

## Research Infrastructure FY25 Application

**Applicant Name (Organization)** (required)

Select...

▼

**Applicant City/Town** (required)

**Organization Type** (required)

Select...

▼

**Principal Investigator Name** (required)

First Name      Last Name

**Job Position Title** (required)

**Email** (required)

email@example.com

**Phone Number** (required)

 ▼

### Co-Applicants



	A	Name B	Role C	Organization D	Email E	Phone F
1						
2	1					

3	2	A	B	C	D	E	F
4	3						
5	4						
6	5						
7	6						
8	7						
9	8						
10	9						

Name of Authorized Representative (required)

Title of Authorized Representative (required)

Email of Authorized Representative (required)

email@example.com

Name of Project (required)

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

- ☐ Agriculture
- ☐ Autoimmune Disorders
- ☐ Cancer - Breast
- ☐ Cancer - Others
- ☐ Cancer - Ovarian
- ☐ Cardiology/  
Cardiovascular  
Research
- ☐ Chronic  
Illness/Disease
- ☐ Endocrinology
- ☐ Environmental Health
- ☐ Gastrointestinal (GI)
- ☐ Geriatrics &  
Gerontology
- ☐ Hematology
- ☐ Immunology/Inflammat  
ion
- ☐ Infectious Diseases
- ☐ Liver
- ☐ Maternal/Infant Health
- ☐ Metabolic Diseases
- ☐ Microbiome
- ☐ Neuroscience
- ☐ Nutritional Science
- ☐ Oral Health
- ☐ Orthopedic Research
- ☐ Pediatric Research
- ☐ Psychiatry/ Mental  
Health

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Public Health/<br>Epidemiology | <input type="checkbox"/> Rare Diseases                     | <input type="checkbox"/> Regenerative<br>Medicine | <input type="checkbox"/> Reproductive Health |
| <input type="checkbox"/> Toxicology                     | <input type="checkbox"/> Women's Health/<br>Gender Studies | <input type="checkbox"/> Other                    | <input type="checkbox"/> N/A                 |

**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 &<br>Development    | <input type="checkbox"/> Imaging      |
| <input type="checkbox"/> Medical Device      | <input type="checkbox"/> mRNA/siRNA/ RNA<br>Research | <input type="checkbox"/> Personalized/Precision<br>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                 |  |   |                                       |

**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<br>Identification           | <input type="checkbox"/> Biomaterials/ Material<br>Sciences | <input type="checkbox"/> Biosensor                     |
| <input type="checkbox"/> Contract Work-<br>CRO/CDMO/CMO   | <input type="checkbox"/> Crystallography/<br>Peptide synthesis | <input type="checkbox"/> CT/MRI                             | <input type="checkbox"/> Data Optimization             |
| <input type="checkbox"/> EEG&ECG                          | <input type="checkbox"/> Electronic Medical<br>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<br>Chromatography         | <input type="checkbox"/> Mass Spectroscopy                     | <input type="checkbox"/> Metabolomics                       | <input type="checkbox"/> Microscopy                    |
| <input type="checkbox"/> Nanotechnology                   | <input type="checkbox"/> Next-generation<br>Sequencing         | <input type="checkbox"/> NMR/MRS                            | <input type="checkbox"/> Organoid/ Organ-on-a-<br>chip |
| <input type="checkbox"/> Pasteurization/<br>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                  |
| <input type="checkbox"/> Other                            | <input type="checkbox"/> N/A                                   |   |  |

**Project Narrative**

### 1. Elevator Pitch (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 capability of the team to execute on, and sustain, the project. (required)

Limit: 250 words

### 3. CV/NIH Biosketch Upload (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Please upload a single PDF that includes a **2 page CV/NIH Biosketch** per team member that will be running the facility (3 CVs max).

### 3. Who will maintain, schedule, and manage the equipment? (required)

Limit: 250 words

### 5. When would the equipment/infrastructure be up and running for use? (required)

Limit: 250 words

### 6. Please indicate if this proposal is for a research institution/academic medical center or a incubator/accelerator. (required)

Incubator / Accelerator ✕ ▼

### 7a. What is the potential for the investment to provide value and development opportunities to emerging companies? (required)

Limit: 250 words

**7b. Please outline the potential to fill a gap or accelerate growth in a particular sub-cluster of the life sciences.** (required)

Limit: 250 words

**7c. Please demonstrate the market demand for such incubator/accelerator resources and how the requested resource will differentiate itself from existing resources.** (required)

Limit: 250 words

**7d. Please outline the qualifications, experience and expertise of the applicant to create, manage, and sustain an incubator/accelerator.** (required)

Limit: 250 words

**7e. Please detail your plans to recruit companies with diverse/underrepresented leadership.** (required)

Limit: 250 words

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**Uploaded Financial and Letter Documents**

**8a. Total Amount of MLSC Funding Requested** (required)

\$  USD

8b. Breakdown of Expenditures: MLSC



	A	B	C	D
1	MLSC Expenses for Project			
2	Category Options: Equipment, Supplies/Reagents, Renovation/Construction, Core Facilities			
3				
4	Total Contribution MLSC	0		
5	FY26 (7/1/25 – 6/30/26)	0		
6	FY27 (7/1/26 – 6/30/27)	0		
7	FY28 (7/1/27 – 6/30/28)	0		
8				
9				

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

8c. Vendor Quotations of Capital Equipment over \$100,000

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.

9a. Total Amount of Funding Committed by Other (Non-MLSC) Sources (required)

\$USD

9b. Breakdown of Expenditures: Academic Partners



	A	B	C	D	E
1	Academic Non-Profit Expenses for Project				
2	Category Options: Equipment, Supplies/Reagents,Renovation/Construction, Salaries, Indirects, Facility Costs				
3					
4	Total Contribution - Academic	0			

	A	B	C	D	E
5					
6					
7	Academic Partner Name	Vendor	Equipment/Item Description	Category	Estimated Cost

Complete the Academic Partner Budget Form provided showing the **detailed** breakdown of expenditures for funds to be contributed by the Academic Partners.

### 9c. Breakdown of Expenditures: Industry Partners (Optional)



	A	B	C	D	E
1	Industry Non-Profit Expenses for Project				
2	Category Options: Equipment, Supplies/Reagents, Renovation/Construction, Salaries, Indirects, Facility Costs				
3					
4	Total Contribution - Industry	0			
5					
6					
7	Industry Partner Name	Vendor	Equipment/Item Description	Category	Estimated Cost
8					

Complete the Industry Partner Budget Form provided showing the **detailed** breakdown of committed dollars to be contributed by any Industry Partners.

### 10. Letters of Commitment from Funding Sources (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Provide a letter of commitment from senior leadership describing the importance/need of the proposed projects to the institution and its commitment to ensuring success. The letter should also detail the total amount of funding committed by the institution to the project. Additionally, upload letters of commitment from any additional funding sources listed in the tables above.

**11. Value to the Community** (required)

Limit: 250 words

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?

**12. If relevant, 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.**

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

This field may not be relevant for all incubator/accelerator applicants.

**13. 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. Please upload at least 3 letters but not more than 5.** (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

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

Limit: 250 words

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**Authorized Representative Signature** (required)

Choose File

Upload a file. No files have been attached yet.



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

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.

I confirm that all of the information entered into this application is accurate.

**Authorized Signatory Job Position Title** (required)

**How did you hear about the program?** (required)

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

☐ **Please select for the Principal Investigator to receive email notices and updates from the MLSC.**

You may unsubscribe at any time.

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**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](mailto:ResearchInfrastructure@masslifesciences.com).**

Save Draft

Submit Form

Drafts may be visible to the administrators of this program.