

Pathmaker FY25

Applicant Name (Organization) (required)

Organization Category (required)

Select one option

Applicant Address (required)

Country (required)

Address (required)

Address Line 2 (optional)

City (required)

State, Province, or Region (required)

Zip or Postal Code (required)

Contact Name (required)

First Name (required)

Last Name (required)

Title (required)

Email Address (required)

Phone Number (required)



Additional Contact Name

First Name

Last Name

Email Address

Program Name (required)

Program Overview (3-5 sentences) (required)

Company/Industry Partner (required)

Company/Industry Partner City or Town (required)

Company/Industry Partner Contact Name and Title (required)

Company/Industry Partner Email Address (required)

Upload at least one letter of support from a life sciences industry/employer partner (required)

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Any additional letters of support can follow this letter as part of a 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 (required)

- New since July 1, 2024
- Existing from before July 1, 2024

Will this be a new training program or an expansion of an existing program (required)

- New Program
- Expanded Existing Program

Which Pathmaker Core Competencies Track will this program be designed to cover? (required)

- PathmakerBIO
- PathmakerTECH
- PathmakerOPEN

See Core Competencies document on the Pathmaker program page

Which occupations/roles will this training program target? (required)

- 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 Sciences Roles

See Core Competencies document on the Pathmaker program page

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

Average hourly wage or annual salary at entry (required)

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

Total MLSC funds requested (required)

Proposed total number of trainees supported by those funds (required)

Primary town or city where the training will take place (required)

Primary towns or cities the program will recruit from (required)

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 the program and any specific ways you could use additional recruitment/marketing support. (required)

Describe your target population(s) for recruitment. (required)

Describe the selection process, any formal assessments, and any expected employer involvement in the selection process. (required)

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

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? (required)

- 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? (required)

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

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? (required)

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

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

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wps

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. (required)

Authorized Representative Signature and Acceptance: 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.

(required)

How did you hear about the program? (required)

- Social Media
- MLSC Newsletter/Website
- Third Party (e.g. MassBio, MassMedic, MassBioEd etc.)
- Other

If other, state below.

Save Draft

Submit Form

Drafts may be visible to the administrators of this program.