

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/
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 |

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 | | | |

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 |
| <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)

Research Institution / Academic Medical Center ✕ ▼

7a. What is the potential for investment 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 and explain how the new equipment would contribute to greater impact or effectiveness. (required)

Limit: 250 words

7c. How will the equipment be shared? Marketed? Are there any IP restrictions? (required)

Limit: 250 words

7d. What is the business model? 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

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. 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. (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

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

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.

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.