

Applicant Information

Applicant Name
(Organization):

Applicant City/Town:

Applicant Category
(select one):

--Select One--

Contact Details

Name:

Title:

E-mail:

Telephone:

Additional Contact
Person Name:

Additional Contact
Person Email:

Program Description

Program Name:

Program Overview (3 - 5 sentences)

Partnerships

Company/Industry Partner

Company/Industry Partner City or Town

Company/Industry Partner Contact Name and Title

Company/Industry Partner Contact Email

Upload at least one letter of support from a life sciences industry/employer partner. Any additional letters of support can follow this letter as part of one single PDF.

If applicable, list any other institutions or training provider partners that may contribute to this project

Is this a new or existing company partnership?

- New since July 1, 2023
- Existing from before July 1, 2023

Will this be a new training program or an expansion of an existing program?

- New Program
- Expanded Existing Program

Which Pathmaker Core Competencies Track will this program be designed to cover?
(See Core Competencies document on the Pathmaker program page)

- PathmakerBIO
- PathmakerTECH
- PathmakerOPEN

Which occupations/roles will this training program target?

- biomanufacturing associate/tech
- medtech manufacturing associate/tech
- maintenance associate/tech
- lab support associate/tech
- quality assurance roles

quality control roles

other biomanufacturing related roles

other medtech / advanced manufacturing related roles

other non-manufacturing life science roles

Approximate number of anticipated openings for this/these role(s) at the company partner over the grant period

Average hourly wage or annual salary at entry

Describe the proposed duration of the program and individual cohorts (ie. 8-week program, 3 cohorts over one year)

Total MLSC funds requested

Proposed total number of trainees supported by those funds

Primary town or city where the training will take place

Primary towns or cities the program will recruit from

The MLSC and other state and regional partners are committed to assisting with increased life science career marketing and recruiting for this program. Describe how you will recruit for program and any specific ways you could use additional recruitment/marketing support.

Describe your target population(s) for recruitment

Describe the selection process, any formal assessments, and any expected employer involvement in the selection process

Describe any strategy or outreach to communities and populations that have been historically underrepresented in the life sciences

Pathmaker training programs are expected to be offered at no cost to the students/trainees served. Will this program be offered at no cost to the students/trainees served?

Yes

No

Stipends are required to be paid to students/trainees participating in Pathmaker training programs. What is the proposed total stipend amount per participant for the program?

What other support services will be made available to help participants overcome barriers?

How will you determine whether a participant has successfully completed the program? What process and tools will be used to determine whether participants satisfy the proposed Core Competencies?

Have you delivered this program or related programming before? Did/do you consider that program successful? Please provide any relevant details or metrics.

Additional Documents

Pathmaker Program Details

Curriculum / Program Outline

Please upload the curriculum details or program outline that describes the material you intend to cover and in what specific time frame.

Program Budget

Please upload a program budget that includes program expenses, stipends, and total cost of delivering the program beyond the Pathmaker funding being requested, as well as any other income or funding support from other sources that may support portions of this program. Company repayment, cost-sharing, or matching funds are *not required* for this round.

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 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, and I further acknowledge and agree that the Agreement shall be executed in substantially the form provided in the Solicitation. 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 are subject to disclosure under the Massachusetts Public Records Law. Furthermore, I understand and acknowledge that I have followed the procedures set forth in Section 9 of the Program Solicitation for any documents that I believe may be proprietary in nature and that may fall within the parameters of the MLSC's Trade Secrets Exemption; and that the MLSC's receipt of such documents does not represent a finding by the MLSC of the Supervisor of Public Records that such documents fall within the Trade Secrets Exemption. I acknowledge and agree that the MLSC has sole discretion to determine which applicants receive benefits under the Program.

