

Health Equity Accelerator FY2025 Application

Health Equity Accelerator Program

Welcome to the Health Equity Accelerator Program application! This novel program is designed to foster innovative solutions that advance health equity and reduce health disparities in underserved communities. Below, please provide detailed information about yourself, your organization and project. Ensure all responses are concise and within the specified word limits.

Contact Information

Concealed from reviewers

Project Lead Name (required)

First Name Last Name

This section will be blinded to reviewers

Title/Position of Project Lead (required)

This section will be blinded to reviewers

Email Address of Project Lead (required)

This section will be blinded to reviewers

Phone Number of Project Lead (required)



This section will be blinded to reviewers

Is the submitter different from the project lead? (required)

☐

Yes

☐

No

This section will be blinded to reviewers

Is there a Co-Project Lead? (required)

☐

Yes

☐

No

Organization Information

Type of Organization (required)

- ☐ Non-Profit
- ☐ For-Profit

Organization Name (required)

Address (required)

City/Town (required)

Zip Code (required)

Press Contact Name (required)

First

Middle (if applicable)

Last

This section will be blinded to reviewers

Email (required)

This section will be blinded to reviewers

Phone (required)



This section will be blinded to reviewers

Budget Form Instructions`

A maximum of \$50,000 in expenses can be requested through this grant.

Expenses can include: equipment, research supplies and reagents (no minimum dollar amount), purchase of hardware and software, equipment maintenance contract and service contract costs, data generated via core facilities, salary support with fringe rate not to exceed 30%, legal and publication fees, consultants, and project-related travel (up to 10%). These funds may cover indirect costs, up to 15% (or \$6,522 for an award of \$50,000).

EXAMPLES of funding CATEGORIES are equipment, research supplies, reagents, hardware, software, data sets, salary support, indirect costs, consultant, legal fees, publication fees, travel. If you haven't decided on vendors for supplies, please list multiple ones.

For salary support and indirect costs use your organization's name in the Vendor column. DO NOT MENTION THE PI/co-PI BY NAME in the budget form.

Funding Budget Requested

	A	B	C	D	E	F	C
1	FY25 Budget Details						
2	-	-	-				
3	Vendor	Item/Description	Category (please choose from the list of	Amount	Upto - \$50000		List of Categories
4							equipment
5							research supplies
6							reagents
7							hardware
8							software

Enter your budget here

Does your requested budget exceed \$50000? (required)

- ☐ Yes
- ☐ No

Proposal Information

1. Project Title (required)

What health condition or disease does the project address? (required)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Autoimmune Disorders | <input type="checkbox"/> Cancer - Breast | <input type="checkbox"/> Cancer - Others |
| <input type="checkbox"/> Cancer - Ovarian | <input type="checkbox"/> Cardiology/
Cardiovascular
Research | <input type="checkbox"/> Chronic
Illness/Disease | <input type="checkbox"/> Endocrinology |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Gastrointestinal (GI) | <input type="checkbox"/> Geriatrics &
Gerontology | <input type="checkbox"/> Hematology |
| <input type="checkbox"/> Immunology/Inflammat
ion | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Liver | <input type="checkbox"/> Maternal/Infant Health |
| <input type="checkbox"/> Metabolic Diseases | <input type="checkbox"/> Microbiome | <input type="checkbox"/> Neuroscience | <input type="checkbox"/> Nutritional Science |
| <input type="checkbox"/> Oral Health | <input type="checkbox"/> Orthopedic Research | <input type="checkbox"/> Pediatric Research | <input type="checkbox"/> Psychiatry/ Mental
Health |
| <input type="checkbox"/> Public Health/
Epidemiology | <input type="checkbox"/> Rare Diseases | <input type="checkbox"/> Regenerative
Medicine | <input type="checkbox"/> Reproductive Health |
| <input type="checkbox"/> Toxicology | <input type="checkbox"/> Women's Health/
Gender Studies | <input type="checkbox"/> Other | <input type="checkbox"/> N/A |

What type of modality does your project utilize? (required)

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Cell & Gene Therapy | <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Data Science | <input type="checkbox"/> Diagnostics |
| <input type="checkbox"/> Digital Health | <input type="checkbox"/> Drug Delivery | <input type="checkbox"/> Drug Discovery &
Development | <input type="checkbox"/> Imaging |
| <input type="checkbox"/> Medical Device | <input type="checkbox"/> mRNA/siRNA/ RNA
Research | <input type="checkbox"/> Personalized/Precision
Medicine | <input type="checkbox"/> Phototherapy |
| <input type="checkbox"/> Radiation Therapy | <input type="checkbox"/> Robotics | <input type="checkbox"/> Vaccines | <input type="checkbox"/> Other |
| <input type="checkbox"/> N/A | | | |

What tools/techniques will your project employ? (required)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 3D printing | <input type="checkbox"/> AI/ML/Deep Learning | <input type="checkbox"/> Antibody | <input type="checkbox"/> Automation |
| <input type="checkbox"/> Biomanufacturing | <input type="checkbox"/> Biomarker
Identification | <input type="checkbox"/> Biomaterials/ Material
Sciences | <input type="checkbox"/> Biosensor |
| <input type="checkbox"/> Contract Work-
CRO/CDMO/CMO | <input type="checkbox"/> Crystallography/
Peptide synthesis | <input type="checkbox"/> CT/MRI | <input type="checkbox"/> Data Optimization |
| <input type="checkbox"/> EEG&ECG | <input type="checkbox"/> Electronic Medical
Record (EMR) | <input type="checkbox"/> Engineered Microbes | <input type="checkbox"/> FACS/ Flow Cytometry |
| <input type="checkbox"/> Genome Editing | <input type="checkbox"/> Genomics | <input type="checkbox"/> In Vitro cultures | <input type="checkbox"/> In Vivo animal models |
| <input type="checkbox"/> Liquid
Chromatography | <input type="checkbox"/> Mass Spectroscopy | <input type="checkbox"/> Metabolomics | <input type="checkbox"/> Microscopy |

- | | | | |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Nanotechnology | <input type="checkbox"/> Next-generation Sequencing | <input type="checkbox"/> NMR/MRS | <input type="checkbox"/> Organoid/ Organ-on-a-chip |
| <input type="checkbox"/> Pasteurization/ Sterilization | <input type="checkbox"/> Patient Avatars | <input type="checkbox"/> Proteomics | <input type="checkbox"/> Small Molecule |
| <input type="checkbox"/> Software & Algorithms | <input type="checkbox"/> Transcriptomics | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Viral Vector |
| <input type="checkbox"/> Other | <input type="checkbox"/> N/A | | |

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

2. In lay terms, summarize your project focused on health equity in 2-4 sentences intended for a broad audience. (required)

Limit: 250 words

3. Describe the unmet need or problem in health equity the project seeks to address and the current practice in the field. (required)

Limit: 150 words

4. Identify the specific underserved communities your project will impact and describe the methods used to identify their unmet needs . (required)

Limit: 150 words

5. Describe the methods/innovation/technologies that your project will employ to address the unmet need in health equity. (required)

Limit: 150 words

6. We expect all patient and survey data/cell lines/animal models to reflect the underserved populations that bear the burden of the disease. What is the distribution between groups to be studied and how will differences between groups be reported? If the study participants/data will not reflect populations' relative disease burden, please explain why. (required)

Limit: 200 words

7. What strategies will you use to recruit participants/data from underrepresented populations? (required)

Limit: 150 words

8. Outline your plans for ensuring that your research is translated to real world impact beyond the Health Equity Accelerator? Focus on the impact of your project on the targeted communities. Please include any metrics or indicators you intend to use. (required)

Limit: 200 words

9. Are there key partners for this project? How will they contribute to your project's success? (required)

Limit: 150 words

10. Have you secured any other funding or support for your project? If so, please describe. (required)

Limit: 150 words

11. Describe any previous work or experience you have in addressing health disparities. (required)

Limit: 150 characters

12. Provide a timeline outlining the project milestones and plan for implementation within the one-year timeframe of the accelerator program. (required)

Limit: 150 words

Do you have data that you want to upload? (Optional)

- ☐ Yes
- ☐ No

Do you have citations in your application? (Optional)

- ☐ Yes
- ☐ No

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, .wpf, .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 Health Equity Accelerator Funding 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
- ☐ Third Party (MassBio, MassMedic, etc.)
- ☐ Other (specify below)

☐ **Select for the Principal Investigator to receive email notices and updates from the MLSC** (required)

We look forward to reviewing your application and working together to advance health equity in Massachusetts. If you have any questions or need assistance, please contact our support team at HealthEquity@masslifesciences.com

Save Draft

Submit Form

Drafts may be visible to the administrators of this program.