

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 website *

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

7. Size of company *

Mark only one oval.

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

Capital Equipment Requirements

8. 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). *

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

10. 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) *

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

12. 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. *

(A downloadable version of this budget template can be found on the MMAP Grant Solicitation webpage at Masstech.org)

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:

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

Market and Customer Requirement

14. Does this piece of capital help you meet a new market or customer requirement? *

Mark only one oval.

Yes

No

Maybe

15. Please briefly describe new market opportunity and if there is a specific customer need being addressed (and who that customer is) *

Growth Strategy

16. 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

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 woman 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 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 award. This partnership is 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, or provides training for other parts of your organization to help you in your growth and transformation.

21. Please 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. *

22. Name and email address of your primary contact at the partnering non-profit. *

Video Upload

23. 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

24. 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

25. 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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