

Partners: @OmicsPartners@

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### Non-Profit Representative Information

### Contact Information

This section will automatically be blinded to reviewers.

Applicant Name  
(Organization):

Massachusetts Life Sciences Center

First Name of Non-Profit  
Principal Investigator:

Last Name of Non-Profit  
Principal Investigator:

Title of Non-Profit  
Principal Investigator:

E-Mail of Non-Profit  
Principal Investigator:

Phone Number of Non-  
Profit Principal  
Investigator:

### Co-Applicants

### Authorized Representative

First name of Authorized  
Representative:

Last name of Authorized  
Representative:

Title of Authorized  
Representative:

E-mail address of  
Authorized  
Representative:

### Non-Profit Address

Business Address:

Business City/Town:

Business State:

Business Zip Code:

Business Telephone:

### Non-Profit Press Contact

Name of press contact

Press contact e-mail address

Press contact telephone

### Project Team Members

#### Qualifications of the Management Team

*In an effort to review all applications to the MLSC, based solely on the merits of the proposal and qualifications of the team, the MLSC will be blinding the identities of team members to our reviewers in our review process.*

Non-profit PI Lead Name

*This field will be blinded to reviewers.*

Title and Department

Institution

Please describe the PI's relevant experience, without identifying him/her by name or gender.

*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...*

Company Lead Name

*This field will be blinded to reviewers.*

Title and Department of Company Lead

Company Name

Please describe the company lead's relevant experience, without identifying him/her by name or gender.

*Ex. The X at the company has more than 10 years of medical device experience, where they developed novel pumps and algorithms to deliver compounds through subcutaneous infusion. The lead has held previous roles as X, responsible for XYZ.*

Please describe the company's role in the project proposal, without identifying members of the team by name.

Company 2 Technical Lead Name

Title and Department of Company Lead

Company 2 Name

Please describe the company lead's relevant experience, without identifying him/her by name or gender.

*Ex. The X at the company has more than 10 years of medical device experience, where they developed novel pumps and algorithms to deliver compounds through subcutaneous infusion. The lead has held previous roles as X, responsible for XYZ.*

Please describe the company's role in the project proposal.

Company 3 Technical Lead Name

Title and Department of Company Lead

Company 3 Name

Please describe the company lead's relevant experience, without identifying him/her by name.

*Ex. The X at the company has more than 10 years of medical device experience, where they developed novel pumps and algorithms to deliver compounds through subcutaneous infusion. The lead has held previous roles as X, responsible for XYZ.*

Please describe the company's role in the project proposal.

## Proposal to MLSC

Proposal Title:

In lay terms, describe the unmet need, proposed solution, and the impact of this project on MA.

The recommended number of words for this answer is: 75 words. (3 sentences or less)

Describe the clinical/scientific need or problem the project seeks to address.

The recommended number of words for this answer is: 150 words.

Describe the current solution.

The recommended number of words for this answer is: 150 words.

Describe the potential impact and the importance the project will have in moving this field forward.

The recommended number of words for this answer is: 250 words.

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?

The recommended number of words for this answer is: 300 words.

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.

The recommended number of words for this answer is: 50 words.

What is your competitive advantage over other similar approaches in this field?

The recommended number of words for this answer is: 100 words.

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

The recommended number of words for this answer is: 75 words.

Does the requested capital equipment already exist at your institution or others in the state? If so, please describe the value in purchasing additional infrastructure.

The recommended number of words for this answer is: 250 words.

This grant also requires that capital equipment/data purchased using MLSC funds be made available to the public. Please describe your plans for promoting and allowing access to outside scientists and the timeline, as well as the business model of the facility (if applicable).

The recommended number of words for this answer is: 250 words.

The MLSC is striving to incorporate convergent approaches in healthcare discovery and innovation. Proposed projects that involve engineering, biology, chemistry and/or data science teams/components, will be favorably viewed. Please describe if and how your proposed projects fits this convergence model.

The recommended number of words for this answer is: 200 words.

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

The recommended number of words for this answer is: 200 words.

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.)

The recommended number of words for this answer is: 200 words.

Who will be responsible for training the new postdoctoral scientist(s), and what additional skillsets should they expect to gain?

The recommended number of words for this answer is: 200 words.

## Financial Considerations and Project Timeline

Total amount requested from MLSC

Total Committed from Industry Partner(s)

Total Committed from Non-Profit Applicant(s)

Total Project Cost: \$0.00

Typical grant requests for this program are up to \$750,000. If you are requesting more than \$750,000, please describe the compelling circumstances and provide sufficient information to justify this special request. The Center reserves the right to adjust the requested amount.

The recommended number of words for this answer is: 150 words.

Is this a new project the team will be pursuing together, or a follow up to a previous research endeavor? Please describe.

**Note:** Sponsored Research Agreements (or other such similar arrangements) executed before **November 19, 2021** between the parties will not be considered as part of the letter of support for this program. The recommended number of words for this answer is: 75 words.

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 search for the PI's name and ensure that it is only found in fields where specifically requested.

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

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 Novel Therapeutics Delivery 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 also acknowledge and agree that the MLSC has sole discretion to determine which applicants receive benefits under the Program. 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.

## UPLOAD FIELDS THEMED CAPITAL PROGRAMS

**Note: Uploaded documents must be in .pdf file format. DO NOT MENTION THE PI BY NAME OR GENDER IN ANY UPLOADS.**

- Please upload a job description for the new scientist to be hired, which lists the qualifications of the new candidate you will be seeking in addition to their responsibilities.
- Please upload letters of interest from at least one academic scientist and one industry scientist, but no more than three for each, external to your institution/industry partner(s). The letter should include a brief (3 sentence) description describing a project that would use the capital equipment and/or data set generated under the award.
- **Breakdown of Expenditures Upload-** In a new tab, download and complete the MLSC Budget Form provided showing the detailed breakdown of expenditures for MLSC funds. Include vendor quotations of capital equipment over \$100K. Please include only the page that shows the cost of the item, not the entire document.
- **Breakdown of Expenditures Upload Academic Partners-** In a new tab, download and complete the Partner Budget Form provided showing the detailed breakdown of expenditures for funds to be cost shared by the Academic Partners.
- **Breakdown of Expenditures Upload Industry Partners-** In a new tab, download and complete the Partner Budget Form provided showing the detailed breakdown of expenditures for funds to be cost shared by the Industry partners.
- Upload letter(s) of commitment from each non-profit and Company partner outlining their financial and in-kind contributions (reagents, supplies, in-kind salary support, etc.) described in the budget form. Please have the letter reference your project title, but do not include applicant name/gender. If the non-profit applicant is not committing cost-share dollars, please include a letter from the institution describing their commitment to house the equipment and support the project in general. Reminder: At least one Company letter must include a commitment to pay the salary of at least one new postdoctoral scientist for the duration of the project.
- **Supporting Data-** Please upload a .PDF of any supporting generated to date. Please limit this to one page.

## Project Budget Form

*This form should only be used for MLSC related expenses. For pieces of capital equipment over \$100,000 please also include vendor estimates. Only include the page with the total amount, not the full vendor quote.*

**Expenses for Project:**

**Total Project Budget:** Click or tap here to enter text.

**Total Contribution MLSC:** Click or tap here to enter text.

**FY23 (July 1, 2022 – June 30, 2023):** Click or tap here to enter text.

**FY24 (July 1, 2023 – June 30, 2024):** Click or tap here to enter text.

**FY25 (July 1, 2024 – June 30, 2025):** Click or tap here to enter text.

**Category Options: Equipment, Supplies/Reagents, Core Facilities, Construction**

Vendor	Equipment/Item Description	Category	FY23 Estimated Cost
		Equipment	
<b><i>FY23 Total Expenditure</i></b>			<b><i>\$0</i></b>

Vendor	Equipment/Item Description	Category	FY24 Estimated Cost
		Equipment	
<b><i>FY24 Total Expenditure</i></b>			<b><i>\$0</i></b>

Vendor	Equipment/Item Description	Category	FY25 Estimated Cost
		Equipment	
<b><i>FY25 Total Expenditure</i></b>			<b><i>\$0</i></b>



## Project Budget Form

*Please indicate which cost share partner is represented by this form. If there are multiple academic or industry partners, please use one sheet to represent all academic partners and all industry partners.*

- Academic Cost Share  
 Industry Cost Share

**Expenses for Project:**

**Total Project Budget:** Click or tap here to enter text.  
**Total Contribution from this Partner Type:** Click or tap here to enter text.  
**FY23 (July 1, 2022 – June 30, 2023):** Click or tap here to enter text.  
**FY24 (July 1, 2023 – June 30, 2024):** Click or tap here to enter text.  
**FY25 (July 1, 2024 – June 30, 2025):** Click or tap here to enter text.

**Category Options:** Equipment, Supplies/Reagents, Core Facilities, Construction, Salary, Other

Partner Name	Item or Expense Description	Category	FY23 Estimated Cost
		Equipment	
<b><i>FY23 Total Expenditure</i></b>			<b><i>\$0</i></b>

Partner Name	Item or Expense Description	Category	FY24 Estimated Cost
		Equipment	
<b><i>FY24 Total Expenditure</i></b>			<b><i>\$0</i></b>

Partner Name	Item or Expense Description	Category	FY25 Estimated Cost
		Equipment	
<b><i>FY25 Total Expenditure</i></b>			<b><i>\$0</i></b>