

Research Infrastructure FY26 Application

Applicant Name (Organization) (required)

Select...

▼

Applicant City/Town (required)

Please indicate if this proposal is for a research institution/academic medical center core facility or an incubator/accelerator expansion. (required)

Incubator / Accelerator

✕

▼

Principal Investigator Name (required)

First Name

Last Name

Job Position Title (required)

Email (required)

email@example.com

Phone Number (required)

▼

Co-Applicants



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

2	1					
3	2					
4	3					
5	4					
6	5					
7	6					
8	7					
9	8					
10						

**Name of Authorized Representative** (required)

**Title of Authorized Representative** (required)

**Email of Authorized Representative** (required)

**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)

**What MLSC funding program(s) did you receive the awarded grant(s) from? Please check all that apply.** (required)

- ☐ Bits to Bytes (\$750K)
- ☐ Neuroscience Consortium
- ☐ Novel Therapeutics (Drug Delivery) (\$750K)
- ☐ Research Infrastructure (a.k.a. Open/Competitive Capital)
- ☐ Women's Health Collaboration (\$750K)
- ☐ Women's Health Innovation (up to \$300K)

**Please elaborate on the metrics related to each of your grant(s): # of publications, intellectual property (IP), equipment 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

**Describe the value that this application's proposal would bring to a follow-on grant from the MLSC.**  
(required)

Limit: 100 words

**Title of Project** (required)

**If applicable, what fields can be advanced using this resource? Please choose up to three options.**

- |   |  |  |   |
|---|--|--|---|
| <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/<br>Cardiovascular<br>Research | <input type="checkbox"/> Chronic<br>Illness/Disease  | <input type="checkbox"/> Endocrinology                |
| <input type="checkbox"/> Environmental Health           | <input type="checkbox"/> Gastrointestinal (GI)                     | <input type="checkbox"/> Geriatrics &<br>Gerontology | <input type="checkbox"/> Hematology                   |
| <input type="checkbox"/> Immunology/Inflammation        | <input type="checkbox"/> Infectious Diseases                       | <input type="checkbox"/> Liver                       | <input type="checkbox"/> Maternal/Infant<br>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<br>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<br>Cytometry  |
| <input type="checkbox"/> Genome Editing                 | <input type="checkbox"/> Genomics                              | <input type="checkbox"/> In Vitro cultures                  | <input type="checkbox"/> In Vivo animal<br>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 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. 2-Page CV/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/Biosketch** per team member that will be running the facility (3 CVs max).

### 4. Please list requested equipment and explain why each are required for the project. (required)

Limit: 250 words

If the MLSC has additional funding available but is unable to support your full proposal, please indicate which pieces of the requested equipment would be beneficial but are not essential to the success of the resource.

**5. Who will maintain, schedule, and manage the equipment?** (required)

Limit: 250 words

**6. When would the equipment/infrastructure be up and running for public use?** (required)

Limit: 250 words

**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

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, Software License, Renovation/Construction		
3				
4	Total MLSC Contribution	0		
5	FY27 (7/1/26 – 6/30/27)	0		
6	FY28 (7/1/27 – 6/30/28)	0		
7	FY29 (7/1/28 – 6/30/29)	0		
8				
9	*Do not include \$ or commas in FY Estimated Cost column			

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 Non-MLSC Sources (Academic + Industry budgets)

(required)

\$  USD


### 9b. Breakdown of Expenditures: Academic Contributions (required)



	A	B	C	D
1	Academic Contributions for Project			
2	Category Options:	Equipment, Supplies/Reagents, Software, Renovation/Construction, Salaries, Indirects, Facility Costs, Other		
3				
4	Total Academic Contribution	0		
5				
6	*Do not include \$ or commas in FY Estimated Contribution column			
7	Academic Organization Name	Description of Contribution	Category (See Category Options)	Estimated Monetary Value of Contribution

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.

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



	A	B	C	D
1	Industry Contributions for Project			
2	Category Options:	Equipment, Supplies/Reagents, Software, Renovation/Construction, Salaries, Indirects, Facility Costs, Other		
3				
4	Total Industry Contribution	0		
5				



6	*Do not include \$ or commas in Estimated Contribution column			
7	Industry Organization	Description of Contribution	Category (See	Estimated Monetary

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.

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

### Massachusetts Ecosystem Development

#### 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 3-5 academic researchers with a brief (3 sentence) description of a potential project using the equipment requested.

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 3-5 industry partners with a brief (3 sentence) description of a potential project using the equipment/space requested. (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)**

- ☐ Program Manager / MLSC Staff
- ☐ 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 newsletter.

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

Save Draft

Submit Form

Drafts may be visible to the administrators of this program.