Center for Advanced Manufacturing, MA Manufacturing Accelerate Program (MMAP) 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.

* Ind	* Indicates required question					
iiiQ	maicates required question					
1.	Email *					
2.	First and last name of applicant *					
3.	Company Name *					
4.	Street address *					
5.	City, State *					
6.	Company website *					

7.	Company Description (industry, application, products manufactured, market(s) served)				
8.	Size of company *				
	Mark only one oval.				
	1-25				
	26-50				
	51-100				
	101-250				
	251-500				
	501-1000				
	1000+				
C	apital Equipment Requirements				
9.	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).	*			

Please describe the application and the technological challenge or opportunity that will be addressed with the new equipment (500 words maximum).
If applicable, describe how this project showcases progression to Industry 4.0 (i.e Use of new equipment, technologies and/or processes to deliver efficient, high quality, operational excellence. This includes but is not limited to: robotics and automation, IoT connected equipment, AI, additive mfg, machine learning, AR/VR, and/or digital transformation) (500 words maximum)
Indicate the exact dollar amount you are applying for. (Maximum award is \$200,000)

13. Please attach <u>a simple spreadsheet</u> 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.

(A downloadable version of this budget template can be found here.)

	A	В	С	D
1	(COMPANY NAME)	(Non-profit Partner Name)		
2	MMAP 2024 - Project Costs			
3	,			
4	Purchased Equipment	Description	Cost	% of Total Project
5	Equipment name	Provide description item #1	S -	
6	Equipment name	Provide description item #2	S -	
, 7 .	Equipment name	Provide description item #3	S -	
8	Equipment name	item #4	S -	
9	Equipment name	item #5	S -	
10	Equipment name	item #6	S -	
11	Equipment name	item #7	S -	
12	TOTAL Purchased Equipment		S -	#DIV/0!
13				
14				
15	Other Costs	Description	Cost	% of Total Project
16	Cost Item name	Training	S -	
17	Cost Item name	Installation	S -	
18	Cost Item name	Non-profit partner fee	S -	
19	TOTAL Other Costs		S -	#DIV/0!
20				
21	TOTAL PROJECT COSTS		S -	#DIV/0!
22				
23				
24	COST SHARE PERCENTAGES			
25		Total Project Cost	\$-	
26		MMAP Grant Request	\$-	#DIV/0!
27		Company Covered Costs	\$-	#DIV/0!
28				
29				
30		ds must be capital and as allowed under the RFP used toward "match" funds for the project.		
31		opulate information in blue shading		
32	Please p			

Files submitted:

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

15.	Does this piece of capital help you meet a new market or customer requirement? *
	Mark only one oval.
	Yes No Maybe
16.	Please briefly describe new market opportunity and if there is a specific customer * need being addressed (and who that customer is).
Gr	owth Strategy
17.	Please provide a concise overview of your growth strategy and plans for the next 3-5 years. Include the following:
	- projections for the size of your company
	- new products or business lines
	- planned investments
	- necessary skills to accomplish this
	- how your company intends to integrate Industry 4.0 principles into your operations over this 3-5 year period. (500 words maximum)

Workforce Needs

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

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

20.	Do you have an established workforce training program or documented career growth opportunities for your employees?			
	Mark only one oval.			
	Yes			
	◯ No			
21.	Please describe your defined workforce training program(s) and any career growth opportunities or pathways outlined for your workforce that will help them to continue to grow and meet the demands of working in a fast-paced, progressive manufacturing environment.	*		

Non-profit Partner Requirements

It is required that you partner with a non-profit, academic, or quasi-public partner to receive an award. This partnership is meant to help establish new connections within the ecosystem that lead to growth. This could be a partner that helps with your workforce training needs, connects you to other resources within the ecosystem to help you scale, and/or provides training for other parts of your organization to help you in your growth and transformation.

Should your application be selected for an MMAP award, <u>please remember that contracting</u> <u>will take place between MassTech and your non-profit partner (not you the manufacturer)</u>, <u>and your non-profit partner will be responsible for all contractual requirements.</u>

The steps below provide a general overview of the contracting process and obligations. Before applying, please ensure that your non-profit partner is willing and able to commit to this requirement.

*Contracting Process and Obligations - General Overview

- 1. If selected as an MMAP awardee, the chosen manufacturer's non-profit partner will enter into a grant agreement with MassTech; all contractual obligations must be managed by the non-profit partner.
- 2. After contracting, awarded manufacturers will place orders for capital items set forth in their approved budget and submit invoices and supporting documentation to their non-profit partner. This process is to be managed by the non-profit partner and the manufacturer.
- 3. The non-profit partner will then submit those invoices and required supporting documentation to MassTech for reimbursement.
- 4. Once reimbursed by MassTech, the non-profit partner will reimburse the manufacturer. This process is to be managed by the non-profit partner and the manufacturer.
- 5. All reporting requirements are the responsibility of the non-profit partner.
- *Please see the MMAP Capital Matching Grant Agreement template located <u>HERE</u> for additional contractual responsibilities required of non-profit partners.

22.	List the name of the non-profit who you will partner with, the activities that you will * collaborate on, and how this partnership will help further your business.				
23.	Name and email address of the primary contact at your partnering non-profit. *				
Vid	eo Upload				
24.	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:				
Clo	sing				
25.	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				

Mark on	ly one	oval
◯ Ac	knowl	edge

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