

Women's Health Innovation FY25 Application

Applicant Name (Organization) (required)

This will automatically be blinded to reviewers.

Non-Profit Principal Investigator (required)

First Name Last Name

This will automatically be blinded to reviewers.

Title of Non-Profit Principal Investigator (required)

This will automatically be blinded to reviewers.

Email of Non-Profit Principal Investigator (required)

This will automatically be blinded to reviewers.

Phone of Non-Profit Principal Investigator (required)



This will automatically be blinded to reviewers.

Authorized Representative (required)

First Name (required)

Last Name (required)

This will automatically be blinded to reviewers.

Title of Authorized Representative (required)

This will automatically be blinded to reviewers.

Email of Authorized Representative (required)

email@example.com

This will automatically be blinded to reviewers.

Address of Non-Profit Entity (required)

This will automatically be blinded to reviewers.

City/Town of Non-Profit Entity (required)

Select...



This will automatically be blinded to reviewers.

Zip Code of Non-Profit Entity (required)

Select...



This will automatically be blinded to reviewers.

Name of Press Contact (required)

First Name (required)

Last Name (required)

This will automatically be blinded to reviewers.

Email Address of Press Contact (required)

email@example.com

This will automatically be blinded to reviewers.

Press Contact Telephone (required)



This will automatically be blinded to reviewers.

Qualifications of the Research Team

In an effort to review all applications, based solely on the merits of the proposal and qualifications of the team, the MLSC will blind the identities of research team members to reviewers during the review process.

Non-Profit PI Lead Name (required)

First Name (required)

Last Name (required)

This will automatically be blinded to reviewers.

Non-Profit PI Title and Department (required)

Non-Profit PI Institution (required)

Describe the PI's relevant experience, without identifying him/her by name or gender. (required)

Limit: 500 words

Please 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...

Research Team

Research Team Members



| | A | B | C | D | E |
|---|--|-------------|-------------------|-----------------------|----------------------|
| 1 | Co-Principal Investigator (Co-PI) Name | Co-PI Title | Organization Name | Organization Location | Co-PI E-Mail Address |
| 2 | | | | | |
| 3 | | | | | |
| | | | | | |
| | | | | | |

| | A | B | C | D | E |
|---|---|---|---|---|---|
| 4 | | | | | |

If you have CO-PRINCIPAL INVESTIGATOR(S), provide information on them in the table. This field will automatically be blinded to reviewers.

If you have co-PI(s), describe their relevant experience without identifying them by name or gender.

Limit: 250 words

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

Proposal to MLSC

1. Proposal Title (required)

What disease(s) and condition(s) does this project primarily study? Please choose up to three options. (required)

- ☐ 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
- ☐ Public Health/
Epidemiology
- ☐ Rare Diseases
- ☐ Regenerative
Medicine
- ☐ Reproductive Health
- ☐ Toxicology
- ☐ Women's Health/
Gender Studies
- ☐ Other
- ☐ N/A

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 | | |

CITATION LIST - end of the proposal section

If you reference research or statistics, please **provide a citation** to identify the source of the information. You will be given the option to input your references if you have used any, in the order they appear in the application at the end of this section (Question 16).

CITATIONS ARE OPTIONAL

2. In lay terms, summarize your project in 3-5 sentences intended for a broad audience. (required)

Limit: 250 words

3. Describe the clinical/scientific need or problem the project seeks to address. (required)

Limit: 150 words

4. Describe the current solution. (required)

Limit: 150 words

5. Describe the proposed solution, including the project timeline, milestones, and activities. (required)

Limit: 500 words

6. What is your competitive advantage over other similar approaches in this field? Please describe the potential impact and importance of the project on women's health and gender biology moving forward. (required)

Limit: 250 words

7. 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. (required)

Limit: 50 words

8. What is the distribution of racial, geographic, and any other identifiable social determinants of health, and how will differences be reported? Please list which factors will be studied. If none are studied, please explain why. (required)

Limit: 50 characters

9. What work has been done to advance the technology towards translation? Have companies shown interest in future collaboration? If so, what specific milestones the partners would like to see before formalizing a partnership? (required)

Limit: 250 words

10. Have you generated any IP to date? (required)

Limit: 75 words

Don't use PI's name in this section.

11. 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? (required)

Limit: 250 words

12. What are the key challenges to successful translation of the technology and how do you plan to overcome them? (required)

Limit: 250 words

13. Describe the impact of your proposed project on Massachusetts. (required)

Limit: 150 words

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

Limit: 150 words

15. Letters of Commitment from partners providing financial or in-kind support for the work.

Choose File

Select up to 5 files to attach. No files have been attached yet. You may add 5 more files.

Acceptable file types: .pdf

For any partners providing financial or in-kind support for the work, please upload letters of commitment in PDF format outlining their commitment. DO NOT MENTION THE PI BY NAME OR GENDER IN ANY UPLOADS.

16. Enter citations in the order that they appear in your application. Please do NOT mention the PI's name.

Limit: 600 characters

Financial Considerations and Project Timeline

Budget Form Instructions

A maximum of \$300,000 can be requested through this grant (up to \$200,000 in Capital funds and up to \$100,000 in General funds). Please refer to the budget form for a breakdown of expenditures.

CAPITAL expenses (up to \$200,000) can include: equipment, research supplies and reagents (no minimum dollar amount), purchase of hardware and software, equipment maintenance contract and service contract costs, data generated via core facilities.

Capital Funding CATEGORIES are equipment, research supplies, reagents, hardware, software, data sets. If you haven't decided on vendors for supplies/reagents, you could list multiple ones.

GENERAL expenses (up to \$100,000) can include: salary support with a **fringe rate not to exceed 30%**, legal and publication fees, consultants, and project-related travel (up to 10%). These funds may cover **indirect costs, up to 15%** (or \$39,130 for an award of \$300,000). Additional Capital expenses may also be reimbursed from General Funding if the above Capital budget has been fully expensed.

General Funding CATEGORIES are salary support, indirect costs, consultant, legal fees, publication fees, travel.

Use your organization's name in the Vendor column for salary support and indirect costs. DO NOT MENTION THE PI/co-PI BY NAME in the budget form.


FY26 dates are July 1, 2025 – June 30, 2026

FY27 dates are July 1, 2026 – June 30, 2027

16. Breakdown of MLSC Expenditures: Please complete the MLSC Budget to show the detailed breakdown of expenditures for MLSC funds. (required)



| | A | B | C | D |
|--|---|---|---|---|
| | | | | |

| | A | B | C | D |
|---|--|-------------------|------------------------------|----------------|
| 1 | TOTAL GRANT Amount Requested  | 0 | | |
| 2 | FY26 (7/1/25 – 6/30/26) | | | |
| 3 | FY26 CAPITAL Budget Details | | | |
| 4 | Vendor | Item/ Description | Category (see choices above) | Estimated Cost |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

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 use **CTRL+F** to search the application 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 below checkbox.

☐ I agree that I have removed any mention of the PI's name or gender in any text fields or uploads, except where explicitly asked. I understand that if the PI's name or gender remains in the application, except where explicitly requested, my application may be ineligible. (required)

Authorized Signature and Acceptance (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .jpg, .jpeg, .png

Please upload an image of the signature.

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.

How did you hear about the program? (required)

- ☐ Social Media
- ☐ MLSC Newsletter/Website
- ☐ Third Party (MassBio, MassMedic, etc.)
- ☐ Other (specify below)

☐ **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 research in women's health. If you have any questions or need assistance, please get in touch with our team at WomensHealth@masslifesciences.com with the Women's Health Innovation Grant in the subject line.

Save Draft

Submit Form

Drafts may be visible to the administrators of this program.