience Consortium/MassCATS (\$115k)

☐ 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)

☐ First Look Award (\$50k)

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

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

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

Please describe what value this follow-on proposal would bring to the previous grant from the MLSC and how it will drive the project forward. (required)

Proposal Summary

Project Title (required)

What research field(s) does this project primarily address? Please choose up to three options. (required)

- ☐ Antibiotic resistance
- ☐ Microbiome science and therapeutics
- ☐ Orphan diseases
- ☐ Mental health and neuropsychiatric disorders
- ☐ Non-opioid pain therapeutics
- ☐ Health equity-driven solutions
- ☐ Medical devices

If applicable, what disease(s) and condition(s) does this project primarily address? Please choose up to three options. (required)

- ☐ Agriculture
- ☐ Autoimmune 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

Other-Disease(s) and Condition(s) (required)

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

If other, please specify:

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

If other, please specify:

Project Team Members



	A	B	C	D	
1	Organization Name	Entity Type (For-Profit or Non-Profit)	Contact Name	Title of Contact	
2					
3					
4					
5					
6					
7					
8					
9					

Scientific & Technical Approach

DATA and CITATION upload - end of the application

If you reference research or statistics, please **provide a citation** to identify the source of the information. You will be given the option to upload your references if you have used any, in the order they appear in the application at the end of the form.

You will also have the option to upload any data generated at the end of the application.

BOTH CITATION AND DATA ARE OPTIONAL

1. In lay terms, summarize your project in 3-5 sentences intended for a broad audience (required)

A large rectangular text input box with a thin purple border. In the bottom right corner, there is a small icon consisting of two parallel diagonal lines.

Limit: 250 words

2. Describe the clinical/scientific need or problem the project seeks to address (required)

A large rectangular text input box with a thin purple border. In the bottom right corner, there is a small icon consisting of two parallel diagonal lines.

Limit: 150 words

3. Describe the current solution (required)

A large rectangular text input box with a thin purple border. In the bottom right corner, there is a small icon consisting of two parallel diagonal lines.

Limit: 150 words

4. Describe the potential impact and the importance the project will have in moving this field forward (required)

Limit: 250 words

5. What specific milestones and detailed activities do you plan to accomplish with MLSC funding? What are the detailed activities (including experimental design, if you already have the samples on hand or anticipated time to acquire, and type of analysis) you propose to meet the milestones outlined with the MLSC funds?

(required)

Limit: 500 words

6. What is your competitive advantage over other similar approaches in this field? (required)

Limit: 250 words

7. Please upload supporting data here (one page maximum).

(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

Applications that submit more than 1 page will be disqualified.

8. Will you be using animal or human samples? (required)

☐ Animal

☐ Human

☐ Neither

Have you received approval from the Institutional Animal Care and Use Committee (IACUC)? (required)

☐ Yes

☒ No (Please explain)

Please outline the anticipated time to acquire IACUC approval.
(required)

Do you have existing Institutional Review Board (IRB) approval and samples on hand? (required)

☐ Yes

☒ No (Please explain)

Please outline the anticipated time to acquire IRB approval and note if samples are coming from collaborators. (required)

9. What is the gender distribution between animals/cell lines to be studied and how will gender differences be reported? If gender will not be studied in equal numbers, please explain why. (required)

Limit: 150 words

10. What is the distribution of racial, geographic, and any other identifiable social determinants of health, and how will differences be reported? Please list which factors will be studied. If none are studied, please explain why. (required)

Limit: 150 words

11. What is the current intellectual property status (including foundational IP)? Is IP generation under this project expected?

(required)

Limit: 75 words

12. What are the key challenges to successful translation of the outcomes/technology and how do you plan to overcome them?

(required)

Limit: 500 words

13. Describe the impact of your proposed project in Massachusetts (in the context of local business or research partnerships, local purchasing, local prototyping, patients, jobs etc.) (required)

Limit: 250 words

14. What is the expected outcome for the project at the conclusion of the Phase I project? (What does “success” look like and how will it be measured?) (required)

Limit: 300 words

15. Please outline the key activities you plan for each of the program’s next two phases (Phase II and Phase III) and explain how these steps will move your project toward commercialization.

(required)

Limit: 250 words

16. Are there other collaborators involved in this project (industry, academia, hospital, etc.)? If yes, please briefly describe their roles and the structure of collaboration.

Limit: 250 words

Budget Form Instructions

\$200,000 in expenses per project can be requested through this grant. Up to **\$100,000** will be awarded for **capital** expenses and up to **\$100,000** will be awarded for **general** expenses per project. **This is a 1-year grant.**

- Allowable **capital** expenses include: research supplies, reagents, hardware/software purchases, and datasets.
- **Not allowable** expenses include: direct labor, overhead/indirect costs, renting space for storage of memory, monthly cloud storage fees, other monthly subscription fees, legal expenses, travel, paying off debt, paying for operating costs such as rent and utilities and activities funded by other funding sources.
- All capital assets must be made publicly available.
- Allowable **general** expenses include: select salaries (including fringe up to 30%), consultant fees, and indirect costs. Indirect costs are capped at **15% of direct costs** (e.g., max of \$26,087 for an award of \$200,000).
- Funds will be disbursed on a **reimbursement basis** in accordance with terms outlined in the Grant Agreement.

DO NOT MENTION THE PI/co-PI BY NAME in the budget form.

Budget Breakdown



	A	B	C	D	
1	FY26 CAPITAL Budget Details				
2	-	-	-		
3	Vendor	Item/ Description (be specific and ensure	Category (please choose from the list	Estimated Cost	
4					
5					
6					
7					
8					

17. If your capital expenses include datasets, describe your plan to make them publicly available no later than 6 months post final awarded phase. (required)

18. Typical grant requests for this program are up to \$200,000. If you are requesting more than \$200,000, please describe the compelling circumstances and provide sufficient information to justify this special request. The Center reserves the right to adjust the requested amount. (required)

19a. Total Capital Expenses Budget (required)

19b. Total General Expenses Budget (required)

Compliance Questions

Blinded Declaration

The MLSC is making a concerted effort to blind applications from reviewers. As such we are requesting that you please do not mention the PI by name or gender unless specifically requested.

If there is mention of the PI's name or gender in the submitted application, except where explicitly requested, **your application may be deemed ineligible.** Prior to submission, please use **CTRL+F** to search the application for the **PI's name and gendered pronouns (he/him/his or she/her/hers)** in all text fields, references, patents, budget forms, letters, and other uploads to ensure that they are only found in fields where specifically requested.

Once you are ready to submit, please agree to the declaration below by selecting the below checkbox.

- ☐ I agree that I have removed any mention of the PI's name or gender in any text fields or uploads, except where explicitly asked. I understand that if the PI's name or gender remains in the application, except where explicitly requested, my application may be ineligible.
(required)

Authorized Signature and Acceptance (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Please upload an image of the 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 Frontiers Fund 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 also acknowledge and agree that the MLSC has sole discretion to determine which applicants receive benefits 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 may be subject to disclosure under the Massachusetts Public Records Law. "Public records" may not, however, include materials or data which fall within a specifically enumerated exemption set forth in the MLSC's enabling act, M.G.L. Chapter 23I. Such exemption may be applicable to materials or data submitted to the MLSC that consist of trade secrets or commercial or financial information regarding the

operation of any business conducted by the company, or regarding the competitive position of such company in a particular field of endeavor (Trade Secrets Exemption). I understand and acknowledge that if I wish to submit materials or data to the MLSC that may be proprietary in nature and may fall within the parameters of the Trade Secrets Exemption, I must identify such materials and data as Confidential. I also understand that the receipt of such materials/data by the MLSC does not represent a finding that such materials/data do qualify for protection under the Trade Secrets Exemption.

How did you hear about the program? (required)

- ☐ Social Media
- ☐ MLSC Newsletter/Website
- ☐ Program Manager/MLSC Staff
- ☐ Third Party (e.g. MassBio, MassMedic, etc.)
- ☐ Other (Please Specify)

- Select for Principal Investigators to receive email notices and updates from MLSC newsletter.**
(required)
- ☐

You may unsubscribe at any time.

We look forward to reviewing your application and working together to advance research in underfunded/understudied areas. If you have any questions or need assistance, please contact our team at mlscindustryprograms@masslifesciences.com (<mailto:mlscindustryprograms@masslifesciences.com>).

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Drafts may be visible to the administrators of this program.
