## Attachment B: Project Narrative

**Application Form Directions:**

* Please submit completed ACT4All 2 Applications by May 31, 2024 at 4 PM ET.
* Please complete this pre-formatted template and submit in MS Word or PDF format in Calibri font size 11 via email to CleanTransportation@masscec.com.
* Optional attachments may include, but are not limited to the following: resumes for team members, Original Equipment Manufacturer (“OEM”) spec sheets.
* Answers under the Monitoring and Verification section must describe a data collection protocol that can reasonably provide the data necessary to objectively verify Priority Group participation in the project.

**Application Form Contents:**

1. Project Overview
2. Executive Summary
3. Innovation and Implementation
4. Equity and Priority Population Benefits
5. Replicability and Scalability
6. Applicant Team Commitment and Qualifications
7. Monitoring and Verification Plan
8. Signed Letters of Intent and Support (Optional)
9. Contract Template Comments Acknowledgement

**DO NOT INCLUDE THIS PAGE WITH PROPOSAL SUBMISSION**

# Attachment B: Project Narrative

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| 1. **Project Overview**
 |
| **Applicant Details** |
| Lead Organization Name | Click or tap here to enter text. |
| Lead Contact Name, Pronouns, Title | Click or tap here to enter text. |
| Lead Contact Email, Phone Number | Click or tap here to enter text. |
| Project Location | Click or tap here to enter text. |
| Partner Organization Name, Type, Diversity Designation[[1]](#footnote-2), Contact Name, Pronouns, Email | Click or tap here to enter text. |
| Partner Organization Name, Type, Diversity Designation, Contact Name, Pronouns, Email | Click or tap here to enter text. |
| Partner Organization Name, Type, Diversity Designation, Contact Name, Pronouns, Email | Click or tap here to enter text. |
| **Project Details** |
| Total Proposed Budget and Grant Request[[2]](#footnote-3) | $ Click or tap here to enter text. |
| Total Requested Grant Amount  | $ Click or tap here to enter text. |
| Total Proposed Cost Share | $ Click or tap here to enter text. |
| Eligible Project Topic Area(see RFP Appendix 1 for a description of the Topic Areas) | [ ]  Electric Vehicle Charging Station Access[ ]  Regional Transit Authority Decarbonization[ ]  Expanding Access to Economic Opportunities [ ]  Other: please specify Click or tap here to enter text. |
| Description of Priority Group  | Click or tap here to enter text. |
| **Application Checklist** |
|  [ ]  Authorized Applicant’s Signature and Acceptance Form (Attachment A) [ ]  Project Narrative (Attachment B) [ ]  Project Workplan and Budget (Attachment C) [ ]  Signed Letter of Intent and Letters of Support (Optional)  [ ]  Contract Template Comments (Optional) **If applicable:** [ ]  Technology Spec Sheet(s) |

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| 1. **Executive Summary (1-page maximum)**
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| *Provide a* ***brief*** *overview of the proposed pilot program, including* * *How is the project equitable? What Priority Populations will be included and served? How will Priority Populations benefit from the proposed project?*
* *How is the project innovative? What is the innovative technology, business model, program structure, etc. that the project will demonstrate?*
* *How can the proposed project be replicated and scaled up?*
* *What are the goals of the project and what will project success look like? How will success be measured?*
* *How is the Applicant Team well-suited to implement the project proposed?*
 |
| Click or tap here to enter text. |

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| 1. **Innovation and Implementation (2-pages maximum)**
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| * *Describe the proposed project, any relevant technologies being deployed and deployment and/or installation models.*
* *What are the specific goals or targeted outcomes expected from the implementation of your proposed program model or project?*
* *What support will be provided to pilot program participants throughout the pilot program?*
* *Identify potential risks and barriers to the pilot program and strategies to mitigate those risks and barriers.*
* *What activities, such as research or stakeholder engagement have been completed in preparation for the implementation of this program model or project?*
* *Describe the unmet needs or gaps of similar approaches being implemented, and how this may be customized for the needs of the Commonwealth.*
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| Click or tap here to enter text. |

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| 1. **Equity and Priority Population Benefits (1-page maximum)**
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| * *Clearly identify the proposed Priority Populations and Priority Population benefits in relation to their needs.*
* *Will Priority Populations be included in the project design and implementation? If so, how?*
* *Are there eligibility requirements, and if so, how will pilot program eligibility be determined?*
* *How will the pilot program demonstrate that project benefits are meeting the needs of the Priority Population?*
* *What is the process to identify, recruit, and/or engage potential participants? Identify strategies to address potential challenges in engaging the Priority Population and intended participants.*
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| Click or tap here to enter text. |

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| 1. **Replicability & Scalability (1-page maximum)**
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| * *What is the total market opportunity of the pilot program if conducted at scale?*
* *Define this pilot program’s path to scale-up following the completion of the MassCEC-funded scope. How might this be replicated in Massachusetts?*
* *Briefly explain how the project demonstrates a cost-effective solution, referencing Attachment C: Workplan & Budget as relevant.*
* *Identify additional funding or in-kind support available to the Applicant Team and the source of the funding/in-kind support.*
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| Click or tap here to enter text. |

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| 1. **Applicant Team Commitment and Qualifications**
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| *Note: resumes do not count towards the page limit. Please add additional rows for Applicant Team Partners as needed.*  |
| **Lead Applicant:** | Click or tap here to enter text. |
| *Identify key individual’s role in the project. Note relevant skills, credentials, and experience* | Click or tap here to enter text. |
| *Identify either individual’s or organization’s experience working with Priority Populations* | Click or tap here to enter text. |
| **Applicant Team Partner:** | Click or tap here to enter text. |
| *Identify key individual’s role in the project. Note relevant skills, credentials, and experience* | Click or tap here to enter text. |
| *Identify either individual’s or organization’s experience working with Priority Populations* | Click or tap here to enter text. |
| **Applicant Team Partner:** | Click or tap here to enter text. |
| *Identify key individual’s role in the project. Note relevant skills, credentials, and experience* | Click or tap here to enter text. |
| *Identify either individual or organization’s experience working with Priority Populations* | Click or tap here to enter text. |
| **Applicant Team Partner:** | Click or tap here to enter text. |
| *Identify key individual’s role in the project. Note relevant skills, credentials, and experience* | Click or tap here to enter text. |
| *Identify either individual or organization’s experience working with Priority Populations* | Click or tap here to enter text. |

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| 1. **Monitoring and Verification Plan**
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| *The Monitoring and Verification (“M&V”) Plan should concisely describe the metrics and methods that will be used to track project operation and user outcomes, including engaging intended Priority Populations, financial feasibility, operational feasibility, and greenhouse gas (“GHG”) reduction potential and tracking. The M&V Plan should describe a data collection protocol that can reasonably provide the data necessary to objectively verify Priority Population participation in the project.* *Reporting will cover two (2) to three (3) years from the contract date and at least twelve (12) months from initial technology/training/project launch. Throughout the project term, Grantees will be required to submit:** *Quarterly Reports – Grantees will be required to submit reports on a quarterly basis throughout the project term detailing project implementation, emissions reductions, Priority Population engagement and benefits, project cost-effectiveness, and project/technology/training utilization data.*
* *Final Report – At the end of the project term, Grantees will submit a report upon project completion that provides a summary account of the total work performed including all tasks contained in the workplan (Attachment C) including a summary narrative, lessons learned, summary of project budget, and project communications.*
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| **Definition of baseline dataset**   | **​​**Click or tap here to enter text. |
| *How will the baseline be defined? What are the baseline units? How will this data be collected or estimated?*  |
| **Definition of project design dataset(s)**  | **​​** Click or tap here to enter text. |
| *What project design-related data will be collected? How will it be collected?*  |
| **Definition of project deployment dataset(s)** |  Click or tap here to enter text. |
| *What project implementation process data will be collected? How will it be collected?*  |
| **Follow-on data collection plan**  | **​​** Click or tap here to enter text..**​**   |
| *What data will be collected after technology/training/project rollout? How will it be collected?*  |
| **Priority Population engagement**  | **​​** Click or tap here to enter text. |
| *What data will be collected to identify the level of benefit priority populations/areas receive? How will it be collected?*  |
| **Project data collection resource needs**  | **​​** Click or tap here to enter text. |
| *What resources are necessary (hardware/sensors; person-hours; voluntary data-sharing; etc.) to collect project-related data? How does the applicant team plan to ensure comprehensive data collection?*  |
| **Emissions quantification**   | **​​** Click or tap here to enter text. |
| *How will the collected data enable quantification and verification of emissions reductions? Please use the EPA Calculator or a similar emissions calculating tool to quantify emissions reductions.*  |
| **Use of participant data**  | **​​** Click or tap here to enter text.  |
| *Does the proposed project’s M&V plan require voluntary user data collection or sharing? If so, how does the application team plan to ensure objectivity of the data collected? How does the application team plan to ensure that data collected is comprehensive?*  |
| **Security and privacy plan**  | **​​** Click or tap here to enter text.  |
| *Describe how the applicant team will address**any privacy and/or security concerns associated with the proposed data collection protocol.*  |
| **Scale-up**   | **​​** Click or tap here to enter text. |
| *What ongoing resources or support are required to collect M&V data on an ongoing basis or at scale? Please comment on the feasibility of data collection after the contract term.*  |

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| 1. **Signed Letters of Intent and Support**
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| *Please submit the following as separate attachments:** *Signed Letter of Intent – A signed Letter of Intent shall serve as the Application Cooperative Agreement indicating that, if awarded, the Applicant Team has agreed to work together to implement and manage the project. This letter must be signed by each participating organization and must lay out each team member’s roles and responsibilities, including a description of resources to be committed to the project.*
* *(Optional) Signed Letters of Support – Applicant may submit Letters of Support from partner organizations or other parties relevant to the proposed project. It is encouraged to submit Letters of Support in a single combined PDF, however, separate and distinct files will still be accepted.*
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| 1. **Contract Template Comments**
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| *Please check one (1) box below:*[ ]  *I have read the provided Contract Template and do not have any concerns, comments, or requested edits at this time.*[ ]  *I have read the provided Contract Template and have concerns, comments, and/or requested edits which I have included with this application.* |

1. Minority Business Enterprises (MBEs), Women Business Enterprises (WBEs), Minority and Women Nonprofit Organizations (M/WNPOs), Veteran Business Enterprises (VBEs), Service-Disabled Veteran-Owned Business Enterprises (SDVOBEs), Disability-Owned Business Enterprises (DOBEs), and Lesbian, Gay, Bisexual and Transgender Business Enterprises (LGBTBEs)  [↑](#footnote-ref-2)
2. Note if grant request differs from total project budget due to cost share and/or use of additional outside funding sources [↑](#footnote-ref-3)