Attachment 2: Application Form

Please fill in the tables below.

In the responses below, note when a partner will be responsible for a particular program activity or role and provide a Letter of Support or Memorandum of Understanding reflecting this agreement. The partner organizations reflected in Section 1.1 should either be sub-recipients of grant funds and/or directly responsible for completion of a major milestone or deliverable of the project. All other partners should be reflected in Sections 8 and/or 9 depending on their role.

*If the fillable Word version of Attachment 2. Application Form creates an undue hardship, contact* *workforce@masscec.com* *to request a plain text Word version of the form.*

|  |
| --- |
| **1.1 Applicant and Partner Information** |
| **Lead Applicant Organization** | Click or tap here to enter text. |
| **Registered Org Name** | *If different than above, please list organization name exactly as registered with the Secretary of State of MA, including DBA or subsidiary / division information:*Click or tap here to enter text. |
| **Fiscal Agent** | *If applicable, list Fiscal Agent name and enter full information below as a partner organization:*Click or tap here to enter text. |
| **Type of Organization** | *Select the type of organization represented by Lead Applicant:*[ ]  Community-Based Entities/Organizations[ ]  Community Colleges, Colleges or Universities, Comprehensive and Vocational High Schools, Vocational Schools offering CTI[ ]  For-Profit Entities including for-profit training companies, trade associations, unions[ ]  Workforce Development Organizations, non-profit and for-profit[ ]  Massachusetts Workforce Investment Boards/MassHire Organizations |
| **Contact Person** | Click or tap here to enter text. |
| **Title** | Click or tap here to enter text. |
| **Preferred Pronouns** | Click or tap here to enter text. |
| **Billing Street Address** | *Needs to match information shown on organization W-9:*Click or tap here to enter text. |
| **City, State** | Click or tap here to enter text. | **Zip Code** | Click or tap here to enter text. |
| **Registered Street Address** | *If different than above, please list organization street address exactly as registered with the Secretary of State of MA:*Click or tap here to enter text. |
| **City, State** | Click or tap here to enter text. | **Zip Code** | Click or tap here to enter text. |
| **Contact Email** | Click or tap here to enter text. |
| **Contact Phone** | Click or tap here to enter text. |
| **Prior MassCEC Funding** | *Lead Applicant has received prior funding from MassCEC in the last three years:*[ ]  Yes [ ]  No*List all prior funding by grant name:*Click or tap here to enter text. |
|  |
| *Partners in this Section 1.1 are organizations receiving a portion of the grant funds, if awarded, for activities related to the proposed work, through subcontract or other formalized agreement. Partners not receiving funds may be listed in Section 8 to indicate their roles in realizing the goals of the work.* |
| **Partner Organization 1** |  |
| **Contact Person** |  |
| **Preferred Pronouns** |  |
| **Title** |  |
| **Street Address** |  |
| **City, State** |  | **Zip Code** |  |
| **Contact Email** |  |
| **Contact Phone** |  |
| **Prior MassCEC Funding** | *Partner has received prior funding from MassCEC in the last three years:*[ ]  Yes [ ]  No*List all prior funding by grant name:*Click or tap here to enter text. |
|  |
| **Partner Organization 2** |  |
| **Contact Person** |  |
| **Preferred Pronouns** |  |
| **Title** |  |
| **Street Address** |  |
| **City, State** |  | **Zip Code** |  |
| **Contact Email** |  |
| **Contact Phone** |  |
| **Prior MassCEC Funding** | *Partner has received prior funding from MassCEC in the last three years:*[ ]  Yes [ ]  No*List all prior funding by grant name:*Click or tap here to enter text. |
|  |
| **Partner Organization 3** |  |
| **Contact Person** |  |
| **Preferred Pronouns** |  |
| **Title** |  |
| **Street Address** |  |
| **City, State** |  | **Zip Code** |  |
| **Contact Email** |  |
| **Contact Phone** |  |
| **Prior MassCEC Funding** | *Partner has received prior funding from MassCEC in the last three years:*[ ]  Yes [ ]  No*List all prior funding by grant name:*Click or tap here to enter text. |
|  |
| *Add additional field for partners as needed* |

|  |
| --- |
| **1.2 Applicant and Partner Experience** |
| ***In 500 words or less****, describe lead applicant and partners’ experiences working with proposed target populations, providing the type of proposed programming, and addressing unique barriers faced by the target populations in the clean energy sector.* |
|  |

|  |
| --- |
| **1.3 Partner Selection and Conflict of Interest** |
| ***In 250 words or less****, describe the process used for selecting vendors and subcontractors noted in Section 1.1 and disclose any potential conflicts of interest.* |
| Click or tap here to enter text. |

|  |
| --- |
| **2.1 Proposal Summary** |
| **Executive Summary** | ***In a three (3) to five (5) sentence paragraph****, provide a high-level summary of the planned workforce development program. Executive Summaries from winning applications may be shared in press releases, social media, etc.* |
| Click or tap here to enter text. |
| **Requested Total Funding** | **$Click or tap here to enter text.** |
| **Proposed Duration of Grant (in months)** | Click or tap here to enter text. |
| **Focus Strand** | *Check all that apply:* |
| [ ]  **Strand A:** Career Pathway Training Leading to Employment in Climate-Critical Priority Occupations |
| [ ]  **Strand B:** Climate-Critical Upskilling for Incumbent Workers |
| [ ]  **Strand C:** Equipment and Infrastructure to Support Climate-Critical Training |
| **Target Sectors** | *Check all that apply:* |
| [ ]  High-Performance Buildings | [ ]  Net-Zero Grid |
| [ ]  Offshore Wind | [ ]  Transportation |
| **Target Occupations** | *List all proposed target occupations:*Click or tap here to enter text. |
| **Target Populations** | *Identify the Targeted Populations for the proposed training:*Click or tap here to enter text. |
| *List all geographic areas (cities, towns, regions, etc.) targeted:*Click or tap here to enter text. |
| *If focusing on Equity Workforce priority populations, check all that apply:* |
| [ ]  Environmental Justice (EJ) Neighborhoods | [ ]  Low-Income Neighborhoods |
| [ ]  Fossil Fuel Workers | [ ]  Federally Recognized and State Acknowledged Tribes |
| [ ]  Underrepresented Communities*Identify the Underrepresented Communities:*Click or tap here to enter text. |
| *List any additional categories of populations (bilingual, returning citizens, disconnected youth, etc.) targeted:* |
| Click or tap here to enter text. |

|  |
| --- |
| **2.2 Individual Participant Impact (if applying for strand A or B)** |
| **Number of Individuals to be Trained per Year** | **Year 1** | **Year 2** |
| Click here. | Click here |
| **Average Cost per Individual** | $Click or tap here to enter text. |
| *Provide a brief justification of the per-participant cost. In cases where the per-participant cost exceeds $15,000, please provide a very detailed explanation.* Click or tap here to enter text. |

|  |
| --- |
| **2.3 Initial Vision of Equipment and Infrastructure (if applying for strand C)** |
| ***In 500 words or less****, describe the equipment and infrastructure capacity-building supported by the funding; note key and specific steps that will be taken to select, procure, and integrate this new capacity, including an initial description of the project pipeline (please provide a staffing and management plan, plus further procurement details in Section 6.1); and the vision of how these efforts will lead to increased equity in the clean energy workforce.*  |
| Click or tap here to enter text. |

|  |
| --- |
| **2.4 Impact of Equipment and Infrastructure (if applying for strand C)** |
| ***In 500 words or less****, describe how the equipment and infrastructure will impact and improve your training program, identify the programmatic gaps and needs that will be addressed, and highlight additional support or training for target populations that will result. If applicable, describe resulting alterations and enhancements to curriculum and training delivery in Section 6.4.* |
| Click or tap here to enter text. |

|  |
| --- |
| **2.5 Individual Participant Impact (if applying to Strand C)** |
| **Number of Individuals projected to benefit from the equipment/infrastructure** | **Year 1** | **Year 2** | **Year 3** |
| Click here. | Click here | Click here |
| **Explanation of estimates** | *Provide a brief explanation of how these anticipated numbers compare to past and current training participation outcomes.* Click or tap here to enter text. |

|  |
| --- |
| **3. Attestations and DEI Qualifications** |
| **Attestation of Good Standing in Massachusetts** | [ ]  Lead Applicant is currently in good standing with the Commonwealth of Massachusetts and can provide certification if requested (COGS).[ ]  Lead Applicant currently has an office and/or staff based in Massachusetts. |
| **Optional DEI Qualifications** | *If applicable, check any certifications obtained by Lead Applicant from the Massachusetts’ Supplier Diversity Office:*[ ]  Minority Business Enterprise[ ]  Women Business Enterprise[ ]  Service-Disabled Veteran Business Enterprise[ ]  Veteran Business Enterprise[ ]  Lesbian, Gay, Bisexual, and Transgender Business Enterprise[ ]  Disability-Owned Business Enterprise |
| *If Lead Applicant meets the criteria for any of the above certifications but has not completed certification with the Supplier Diversity Office, please identify the applicable certification and explain qualifications:*Click or tap here to enter text. |
| *Describe proactive internal organizational practices designed to promote diversity, equity, and inclusion at the organization:*Click or tap here to enter text. |
| *Describe proactive external organizational practices designed to promote diversity, equity, and inclusion in the sector and communities the organization operates within:*Click or tap here to enter text. |
| *Note any practices by partners that promote DEI both internally and externally, if applicable:*Click or tap here to enter text. |

|  |
| --- |
| **4. Targeted Sectors/Occupations** |
| *Use the following table to provide labor statistics for target occupations. For* ***strand B****, list occupations that upskilled incumbent workers will be anticipated to compete for or be promoted to and provide relevant statistics for those occupations; if the result of upskilling is a higher tier of pay within the same occupation, please list the increased wage and note that outcome in the narrative below. Please cite your sources and provide any relevant career pathway information in the Notes column. It is highly recommended to refer to MassCEC’s Clean Energy Workforce Needs Assessment, available at* [*https://www.masscec.com/resources/massachusetts-clean-energy-workforce-needs-assessment*](https://www.masscec.com/resources/massachusetts-clean-energy-workforce-needs-assessment)*.* |
| Target Sector | Target Occupation | Current Positions | Positions by 2030 | Growth Rate | Average Starting Wage | Notes |
| Sector | Occupation | Current | By 2030 | Growth | Wage | Notes |
| Sector | Occupation | Current | By 2030 | Growth | Wage | Notes |
| Sector | Occupation | Current | By 2030 | Growth | Wage | Notes |
| ***In 250 words or less****, provide further context to the above labor market statistics with emphasis on career pathways. It is highly recommended to refer to MassCEC’s Clean Energy Workforce Needs Assessment, available at* [*https://www.masscec.com/resources/massachusetts-clean-energy-workforce-needs-assessment*](https://www.masscec.com/resources/massachusetts-clean-energy-workforce-needs-assessment)*. Provide further justification if the average starting wage does provide a reasonable living wage for the county, as calculated by the* [*MIT Living Wage Calculator*](https://livingwage.mit.edu/states/25/locations)*. Programs supporting occupations and employers that provide career pathways following initial placement to increased wages will be viewed favorably.* |
| Click or tap here to enter text. |
| *Use the following table to provide employer-specific data to substantiate the need for this training program. Anticipated openings should reflect expected hires or promotions during the duration of this grant. Please also provide any employer-specific career pathway information in the Notes column.* |
| Employer Name | Occupation Title | Current Openings | Expected Openings | Average Starting Wage | Notes |
| Employer | Occupation | Current | Expected | Wage | Notes |
| Employer | Occupation | Current | Expected | Wage | Notes |
| Employer | Occupation | Current | Expected | Wage | Notes |
| ***In 250 words or less****, provide further context to the above employer occupation data with emphasis on career pathways. Provide further justification if the average starting wage does provide a reasonable living wage for the county, as calculated by the* [*MIT Living Wage Calculator*](https://livingwage.mit.edu/states/25/locations)*. Programs supporting occupations and employers that provide career pathways following initial placement to increased wages will be viewed favorably.* |
| Click or tap here to enter text. |

|  |
| --- |
| **5. Targeted Population(s)** |
| ***In 250 words or less****, identify the populations and specific geographic regions that will be the primary focus for recruitment for the proposed program or that will benefit from the equipment and infrastructure installed. If Equity Workforce priority populations (e.g., individuals from EJ or Low-Income Neighborhoods, Fossil Fuel Workers, members of Federally recognized and State-acknowledged Tribes, etc.) are part of the focus, please note the populations targeted. Please Identify specific categories (e.g., opportunity youth, re-entry/returning citizens, single parents, homeless, veterans, etc.) of targeted participants that may require additional support services.* |
| Click or tap here to enter text. |

|  |
| --- |
| **6.1 Program Design – Program Development** |
| ***In 500 words or less****, for* ***strands A and B****, describe any work anticipated to occur prior to the launch of training delivery, including but not limited to curriculum development, staff hiring, identification of vendors, signing of MOUs with partners and subcontractors, selection of equipment, etc. For* ***strand C****, clearly detail the proposed staffing and management structure for the project, including defined roles for key staff, partners, and vendors/subcontractors involved in the project and reporting structures for project administration; describe selection processes for vendors and subcontractors, procurement processes for equipment, design processes, and the timeline leading up to procurement and through installation.* |
| Click or tap here to enter text. |

|  |
| --- |
| **6.2 Program Design – Outreach and Recruitment (not required for strand C)** |
| ***In 500 words or less****, describe the outreach and recruiting plan. List partners that will be providing referrals. Include details on planned mass media and outreach methods, as well as information sessions, outreach education, and other informational approaches.* |
| Click or tap here to enter text. |

|  |
| --- |
| **6.3 Program Design – Intake and Assessment Processes (not required for strand C)** |
| ***In 250 words or less****, describe the processes that will be used to intake and assess candidates to ensure that they meet basic eligibility criteria to be considered part of the targeted population and the occupation is a good match for the candidate.*  |
| Click or tap here to enter text. |

|  |
| --- |
| **6.4 Program Design – Training/Program Delivery** |
| ***In 1,000 words or less****, for* ***strand A and B****, describe the training curriculum and work readiness curriculum. For* ***strand C****, highlight in detail any changes to existing training or new curriculum or training opportunities that will result from the proposed equipment and infrastructure.* |
| Click or tap here to enter text. |

|  |
| --- |
| **6.5 Program Design – Support Services (not required for strand C)** |
| ***In 500 words or less****, outline planned support services that will be offered to participants and describe planned methods of case management, including, if applicable, referral pipelines to other organizations, noting if those are new or pre-existing referral pipelines.* |
| Click or tap here to enter text. |

|  |
| --- |
| **6.6 Program Design – Job Placement and Employer Engagement (if applying for strand A)** |
| ***In 500 words or less****, describe employer involvement in the workforce training program and their role in job placement. Describe plans for further employer engagement and job development.* ***Please also provide a Letter of Support or Memorandum of Understanding from at least two employer partners that indicate intent to, at minimum, interview graduates for open positions****.* |
| Click or tap here to enter text. |

|  |
| --- |
| **6.7 Program Design – Incumbent Worker Training Success and Employer Engagement (if applying for strand B)** |
| ***In 500 words or less****, describe the milestone(s) that indicate success for individual participants taking part in incumbent worker training – e.g., skills gain, obtaining additional certifications/licenses, promotions/advancement, increase in wages, increase in clean energy work, etc. Describe employer involvement in the training program and their role in recruiting, supporting, and enabling incumbent workers. Describe plans for further employer engagement.* ***Please also provide Letters of Support or Memorandums of Understanding from at least two partners that offer off-ramps****.* |
| Click or tap here to enter text. |

|  |
| --- |
| **6.8 Program Design – Retention Support Services (not required for strand C)** |
| ***In 500 words or less****, describe proposed retention support strategies, including, but not limited to, case management, ongoing career coaching, and/or mentoring.* |
| Click or tap here to enter text. |

|  |
| --- |
| **7. Outcomes, Metrics, and Reporting (not required for strand C)** |
| *Use the following table to provide proposed annual target outcomes. For* ***strand A****, if proposed average target rates fall below the 80%/70%/60% rates and/or the reasonable per-hour living wage for the county, as calculated by the* [*MIT Living Wage Calculator*](https://livingwage.mit.edu/states/25/locations)*, please use the box below to explain in 250 words or less how the proposed target occupations, target population, or program design justify these rates. For* ***strand B****, Completion Rate and Retention Rate columns are required; where applicable, please indicate the increased wage following training in the Average Starting Wage column.* |
| Project Year | Completion Rate | Placement Rate within 30 days of completion | Retention Rate at 6 months | Average Starting Wage |
| 1 | Completion | Placement | Retention | Wage |
| 2 | Completion | Placement | Retention | Wage |
| 3 | Completion | Placement | Retention | Wage |
| Average | Average | Average | Average | Average |
| ***In 250 words or less****, provide an explanation of the above proposed rates. Please note any necessary justification for proposed rates below the standards. If an alternative reporting timeline requiring more time than a 6-month or quarterly window, please provide justification.* |
| Click or tap here to enter text. |

|  |
| --- |
| **8. Proposed Partners and Past Performance** |
| *Use the following table to identify proposed lead and partner organizations responsible for delivering the program and note the proposed role(s) of each organization in the program by section/task number (e.g., 6.2. Outreach and Recruitment).* |
| Organization | Program Role(s) | LoS / MOU |
| Organization | Roles | Status |
| Organization | Roles | Status |
| Organization | Roles | Status |
| Organization | Roles | Status |
| Organization | Roles | Status |
| Organization | Roles | Status |
| ***In 1,000 words or less****, describe prior experience successfully providing components of the above proposed programming. Provide performance metrics and examples where possible.* |
| Click or tap here to enter text. |

|  |
| --- |
| **9. Leveraged Resources and Sustainable Funding** |
| *Use the following table to identify resources outside of the listed program partners that will be used to enhance the program. Note if the resource is pre-existing or aspirational. For* ***strand C****, the below amounts being used as match must be reflected on Attachment 3. Budget and Proposed Payment Schedule in the Matching column.* |
| Organization Type | Organization Name | Grant Name / Support Type | Anticipated Amount | Notes | Status |
| Type | Org | Name | Click or tap here to enter text. | Contact | Status |
| Type | Org | Name | Click or tap here to enter text. | Contact | Status |
| Type | Org | Name | Click or tap here to enter text. | Contact | Status |
| Type | Org | Name | Click or tap here to enter text. | Contact | Status |
| Type | Org | Name | Click or tap here to enter text. | Contact | Status |
| Type | Org | Name | Click or tap here to enter text. | Contact | Status |
| ***In 250 words or less****, describe the resources and funding outside of listed partners that will be used to enhance the proposed program and integrate the program into the pre-existing workforce development ecosystem. Identify sources of funding that will be used to sustain the program, including other government grants, private foundation grants, corporate sponsorships, next-generation contract training agreements, etc.* |
| Click or tap here to enter text. |

|  |
| --- |
| **10. Proposed Milestones and Deliverables (by Task)** |
| *Use the following table to detail the proposed milestones and deliverables by task. Refer to the Task Number Reference Chart below to align task numbers as closely as possible to MassCEC standards.* |
| Task # | Task Description | Milestones / Deliverables | Completion Date | Responsible Staff / Partner |
| *(e.g., 1.1)* | *(e.g., Partnerships / Subcontracts)* | *(e.g., sign MassCEC Grant Agreement)* | *(e.g., Q1)* | *(e.g., Executive Director)* |
| *(e.g., 1.2)* | (*e.g., Partnerships / Subcontracts)* | *(e.g., list of subcontractors to MassCEC including copies of agreements)* | *(e.g., September 2023)* | *(e.g., Project Manager)* |
| *(e.g., 1.3)* | *(e.g., Partnerships / Subcontracts)* | *(e.g., training vendor agreement to MassCEC)* | *(e.g., Q2)* | *(e.g., Project Manager)* |
| *(e.g., 3.1)* | *(e.g., Outreach and Recruitment)* | *(e.g., copies of outreach materials)* | *(e.g., Q1)* | *(e.g., Marketing Partner)* |
| *(e.g., 3.2)* | *(e.g., Outreach and Recruitment)* | *(e.g., number of recruits for 1st cohort)* | *(e.g., Q3)* | *(e.g., Project Manager)* |
| *(e.g., 3.2)* | *(e.g., Outreach and Recruitment)* | *(e.g., number of recruits for 2nd cohort)* | *(e.g., Q5)* | *(e.g., Project Manager)* |
| *(e.g., 4.1)* | *(e.g., Training Delivery)* | *(e.g., completion rates for 1st cohort)* | *(e.g., Q4)* | *(e.g., Project Manager)* |
| *(e.g., 4.1)* | *(e.g., Training Delivery)* | *(e.g., completion rates for 2nd cohort)* | *(e.g., Q6)* | *(e.g., Project Manager)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Task Number Reference Chart** |
| **Milestones and Deliverables** | **Task Number** | **Subtask Number** | **Subtask** |
| MassCEC Agreement, Partnerships, and Commitment to TA | 1 | **1.1** | Sign MassCEC Agreement |
| **1.2** | Partnerships |
| **1.3** | Commitment to TA |
| Program Planning | 2 | **2.1** | Curriculum Development |
| **2.2** | Program Development |
| **2.3** | Staff Hiring |
| **2.4** | Eligibility Planning |
| **2.5** | Equipment/Capital |
| Recruitment, Marketing, and Outreach | 3 | **3.1** | Marketing and Outreach |
| **3.2** | Intake and Assessment |
| Program Delivery, Support, Job Placement | 4 | **4.1** | Job Training/Career Navigation Delivery |
| **4.2** | Certification/Credentials |
| **4.3** | Job Placement and Employer Engagement |
| **4.4** | Training Stipends/Subsidized Wages |
| Wraparound/Social Support Services | 5 | **5.1** | Case Management |
| **5.2** | Support Service Stipends |
| Retention Services | 6 | **6.1** | Retention Case Management |
| **6.2** | Retention Support |
| Monitoring and Reporting | 7 | **7.1** | Progress Report |
| **7.2** | Annual Report |
| Final Report | 8 | **8** | Final Report |

|  |
| --- |
| **11.1 Review of Attachment 4: Sample Grant Agreement (if applying to strand A or B)** |
| *Have you reviewed the sample grant agreement in Attachment 4, acknowledge that the sample agreement is provided as a resource, and understand that MassCEC reserves the right to present awardees with grant agreements that differ from the example provided? (Required)* |
| [ ]  Yes |
| *Are there any changes to this template contract agreement that would be necessary before the Applicant could sign the contract? (Note: MassCEC has limited ability to change our contract terms.)*[ ]  No[ ]  Yes*If yes, please elaborate below and provide an annotated version of Attachment 4 with your application.*Click or tap here to enter text. |

|  |
| --- |
| **11.2 Review of Attachment 5: Sample Grant Agreement (if applying to strand C)** |
| *Have you reviewed the sample grant agreement in Attachment 5, acknowledge that the sample agreement is provided as a resource, and understand that MassCEC reserves the right to present awardees with grant agreements that differ from the example provided? (Required)* |
| [ ]  Yes |
| *Are there any changes to this template contract agreement that would be necessary before the Applicant could sign the contract? (Note: MassCEC has limited ability to change our contract terms.)*[ ]  No[ ]  Yes*If yes, please elaborate below and provide an annotated version of Attachment 4 with your application.*Click or tap here to enter text. |

Supporting Documents Guidelines and coversheet

Applicant must list all Letters of Support and Memorandums of Understanding from all partner organizations and employer partners in the below Supporting Documents Table of Contents chart.

While it is encouraged to submit all supporting documents in a single combined PDF, separate and distinct files will be accepted.

Listing a LOS or MOU below and failing to attach said document may result in a less favorable score. Attaching documents other than LOS or MOU may result in a less favorable score or disqualification of the application from consideration.

|  |
| --- |
| **Supporting Documents Table of Contents** |
| Starting Page in PDF | Document Description | Notes |
| *(e.g., 10)* | *(e.g., Letter of Support from Employer Partner XYZ)* |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |