

## Non-Profit Representative Information

### Contact Information

This section will automatically be blinded to reviewers.

Applicant Name  
(Organization):

First Name of Non-Profit  
Principal Investigator:

Last Name of Non-Profit  
Principal Investigator:

Title of Non-Profit  
Principal Investigator:

E-Mail of Non-Profit  
Principal Investigator:

Phone Number of Non-  
Profit Principal  
Investigator:

### Authorized Representative

First name of Authorized  
Representative:

Last name of Authorized  
Representative:

Title of Authorized  
Representative:

E-mail address of  
Authorized  
Representative:

### Non-Profit Address

Business Address:

Business City/Town:

Business State:

Business Zip Code:

Business Telephone:

### Non-Profit Press Contact

Name of press contact:

Press contact e-mail  
address:

Press contact telephone:

## Project Team Members

## Qualifications of the Management Team

*In an effort to review all applications to the MLSC, based solely on the merits of the proposal and qualifications of the team, the MLSC will be blinding the identities of team members to our reviewers in our review process.*

### Non-profit PI Lead Name

*This field will be blinded to reviewers.*

### Title and Department

#### Institution

**Please describe the PI's relevant experience, without identifying him/her by name or gender.**

**Don't use PI's name or gendered pronouns (he/him/his or she/her/hers)** *Ex. The PI has 10 years of experience administering and managing projects, several of which have included small clinical trials. The PI is the research group leader with expertise in the areas of XYZ...*

### Company Lead Name

*This field will be blinded to reviewers.*

### Title and Department of Company Lead

#### Company Name

**Please describe the company lead's relevant experience, without identifying him/her by name or gender.**

*Ex. The X at the company has more than 10 years of medical device experience, where they developed novel pumps and algorithms to deliver compounds through subcutaneous infusion. The lead has held previous roles as X, responsible for XYZ.*

**Please describe the company's role in the project proposal, without identifying members of the team by name.**

### Company 2 Technical Lead Name

#### Title and Department of Company Lead

#### Company 2 Name

**Please describe the company lead's relevant experience, without identifying him/her by name or gender.**

*Ex. The X at the company has more than 10 years of medical device experience, where they developed novel pumps and algorithms to deliver compounds through subcutaneous infusion. The lead has held previous roles as X, responsible for XYZ.*

**Please describe the company's role in the project proposal.**

### Company 3 Technical Lead Name

#### Title and Department of Company Lead

#### Company 3 Name

**Please describe the company lead's relevant experience, without identifying him/her by name.**

*Ex. The X at the company has more than 10 years of medical device experience, where they developed novel pumps and*

*algorithms to deliver compounds through subcutaneous infusion. The lead has held previous roles as X, responsible for XYZ.*

**Please describe the company's role in the project proposal.**

## Proposal to MLSC

**Proposal Title:**

**In lay terms, describe the unmet need, proposed solution, and the impact of this project on Massachusetts.**

The recommended number of words for this answer is: 75 words. (3 sentences or less)

**Describe the clinical/scientific need or problem the project seeks to address.**

The recommended number of words for this answer is: 150 words. If you reference research or statistics, please **provide a citation** to identify the source of the information.

**Describe the current solution.**

The recommended number of words for this answer is: 150 words.

**Describe the potential impact and the importance the project will have in moving this field forward.**

The recommended number of words for this answer is: 250 words.

**What are the detailed activities (including experimental design, if you already have the samples on hand, or anticipated time to acquire, and type of analysis) you propose to meet in the milestones outlined with the MLSC funds?**

The recommended number of words for this answer is: 300 words.

**What is the gender distribution between animals/cell lines to be studied and how will gender differences be reported? If gender will not be studied in equal numbers, please explain why.**

The recommended number of words for this answer is: 50 words.

**What is your competitive advantage over other similar approaches in this field?**

The recommended number of words for this answer is: 100 words.

**What is the current intellectual property status (including foundational IP)? Is IP generation under this project expected?**

The recommended number of words for this answer is: 75 words.

**Does the requested capital equipment already exist at your institution or others in the state? If so, please describe the value in purchasing additional infrastructure.**

The recommended number of words for this answer is: 250 words.

**This grant also requires that capital equipment/data purchased using MLSC funds be made available to the public. Please describe your plans for promoting and allowing access to outside scientists and the timeline, as well as the business model of the facility (if applicable).**

The recommended number of words for this answer is: 250 words.

**The MLSC is striving to incorporate convergent approaches in healthcare discovery and innovation. Proposed projects that involve engineering, biology, chemistry and/or data science teams/components will be favorably viewed. Please describe if and how your proposed projects fits this convergence model.**

The recommended number of words for this answer is: 200 words.

**What are the key challenges to successful translation of the outcomes/technology and how do you plan to overcome them?**

The recommended number of words for this answer is: 200 words.

**Describe the impact of your proposed project in Massachusetts (in the context of local business or research partnerships, local purchasing, local prototyping, patients, jobs etc.)**

The recommended number of words for this answer is: 200 words.

**Who will be responsible for training the new postdoctoral scientist(s), and what additional skillsets should they expect to gain?**

The recommended number of words for this answer is: 200 words.

## Financial Considerations and Project Timeline

**Total amount requested from MLSC**

**Total Committed from Industry Partner(s)**

**Total Committed from Non-Profit Applicant(s)**

Total Project Cost: \$0.00

**Typical grant requests for this program are up to \$750,000. If you are requesting more than \$750,000, please describe the compelling circumstances and provide sufficient information to justify this special request. The Center reserves the right to adjust the requested amount.**

The recommended number of words for this answer is: 150 words.

**Is this a new project the team will be pursuing together, or a follow up to a previous research endeavor? Please describe.**

**Note:** Sponsored Research Agreements (or other such similar arrangements) between parties that are executed before the application due date will not be considered as part of the letter of support for this program. The recommended number of words for this answer is: 75 words.

Signature

## Blinded Declaration

**The MLSC is making a concerted effort to blind applications from reviewers.** As such we are requesting that you please do not mention the PI by name or gender unless specifically requested.

If there is mention of the PI's name or gender in the submitted application, except where explicitly requested, **your application may be deemed ineligible.** Prior to submission, please save your draft, click on "Download Application PDF," and use **CTRL+F** to search that document for the **PI's name and gendered pronouns (he/him/his or she/her/hers)** in all text fields, references, patents, budget forms, letters, and other uploads to ensure that they are only found in fields where specifically requested.

Once you are ready to submit, please agree to the declaration below by selecting the checkbox.

**How did you hear about the program?**

--- Select One ---

**Other:**

## 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 Women’s Health Program 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. 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.

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**Select to receive email notices and updates from MLSC**