



Research Equipment FY26 Application

Research Equipment Program

Welcome to the Research Equipment Program application! This program is designed to provide grants for capital projects that support the life sciences ecosystem in Massachusetts by enabling and supporting life sciences research and development in the Commonwealth. **All equipment purchased through the MLSC is to be made public to encourage cross-ecosystem collaboration.** Below, please provide detailed information about yourself, your organization and project. Ensure all responses are concise and within the specified word limits.

Applicant Name (Organization) (required)

Applicant Town/City (required)

Applicant Zip Code (required)

Principal Investigator Name (required)

First Name


Last Name

Principal Investigator Job Title/Position (required)

Principal Investigator Email (required)

email@example.com

Principal Investigator Phone Number (required)

 ▾

Co-Applicants



	A	B	C	D	
1		Name	Role	Organization	
2	1				
3	2				
4	3				
5	4				
6	5				
7	6				
8	7				
9	8				

Name of Authorized Representative (required)

Title of Authorized Representative (required)

Past MLSC Awards

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

☒ Yes

☐ No

How many MLSC grants have you received? (required)

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

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

Have you been awarded a Research Infrastructure grant from the MLSC in the past? (required)

- ☒ Yes
- ☐ No

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)

Limit: 100 words

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

Limit: 100 words

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 to MLSC

Project Title (required)

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

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

If applicable, what modality/modalities does your project primarily employ? Please choose up to three options. (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 | |

Other-Modalities (required)

What are tools and techniques used in your project? Please choose up to three options. (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 |

☐

Other

☐

N/A

Other- Tools and Techniques (required)

Project Narrative

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

Limit: 200 words

Provide a short summary (no more than 5 sentences) to describe your project, its value proposition to the Applicant institution and to the broader life sciences community, and how the MLSC funding would leverage something that otherwise would not happen.

2. Please describe the team's capability to successfully execute and sustain the project over time. (required)

Limit: 250 words

3. Please upload the Principal Investigator's 2-Page CV.
Additionally, you may upload up to two key team member's CVs.
(required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Please upload a **single PDF** that includes the PI's **2-page CV**, and **optional two** key team member's CVs (3 CVs max, 1 PDF document).

4. Provide a detailed list of the equipment requested, along with a brief explanation of how each item will support the successful execution of the project. (required)

Limit: 250 words

If the MLSC has additional funding available but cannot fund your entire proposal, please list if any of the requested equipment is helpful, but not required for the success of the resource.

5. Please elaborate on the details regarding who will maintain, schedule, and manage the purchased equipment. (required)

Limit: 250 words

6. When will the equipment be installed and available for public use? (required)

Limit: 250 words

The MLSC requires all purchased equipment to be made available for public use and highly encourages cross-ecosystem collaboration.

7a. What is the potential to enable scientific advances and accelerate effective treatment? (required)

Limit: 250 words

7b. What is the potential to fill a gap or accelerate growth, in the ecosystem? Please identify any similar equipment already available within the ecosystem (especially if you are in a research/equipment core facility) and explain how the new equipment would contribute to greater impact or effectiveness. (required)

Limit: 250 words

7c. Please describe the marketing plan that will ensure that the equipment will be shared within the Massachusetts ecosystem.
(required)

Limit: 250 words

7d. What is the business model for internal and external users?

How will you ensure quality and continued success? (required)

Limit: 250 words

7e. What is the potential to contribute to workforce development through training and/or the creation of jobs? (required)

Limit: 250 words

8. Project Outcomes and Impact (What does “success” look like and how will it be measured?) (required)

Limit: 250 words

Financial Details and Letters of Support

9a. Total Amount of MLSC Funding Requested (required)

\$

USD

9b. Breakdown of Expenditures: MLSC (required)

	A	B	C	D
1	MLSC Expenses for Project			
2				
3	Category Options:	Equipment, Supplies/Reagents, Software		
4				
5	Total Contribution MLSC	0		
6				
7				

Complete the MLSC Budget Form provided showing the **detailed** breakdown of expenditures for MLSC funds.

9c. Do you have capital equipment over \$100,000? (required)☒

Yes

☐

No

9d. Vendor Quotations of Capital Equipment over \$100,000

(required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Please include only the page that shows the cost of the item, **not** the entire document.

10a. Total Amount of Funding Committed by Non-MLSC Sources
(Academic + Industry budgets) (required)

\$USD


10b. Breakdown of Expenditures: Academic Partners (required)




	A	B	C	D	
1	Academic Non-Profit Expenses for Project				
2	Category Options:	Equipment, Supplies/Reagents, Software, <div>▲▼</div>			
3					
4	Total Contribution - Academic	0			
5					

Complete the Academic Partner Budget Form provided showing the **detailed** breakdown of funds to be contributed by the Academic Partners. This may include both monetary and in-kind contributions.

10c. Breakdown of Expenditures: Industry Partners (Optional)



	A	B	C	D
1	Industry Non-Profit Expenses for Project			
2	Category Options:	Equipment, Supplies/Reagents, Software, <div style="display: inline-block; vertical-align: middle;"> ▲ ▼ </div>		
3				
4	Total Contribution - Industry	0		
5				
6	*Do not include \$ or commas in - <div style="display: inline-block; vertical-align: middle;"> ▲ ▼ </div>			



Complete the Industry Partner Budget Form provided showing the **detailed** breakdown of committed dollars to be contributed by any Industry Partners. This may include both monetary and in-kind contributions.

11. Provide a letter of commitment from senior leadership of each Non-MLSC funding source listed in your budgets (both academic and industry) describing the importance/need of the proposed projects to the organization and its commitment to ensuring success. (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

The letter is **required** to contain the total dollar amount of funding committed by the organization to the project.

Massachusetts Ecosystem Development

12. Please upload letters of interest from 3-4 external academic researchers with a brief (3 sentence) description of a potential project using the equipment requested. (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

13. Please upload letters of interest from 3-4 industry partners with a brief (3 sentence) description of a potential project using the

equipment/space requested.

Optional.

Authorized Signature and Acceptance (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

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 Research Equipment 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)

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

Please specify how you heard about the program. (required)

- Please select for the Principal Investigator to receive email**
- ☐ **notices and updates from the MLSC newsletter.**
(required)

You may unsubscribe at any time.

We look forward to reviewing your application and working together to advance life sciences research capabilities in Massachusetts. If you have any questions or need assistance, please contact our team at ResearchInfrastructure@masslifesciences.com.

Save Draft

Submit Form

Drafts may be visible to the administrators of this program.