

Center for Advanced Manufacturing, MA Manufacturers Accelerate Program (MMAAP) Application

Please note this application is a public record and may be disclosed if requested. Please do not include any proprietary or confidential information. For questions, please contact us at manufacturing@masstech.org.

* Indicates required question

1. Email *

2. First and last name of applicant *

3. Company Name *

4. City, State *

5. Company Description (industry, application, products manufactured, market(s) served) *

6. Size of company *

Mark only one oval.

- 1-25
- 26-50
- 51-100
- 101-250
- 251-500
- 501-1000
- 1000+

Capital Equipment Requirements

7. Please describe the capital equipment purchase you will be making if you are to receive this award (500 words maximum). (For more information on what is considered capital equipment, please refer to the program guidelines in Section 3 of the solicitation). *

8. Please describe the application and the technological challenge or opportunity that will be addressed with the new equipment (500 words maximum). *

9. Please provide a description, if applicable, of how this project showcases commitment or progression to Industry 4.0 (i.e use of new equipment, technologies and/or processes to deliver efficient, high quality, operational excellence). *

(500 words maximum)

10. Indicate the exact dollar amount you are applying for. (Maximum award is \$200,000) *

11. Please attach a simple spreadsheet of the equipment you are purchasing and any other capital requirements. Include the amount of company cost share, its sources and % of total project cost. Note, a 1:1 cost share is required and the maximum award is \$200,000. *

(Please include company name in the budget sheet, see example template below)

COMPANY NAME		Partner Name		
MMAP 2023 - Project Costs				
Purchased Equipment	Description	Cost	% of Total Project	
Equipment name	Provide description item #1	\$ -	▲	
Equipment name	Provide description item #2	\$ -	▲	
Equipment name	Provide description item #3	\$ -	▲	
Equipment name	item #4	\$ -	▲	
Equipment name	item #5	\$ -	▲	
Equipment name	item #6	\$ -	▲	
Equipment name	item #7	\$ -	▲	
TOTAL Purchased Equipment		\$ -	▲	
Other Costs	Description	Cost	% of Total Project	
Cost Item name	Training	\$ -	▲	
Cost Item name	Installation	\$ -	▲	
Cost Item name	Project Mgmt.	\$ -	▲	
TOTAL Other Costs		\$ -	▲	
TOTAL PROJECT COSTS		\$ -	▲	
COST SHARE PERCENTAGES				
	Total Project Cost	\$ -		
	MMAP Grant Request	\$ -	▲	
	Company Covered Costs	\$ -	▲	
All items to be funded with grant funds must be capital and as allowed under the RFP guidelines. Non-capital items can be used toward "match" funds for the project.				
Please populate information in blue shading				

Files submitted:

12. What industry(s) will you support with the capital investment? *

Customer Information

13. Is this capital for a specific customer need? *

Mark only one oval.

Yes

No

14. Please identify customer, customer location and industry. *

Market Requirement

15. Does this piece of capital help you meet a new market requirement? *

Mark only one oval.

Yes

No

Maybe

16. Please briefly describe new market opportunity. *

Workforce Needs

17. Please complete the below grid related to hiring, upskilling, and job retention. *

Mark only one oval per row.

	0	1-3	4-6	7-10	11+	Unknown at this time
How many NEW hires do you expect to make because of this project?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many people are you upskilling as a result of the new equipment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many jobs are you retaining?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Does this project contribute to social, racial and economically equitable outcomes? Please describe. (i.e Are you hiring a diverse workforce? Is your company women or minority owned? Is your company located in a HUB zone) *

19. Do you have an established workforce training program or documented career growth opportunities for your employees? *

Mark only one oval.

Yes

No

20. Please describe your workforce training program(s) and any career growth opportunities or pathways outlined for your workforce. *

Non-profit Partner Requirements

21. It is required that you partner with a non-profit, academic, or quasi-public partner to receive award. This partnership is to help establish new connections within the ecosystem that leads to growth. Please identify your partner, the activities that you will collaborate on and how this partnership will help further your business. *

Video Upload

22. Please attach a video, not to exceed 5 minutes, introducing you and your company, the need for your new equipment, the application and why you believe the state should invest in your business. *

Files submitted:

Closing

23. Please acknowledge below that this application is a public record and may be disclosed if requested. Please do not include any proprietary or confidential information. *

Mark only one oval.

Acknowledge

24. Please acknowledge that by submitting this application form in response to this Solicitation, Respondents certify that they (1) are in compliance with the terms, conditions and specifications contained in this Solicitation, (2) acknowledge and understand the procedures for handling materials submitted to the Mass Tech Collaborative as set forth in subsection d. below, (3) agree to be bound by those procedures, and (4) agree that the Mass Tech Collaborative shall not be liable under any circumstances for the disclosure of any materials submitted to the Mass Tech Collaborative pursuant to this Solicitation or upon the Respondent's selection. *

Mark only one oval.

Acknowledge

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