Attachment 2: Empower Massachusetts Innovation and Capacity Building Application Form

Please fill in the tables below. **Note: If you do not have Microsoft Word and are having formatting issues, please reach out to** [**empower@masscec.com**](mailto:empower@masscec.com)**, and we will work with you to provide the application in a different format.**

*Note: Portions of grant-winning applications (sections 2, 4 & 5) will be shared on the* [*EmPower website*](https://www.masscec.com/program/empower-massachusetts) *to promote idea sharing and potential future partnerships under the Program. See also Section 11 of the RFP for more details on MassCEC’s obligations pursuant to the Massachusetts Public Records Law.*

*Grant winning ideas from the pilot round of the program are found on our EmPower Story Map on the* [*EmPower website*](https://www.masscec.com/program/empower-massachusetts)*.*

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| 1. **Contact Information** | | | |
| **Lead Applicant (including Fiscal Agent) Organization or Lead Applicant Individual Name\*** | Click or tap here to enter text. | | |
| **Lead Applicant (including Fiscal Agent) Contact Person (if different than above) \*** | Click or tap here to enter text. | | |
| **Pronouns** | Click or tap here to enter text. | | |
| **Title (if applicable)** | Click or tap here to enter text. | | |
| **Street Address**  *Number, street, apt. or suite no.* | Click or tap here to enter text. | | |
| **City or Town** | 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. | | |
| **Programmatic Contact (if applicable): For those entities using a Fiscal Agent as the Lead Applicant, please use the below section to fill out the contact information for the main programmatic contact:** | | | |
| **Programmatic Contact Name** |  | | |
| **Pronouns** |  | | |
| **Organization & Title (if applicable)** |  | | |
| **Contact Email & Contact Phone** |  | | |

*\** The Lead Applicant will sign Attachment 1, contract with MassCEC (if selected), and receive funds from MassCEC, so it is important the Lead Applicant is prepared to do this and their contact information is shared above.

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| 1. **Experience & Qualifications** |
| **Please address each of the following items. Brief responses are encouraged:**  *Describe each individual or organization’s history of experience in working with Priority Groups. Describe experience with completing a similar program or project that supported one or more Priority Groups.*  *Click or tap here to enter text.*  *If you are applying as a partnership, please list all partners and when possible, clarify role and function of partners listed. Be sure to clarify how each role contributes toward program or project development.*  *Click or tap here to enter text.* |
| **Optional DEI Qualifications and Statement** |
| If you are considered a business enterprise, does your company have any of the following certifications from Massachusetts’ [Supplier Diversity Office](https://www.mass.gov/certification-program-for-sdo):  Minority Business Enterprise  Women Business Enterprise  Service-Disable Veteran Business Enterprise  Veteran Business Enterprise  Lesbian, Gay, Bisexual, and Transgender Business Enterprise  Disability-Owned Business Enterprise |
| *Identify if you believe that your organization meets the criteria for any of the business enterprises above but has not completed certification with the Supplier Diversity Office:*  *Click or tap here to enter text.* |
| *Please include a brief summary of you or your organization’s Diversity, Equity, and Inclusion personal, mission or vision statement, or a link to such a statement on your organization’s website. Please describe what your organization is proactively doing to promote diversity, equity, and inclusion and what steps you plan to take in the future.*  Click or tap here to enter text. |

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| 1. **Grant Funding Proposal (i.e., Proposed Approach)** |
| **Please answer the following questions. Brief responses are encouraged:**  What will the requested funding be used for? *For example, we will use our funding to hire part time staff to conduct outreach in a priority group neighborhood.*  *Click or tap here to enter text.*  What is the Priority Group you are seeking to benefit? Please include whether your proposal would target a geographic community (i.e. City/Town, neighborhood) or non-geographically based community (i.e. affinity group, religious network, shared language community).  *Click or tap here to enter text.*  Are you currently planning to conduct stakeholder engagement as part of this proposal?  Yes, if so describe: *Click or tap here to enter text.*  No  What kind of program or project implementation is expected to result from your proposed idea? *(For example: this funding will be used to explore a potential shared solar installation; or this funding will be used to build organizational capacity to plan a multi-lingual outreach campaign for clean energy.)*  *Click or tap here to enter text.*  What is the current state of development of your proposed idea?  *Click or tap here to enter text.*  (When applicable) If this funding will be used to work towards pursuing another clean energy grant opportunity, please clarify which grant opportunity you plan to pursue and how this EmPower funding would enable the pursuit of that funding.  *Click or tap here to enter text.*  *(If Applicable)* If this is a follow-on funding request for a previously awarded project under EmPower, please clarify the following:  How does this follow-on funding support the evolution of your program model or project in a significant or impactful way? *Click or tap here to enter text.*  What, if any, changes have been made to the design of the program to incorporate lessons learned and/or to shift focus or expand the impact of your program model or project? *Click or tap here to enter text.* |

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| 1. **Proposed Timeline and Outcomes** |
| **With as much detail as currently available, please clarify your expected timeline for the usage of this funding and all proposed outcomes of the funding. Please note that funding should be utilized within 2 years.**    Click or tap here to enter text.  **What would you propose to submit to MassCEC to show completion of the tasks supported by this funding? Possible examples include: a completed feasibility study, a completed grant application, or confirmation of stakeholder outreach including number of participants reached. If selected this will be used to draft your project scope of work and milestones for payment. See example scope of work in template contract (Attachment 3).**    Click or tap here to enter text. |

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| 1. **Proposed Budget** |
| **Total Amount Requested (up to $25,000):** |
| |  |  |  | | --- | --- | --- | | **Proposed Activity** | **Team Member Receiving Funds** | **Funding Amount** | | **Example:** *Funding staff time & supplies devoted neighborhood stakeholder engagement sessions, outreach, pre-development sign ups* | **Examples:** *Lead Applicant, project partner* | **$2000** | |  |  | **$** | |  |  | **$** | |  |  | **$** | |  |  | **$** |   **Proposed funding usage breakout:** *Please fill out the table below with each activity and proposed amount of funding associated with completing that activity. If there are multiple team members that will receive funding, please list which team member will receive funds for each budget item. Note: MassCEC will pay all awarded funding directly to the Lead Applicant and the Lead Applicant can disburse the funding to other team members*  **If selected this budget will be entered directly into the scope of work, see example in Attachment 3.** |
| **In-kind technical services from MassCEC:** Depending on the type of program applicants propose, and upon request, MassCEC may offer in-kind support instead of all or part of a cash grant.Are the Applicants interested in any in-kind technical services from MassCEC instead of all or part of a cast grant? Please respond below, and also contact MassCEC to discuss your interests/needs prior to applying.  No  Yes, please elaborate: Click or tap here to enter text. |
| **Grant Payments**: Applicants will receive a portion of the funding upfront and will receive the remainder once part or all of the project is completed.How would you like to receive the rest of the funds?  In one payment when the tasks supported by this funding are complete.  In multiple payments, based on completion of milestones. If you would like to receive multiple payments, please elaborate on how you would prefer to receive the remainder of the funds.  Click or tap here to enter text.  Other. Please elaborate: Click or tap here to enter text. |
| **Non-MassCEC Funding:** If applicable, describe any other sources of support for this proposed work, including in-kind work. Note: No additional sources of funding are required to apply for this funding.  Click or tap here to enter text. |

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| 1. **Proposed Budget up to $50,000 (Optional)** |
| **Total Amount Requested ($25,000-$50,000):**  **Narrative Requesting Additional Funds:** *Please describe how additional funds would amplify the outcomes of the proposed Innovation and Capacity Building grant.*  Click or tap here to enter text. |
| |  |  |  | | --- | --- | --- | | **Proposed Activity** | **Team Member Receiving Funds** | **Funding Amount** | | **Example:** *Funding staff time & supplies devoted neighborhood stakeholder engagement sessions, outreach, pre-development sign ups* | **Examples:** *Lead Applicant, project partner* | **$2000** | |  |  | **$** | |  |  | **$** | |  |  | **$** | |  |  | **$** |   **Proposed funding usage breakout:** *Please fill out the table below with each activity and proposed amount of funding associated with completing that activity. If there are multiple team members that will receive funding, please list which team member will receive funds for each budget item. Note: MassCEC will pay all awarded funding directly to the Lead Applicant and the Lead Applicant can disburse the funding to other team members*  **If selected this budget will be entered directly into the scope of work, see example in Attachment 3.** |
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| **Non-MassCEC Funding:** If applicable, describe any other sources of support for this proposed work, including in-kind work. Note: No additional sources of funding are required to apply for this funding.  Click or tap here to enter text. |

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| **7. Review of Attachment 3: Sample Grant Agreement & Example Scope of Work and Milestones Table** |
| Have you reviewed the sample grant agreement? Specifically, have you reviewed the example scope of work and milestones table? (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 standard legal contract terms. Please note that reviewing and requesting changes to standard legal contract terms (if selected) will impact timelines for contracting.)  No  Yes. If so, please elaborate below and/or provide an annotated version of Attachment 3 with your application.  Click or tap here to enter text. |
| If you have any questions about these documents, please contact MassCEC prior to applying. |