

Women's Health Initiative Sample Application

Applicant Name (Organization) (required)

Select... ▼

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)

email@example.com

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 Last Name

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 Last Name

This will automatically be blinded to reviewers.

Email Address of Press Contact (required)

This will automatically be blinded to reviewers.

Press Contact Telephone (required)

 

This will automatically be blinded to reviewers.

Disease Focus Area

Despite their prevalence and profound impact on quality of life, **pregnancy-induced hypertension and perimenopause/menopause** remain vastly under-researched and poorly understood. This round's disease focus areas aim to reverse that trend by investing in targeted science, coordinated strategy, and sustained collaboration.

What is the primary disease focus area of this project? (required)

- ☐ Pregnancy-Induced Hypertension
- ☐ Perimenopause/Menopause

Pillar Selection

Applicants will join **one of the four pillar-based research teams** within their disease focus area. These interdisciplinary teams will work in a coordinated fashion to accelerate understanding, innovation, and implementation to ensure that progress in one area informs and amplifies others. Although grants are awarded directly to institutions, funded projects are not isolated efforts but are part of a coordinated ecosystem.

What is the primary pillar of this project? (required)

- ☐ AI & Data Science: Harnessing the power of artificial intelligence, predictive modeling, and big data to identify patterns, improve diagnosis, and uncover new research questions.
- ☐ Disease Biology: Investigating the fundamental mechanisms of disease, including hormonal, genetic, and molecular drivers, to build a foundation for targeted therapies.
- ☐ R&D: Advancing preclinical and translational research aimed at developing novel diagnostics, interventions, and therapeutic strategies.
- ☐ Clinical Adoption: Bridging research and practice by identifying pathways to integrate discoveries into clinical settings and improve patient outcomes.

What other pillars may this project align to, if any?

- ☐ AI & Data Science: Harnessing the power of artificial intelligence, predictive modeling, and big data to identify patterns, improve diagnosis, and uncover new research questions.
- ☐ Disease Biology: Investigating the fundamental mechanisms of disease, including hormonal, genetic, and molecular drivers, to build a foundation for targeted therapies.

- ☐ R&D: Advancing preclinical and translational research aimed at developing novel diagnostics, interventions, and therapeutic strategies.
- ☐ Clinical Adoption: Bridging research and practice by identifying pathways to integrate discoveries into clinical settings and improve patient outcomes.

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 Last name
This will automatically be blinded to reviewers.

Non-Profit PI Title and Department (required)

Non-Profit PI Institution (required)

Select...

This will automatically be blinded to reviewers.

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					
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

Proposal to MLSC

Have you been awarded an MLSC grant in the past? (required)

- ☐ Yes
- ☐ No

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

1. Proposal Title (required)

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

- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> Autoimmune Disorders | <input type="checkbox"/> Cancer - Breast | <input type="checkbox"/> Cancer - Others | <input type="checkbox"/> Cancer - Ovarian | <input type="checkbox"/> Cardiology/
Cardiovascular
Research |
| <input type="checkbox"/> Chronic
Illness/Disease | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Gastrointestinal (GI) | <input type="checkbox"/> Geriatrics &
Gerontology |
| <input type="checkbox"/> Hematology | <input type="checkbox"/> Immunology/Inflammation | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Liver | <input type="checkbox"/> Maternal/Infant
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
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 | | | | |

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 (FMR) | <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 | | |

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 project, including the timeline, specific milestones and detailed activities you plan to accomplish with MLSC funding. (required)

Limit: 500 words

6. Do you have existing IRB approval and samples on hand? If not, please outline the anticipated time to acquire and note if samples are coming from collaborators. (required)

Limit: 150 words

7. Please describe the potential impact and importance of the project on women's health in the next 5 years (i.e. outline a path to clinical adoption). (required)

Limit: 250 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: 150 words

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

Limit: 75 words

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

10. 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

11. What academic and/or industry partners are working with you on the project? What is their role? (required)

Limit: 150 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. Please describe how will you make equipment and/or data purchased under this grant publicly available. (required)

Limit: 150 words

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

Limit: 150 words

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

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

Limit: 600 characters

16. Who are the other investigators in the Massachusetts ecosystem that you intend to collaborate with to advance this pillar (i.e., sharing samples and/or clinical data)? How will you together advance our knowledge of this space? (required)

Limit: 150 words

17. 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.

Financial Considerations and Project Timeline

Budget Form Instructions

Individual awards of **approximately \$500k** per project that are **approximately two years** in length. Approximately \$3 million in capital funding is available for each disease focus area (up to \$6 million in total funding). Please refer to the budget form for a breakdown of expenditures. Funds will be disbursed on a reimbursement basis in accordance with terms outlined in the Grant Agreement.

- CAPITAL expenses** 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, chemical compounds, human tissue, animal models, hardware, software, data sets. If you haven't decided on vendors for supplies/reagents, you could list multiple ones. All capital assets must be made publicly available.
- GENERAL expenses** can include: salary support with a **fringe rate not to exceed 30%** and project-related travel (up to 10%). These funds may cover **indirect costs, up to 15%** (or \$65,217 for an award of \$500,000). Additional Capital expenses may also be reimbursed from General Funding if the above Capital budget has been fully expensed. Use your organization's name in the Vendor column for salary support and indirect costs.
- General Funding CATEGORIES** are salary support and indirect costs.
- Please note:** Applicants should note that the total funding available across both disease areas is \$1 million, and individual award amounts will vary. Limited funding may be available to support salary expenses associated with selected projects. The amount awarded, if any, will be determined based on the specific needs and scope of the proposed work. Therefore, exact amounts cannot be guaranteed at this time.
- Non-allowable expenses** include facility overhead such as utilities, other monthly subscription fees, and duplicate funding of already financed work.

MLSC Fiscal Year Ranges

- FY27 dates:** July 1, 2026 – June 30, 2027
- FY28 dates:** July 1, 2027 – June 30, 2028

18. Breakdown of MLSC Expenditures: Please complete the MLSC Budget to show the detailed breakdown of expenditures for MLSC funds. DO NOT MENTION THE PI/co-PI BY NAME in the budget form. (required)

	A	B	C	D	E	F
1	TOTAL GRANT Amount Requested	0				
2						

3	FY27 (7/1/26 – 6/30/27)					
4	FY27 CAPITAL Budget Details			*Do not include \$ or commas in FY Estimated Cost column		List of Categories
5	Vendor	Item / Description (be specific and ensure the description indicates a physical item rather than services or effort;	Category (only use the categories from the list to the right)	Estimated Cost		Equipment
6						Research supplies

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 Initiative 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
- ☐ MLSC Program Manager

☐ Third Party (MassBio, MassMedic, etc.)

☐ Other (specify below)

☐ **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 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 Initiative in the subject line.

Save Draft

Submit Form

Drafts may be visible to the administrators of this program.