

## Applicant Information

Applicant Name  
(Organization):

Applicant Street Address:

Applicant City/Town:

## Contact Details

Primary Contact:

Title:

Telephone:

Accounting/Finance  
Contact:

Accounting/Finance  
Email:

## Applicant Overview

Applicant Category

Please note that only one application per organization will be accepted.

- ☐ **2-year/Community College**
- ☐ **4-year college/university**
- ☐ **Incubator**
- ☐ **Municipality**
- ☐ **Non-profit training organization**
- ☐ **Research Institution**

Applicant Description

Provide an overview of your organization/municipality. Please reference size, years of operation (if applicable), and populations served, as applicable (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).

Describe the role of each team member listed above as it pertains to the project.

## Project Description

Project/Program Name:

Provide a general overview of the project and anticipated impact of MLSC funding by summarizing the following:

- (1) What gap in the life sciences ecosystem would be addressed.
- (2) How the project/program would increase access to life sciences careers and career awareness.
- (3) Ways in which the project/program would provide transformational impact for low-income communities and/or serve populations historically underrepresented in the life sciences.
- (4) How requested funds will be used.
- (5) Key partners involved in implementation.

What is/are the geographic area(s) served by the project/program? Select all that apply.

☐ Western Mass

☐ Central Mass

☐ North East

☐ South East

☐ MetroWest

☐ Greater Boston

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

☐ New

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

If applicable, how long is the program? (enter number of weeks/months/years)

For existing programs, how many individuals does your program currently serve annually? Enter a number.

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

What are the plans for recruiting participants/students/trainees?

Provide a detailed breakdown of participant/student/trainee demographics, in aggregate, (for existing programs: over the past 1-3 years; for new programs: target population(s) to serve). To the extent possible, include race/ethnicity, gender, and region.

## Curriculum/Content

Provide an overview of the curriculum/content that would be offered through this project/program. Describe how the curriculum develops understanding/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.” Program 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.

How does the curriculum increase access to life sciences careers and career awareness?

How does the curriculum prepare participants/students/trainees for high-demand careers in the life sciences (biotechnology, pharmaceuticals, medical devices, data sciences, etc.)? What relevant, technical skills are provided?

Are work-based learning experiences incorporated into the curriculum (internships, co-ops, apprenticeships, etc.)?

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

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 project/program and curriculum.

Provide a clear, logical, and practical roadmap for how the program/project will be executed. It should demonstrate careful consideration of the implementation process and preparation to achieve the project/program's goals effectively. Include a description of how the proposed curriculum will be implemented including specific competencies,

credentials, and timeframe.

## Partnerships and Collaboration

**Gamechanger grants are required to have matching funds from at least one industry partner. List all matching industry partners and describe the matching funds.**

**Identify and describe in detail all other partnerships with life sciences industry partners directly contributing to the development, implementation, and/or successful outcomes of the project/program.** Industry partners are defined as life sciences industry companies or employers. Partnerships can involve any of the following: grant funding, providing input and review of curriculum design, participation on an advisory board, supplying donations of equipment/personnel time, providing mentorships, career counselling, guest speakers, job shadowing, and/or internships/co-ops/apprenticeships. If the program has an advisory board, please describe the size, makeup, and frequency of meetings.

**How have non-industry partners contributed to the development and implementation of the project/program? Identify and describe in detail all partnerships with non-industry partners directly contributing to the development, implementation, and/or successful outcomes of the program for which you are seeking funding.** Non-industry partners are defined as academic and community partners such as colleges/universities, non-profit organizations, associations, training providers, and community-based organizations.

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

**Upload a letter from the matching partner and at least one letter of support from a life sciences industry/employer partner (if different).**

## Budget

### Budget and MLSC Funding Request

**Applicants must request between \$750,000 and \$1,000,000 from MLSC for eligible expenses and must have a cost-sharing commitment from at least one partner organization. 1:1 matching funds are required for any amount requested over \$500,000. Non-capital costs (e.g. personnel, transportation, marketing, stipends) are limited to \$100,000.**

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 contact MLSC for a modified template.

*Please only enter information in the yellow highlighted cells on the first tab. All other cells will auto-fill.*

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. 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.

Non-allowable expenses include curriculum access or subscription fees, event or conference registration fees, wages for substitute teachers, 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.

Note: funds are provided as a reimbursement each quarter via electronic fund transfer (EFT) upon verification of costs incurred.

Budget (Excel file)

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

Total Cost of  
Implementation:

Capital Amount  
Requested from MLSC:

Non-Capital Amount  
Requested from MLSC:

Total Amount Requested  
From MLSC:

Total Matching Funds  
Committed:

**Provide an explanation of capital and non-capital funding requests by:**

- (1) providing a detailed summary of the expenses that will be used to effectively implement the proposed project/program.
- (2) explaining how the expenses support the objectives and activities outlined in the proposal.
- (3) demonstrating a sufficient need for the requested items by describing the value they would bring to enhancing program quality, increasing awareness and access to life sciences careers, and preparing participants for 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.**

## Sustainability

**If the funding requested in this proposal is to support program operations, describe the plan for sustaining programming after grant funds are expended.**

**What is the capital/operating plan for financing the ongoing maintenance and/or future replacement of the equipment? Describe the extent to which the project/program is leveraging other funds to maintain equipment and consumables.**

**Describe all other plans to support and sustain the project/program in the years following the MLSC award. Include a detailed overview of who will manage the grant funds and who will allocate the grant resources during and following the grant period.**

**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, such as personnel turnover.

## Evaluation

If you have received previous MLSC funding, please describe that project/program and how it relates, if at all, to the project/program for which you are currently seeking funding. Provide a brief summary of the outcomes including the impact of funding on the project/program and the impact of the project/program on the individuals served.

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

How will the success of the project/program be measured and evaluated? Detail any tools or assessment methods that will be used to measure and report outcomes. 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.

## 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 obligation for grant recipients, as indicated on the grant program webpage/solicitation.

☐ Yes

Applicant is aware of the 3-year pre- and post-program student survey requirement (as applicable) for grant recipients, indicated on the grant program page.

☐ Yes

Signature:

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

☐ [Subscribe](#)