

Organization Information

Applicant Name
(Organization):

Applicant City/Town:

Organization Type: --Select One--

Contact Details

Name:

Title:

E-mail:

Telephone:

Project Information

Name of Project

Amount of MLSC Funding

Total Project Cost

Project Narrative

Elevator Pitch

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.

Please describe the capability of team to execute on, and sustain, the project.

The recommended number of words is 250 words.

Who will maintain, schedule, and manage the equipment?

The recommended number of words is 250 words.

What is the capacity of the project to create and/or retain jobs in Massachusetts?

The recommended number of words is 250 words.

When would the equipment be up and running for use?

The recommended number of words is 250 words.

CV/NIH Biosketch Upload

Please upload a single PDF that includes a **2 page CV/NIH Biosketch** per team member.

Please indicate if this proposal is for a research institution/academic medical center or a incubator/accelerator.

Project Budget Upload

A budget must be submitted with a breakdown of the use of funds requested, their associated costs, and the total project costs. Allowable capital costs will be reimbursed for costs associated with an approved project. Indirect costs for maintenance, support personnel and service costs associated with the utilization of equipment are not reimbursable. The total amount for all budgeted items must equal the amount of funding requested, and the MLSC only will reimburse expenditures for items incurred in connection with an approved project no earlier than July 1, 2021 unless explicitly agreed to by the MLSC.

In a new tab, download and complete the [GOOGLE FORM](#) provided showing the **detailed** breakdown of expenditures for MLSC funds, as well as the applicant and company contributions and their monetary value. Include vendor quotations of capital equipment cost as appropriate (2 pages max per item).

Letters of Commitment from Funding Sources

Please upload letters of commitment from funding sources.

Letters of Interest from Academic Researchers

Provide a letter of support from senior leadership describing the importance/need of the proposed projects to the institution and its commitment to ensuring success. (This field may not be relevant for all incubator/accelerator applicants).

Additionally, please upload letters of interest from (at least) **three academic researchers** with a brief (3 sentence) description of a potential project using the equipment requested. Internal and external academic partners should be included.

Letters of Interest from Industry Partners

Please upload letters of interest from (at least) **three industry partners** with a brief (3 sentence) description of a potential project

using the equipment/space requested.

Value to the Community

This section should address, with specificity, how this project will benefit the larger community beyond the interests of the Applicant institution and its formal partners. For example: how would the creation of a new imaging center enable greater patient access to preventive care?

Project Outcomes and Impact

What does “success” look like and how will it be measured?

Signature

Authorized Representative

I verify that I am a senior leader of the organization (President, CEO, Executive Director, etc.) and that I am authorized to submit this application on behalf of my organization. I certify that the information submitted as part of this application is correct and that the statements made herein, including the attached project summary, are true and correct to the best of my knowledge. Please type your full name and title below, which shall constitute your electronic signature of this application.