

Applicant Information

Applicant Name
(Organization):

Applicant Street Address:

Applicant City/Town:

Contact Details

Primary Contact:

Title:

E-mail:

Telephone:

Accounting/Finance
Contact:

Accounting/Finance
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.

Program/Project Description

Overview

Program/Project Name:

When will the program be
offered?:

Select all that apply.

☐ Summer

☐ After school (Fall)

☐ After school (Spring)

☐ Spring vacation

Number of
sessions/cohorts per
year:

Number of days per
session/cohort:

Number of total hours per
year:

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

What are the project/program objectives and overall goals?

Is the program for which you are seeking funding new or existing? If existing, how many years has the program been offered?

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?

Select all that apply.

☐ Elementary school (K-5)

☐ Middle school (6-8)

☐ High school (9-12)

Enter the total number of **elementary school** students that would be served annually.

Enter the total number of **middle school** students that would be served annually.

Enter the total number of **high school** students that would be served annually.

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?

Please provide the names of the school(s) whose students you anticipate serving. If you do not yet know this information, please identify 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 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.

Describe the intentional efforts that would be made as part of the program to increase student awareness and understanding of life sciences careers.

Partnerships

Describe the life sciences company/community/academic partner(s) that contributed to the development of the program/project and is/are committed to its successful implementation.

Upload at least one letter of support from a project partner.

Evaluation and Impact Assessment

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

How will student success be measured? Describe plans for evaluating the program and reporting outcomes.

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

Program Budget and MLSC Funding Request

MLSC grants are distributed via reimbursement, after grantee submits reimbursement requests with invoices attached. Direct billing from select equipment vendors (equipment only) are also available.

Budget Caps: 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).

Total Cost of
Implementation:

Total Amount Requested
From MLSC:

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.

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.

Matching Funds

If the MLSC grant would not cover all project costs, how will the budget difference be met? Have you identified additional funding sources? If not, what is the plan to secure this funding?

Has your organization secured cash or in-kind support from any other source (state/federal government, industry, foundation, etc.)? If yes, please elaborate.

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:

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☐ **Subscribe**