

Application Type:

Applicant:

Organization:

Status:

Last Updated:

Updated By:

Created Date:

Created By:

Full Application PDF:

### Non-Profit Representative Information

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:

### 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...*

### Proposal to MLSC

#### Proposal Title:

For the following questions, please do not mention any individuals involved in the project by name or gender.  
*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. Please **do not use their names or gendered pronouns** (he/him/his or she/her/hers) in this section.*

**Please summarize your project in 5 sentences intended for a broad audience.**

The recommended number of words for this answer is: 250 words, (5 sentences or less). If you reference research or statistics, please **provide a citation** to identify the source of the information.

**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.

**Please describe the current state of the art.**

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.

**Please describe the proposed solution, including the project timeline, milestones, and activities.**

The recommended number of words for this answer is: no more than 750 words.

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

The recommended number of words for this answer is: 250 words. If you reference research or statistics, please **provide a citation** to identify the source of the information.

**Describe the potential impact and the importance the project will have on women's health and gender biology moving forward.**

The recommended number of words for this answer is: 250 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 work has been done already to move the technology towards translation? Do you have expressed interest from companies for future collaboration? If so, do you have an understanding of what potential partners would like to see before formalizing a partnership?**

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

**Have you generated any IP to date?**

The recommended number of words for this answer is: 50 words. Please **don't use PI's name** in this section.

**What is the specific outcome of the proposed project? (i.e. publication of papers, filing of IP, securing IP, formation of a company, etc.) How will this move the technology closer to translation or commercialization?**

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

**What are the key challenges to successful translation of the technology?**

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

**Describe the impact of your proposed project on Massachusetts.**

The recommended number of words for this answer is: 150 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 project fits this convergence model.**

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

**What academic and/or industry partners are working with you on the project? What is their role?**

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

**For any partners providing financial or in-kind support for the work, please upload letters of commitment outlining their commitment.**

Please upload in PDF format.

**DO NOT MENTION THE PI BY NAME OR GENDER IN ANY UPLOADS.**

## Financial Considerations and Project Timeline

### Total Amount Requested from MLSC

Note: a maximum of \$300,000 can be requested through this grant. Please refer to budget sheet for breakdown of expenditures.

**Please complete the budget form linked below and reupload into this field.**

Please download form here: [Innovation Grant Budget Form](#)

Please upload in PDF format. **DO NOT MENTION THE PI BY NAME OR GENDER IN ANY UPLOADS.**

## 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 Innovation Grants 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.

I specifically acknowledge that all of the terms and conditions of the Solicitation are mandatory.

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.

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

You may unsubscribe at any time.

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