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*](mailto:workforce@masscec.com) *to request a plain text Word version of the form*

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| **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:*  Non-Profit Organizations including Chambers of Commerce, trade associations, clean energy incubators/accelerators, environmental justice organizations, and organizations representing tribes  Academic Institutions with a business support program  For-Profit Entities  Other Click or tap here to enter text. | | | | |
| **Contact Person** | Click or tap here to enter text. | | | | |
| **Pronouns** | Click or tap here to enter text. | | | | |
| **Title** | 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.  If prior funding includes grants from the MassCEC Workforce team, such as Planning and Capacity Grants, please explain how the work proposed is separate and distinct from that prior work and/or how the work proposed overlaps or continue prior work:  Click or tap here to enter text. | | | | |
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| *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 (optional)** | Click or tap here to enter text. | | | | |
| **Contact Person** | Click or tap here to enter text. | | | | |
| **Pronouns** | Click or tap here to enter text. | | | | |
| **Title** | 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** | *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.  If prior funding includes grants from the MassCEC Workforce team, such as Planning and Capacity Grants, please explain how the work proposed is separate and distinct from that prior work and/or how the work proposed overlaps or continue prior work:  Click or tap here to enter text. | | | | |
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| **Partner Organization 2 (optional)** | Click or tap here to enter text. | | | | |
| **Contact Person** | Click or tap here to enter text. | | | | |
| **Pronouns** | Click or tap here to enter text. | | | | |
| **Title** | 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** | *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.  If prior funding includes grants from the MassCEC Workforce team, such as Planning and Capacity Grants, please explain how the work proposed is separate and distinct from that prior work and/or how the work proposed overlaps or continue prior work:  Click or tap here to enter text. | | | | |
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| **Partner Organization 3 (optional)** | Click or tap here to enter text. | | | | |
| **Contact Person** | Click or tap here to enter text. | | | | |
| **Pronouns** | Click or tap here to enter text. | | | | |
| **Title** | 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** | *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.  If prior funding includes grants from the MassCEC Workforce team, such as Planning and Capacity Grants, please explain how the work proposed is separate and distinct from that prior work and/or how the work proposed overlaps or continue prior work:  Click or tap here to enter text. | | | | |
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| *Add additional fields for partners as needed* | | | | | |

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| **1.2 Applicant and Partner Experience** | | |
| ***In 250 words or less****, describe prior experience and track record in working with small businesses or minority and women owned businesses. Include outcomes such as completion rate and scale/size of support, if available. (Optional) Describe any specialized experience or knowledge in climate critical business sectors.*  Click or tap here to enter text. | | |
| *If you are applying as a partnership, please use the following table to clarify roles and functions of partners listed and how each contributes toward project development and implementation.* | | |
| Organization | Program Role(s) | LoS/MOU |
| Organization | Roles | Status |
| Organization | Roles | Status |
| Organization | Roles | Status |
| Organization | Roles | Status |
| ***In 250 words or less,*** *describe activities, such as research or stakeholder engagement, that have been completed in preparation for this application (e.g., meetings with MWBE remodeling companies to discuss barriers to their expansion into net zero renovation and addition market)?*  Click or tap here to enter text. | | |

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| **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. |

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| **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, on the MassCEC website, 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 of your proposal** |  | Assist existing MWBEs expand into climate critical business sectors | | |
|  | Assist in the creation of new MWBEs to work in climate critical business sectors | | |
| **Target Sector** | *Check all that apply:* | | | |
| High-Performance Buildings | | | Net-Zero Grid |
| Offshore Wind | | | Transportation |
| **Target Populations** | *Please check all target populations that your MWBE participants will be servicing. Check all that apply:* | | | |
| 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 all geographic regions (cities, towns, regions, etc.) targeted:*  Click or tap here to enter text. | | | |

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| **2.2 Participant Impact (if applying for strand A)** | | | |
| **How many MWBE’s will your proposal support?** (Minimum requests must support at least 5 MWBEs over 3 years) | **Year 1** | **Year 2** | **Year 3** |
| Click here | Click here | Click here |
| **What other metrics will you track to gauge success of your effort?**  (e.g., net revenue gain, increase in contracts, job creation, access to capital, etc.) |  | | |
| **Average Per MWBE Cost** | **$**Click or tap here to enter text. | | |
| *Provide a brief justification for your per participant cost. Note that proposals proposing an average cost >$50K per MWBE are unlikely to score competitively.*  Click or tap here to enter text. | | |

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| **2.3 Initial Vision of Access to Capital Workplan (if applying for strand B)** |
| ***In 1,000 words or less****, describe the proposed workplan for work under Strand B; note key and specific steps that will be taken during research, stakeholder engagement, development of resources, and drafting of the final recommendation (please provide a staffing plan with clarity on responsibilities for given tasks, plus further workflow details in Section 5.1 through 5.4). Note: MassCEC expects awardees under Strand B to directly engage and educate MWBEs about existing funding resources; describe how the workplan will raise awareness about existing funding resources and reflect the proposed number of MWBEs directly engaged below in Section 2.5.* |
| Click or tap here to enter text. |

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| **2.4 Impact on Access to Capital (if applying for strand B)** |
| ***In 1,000 words or less****, describe in greater detail the preliminary vision of the final recommendation and funding solutions and partners anticipated to be included in that recommendation, and explain how the recommendation will likely address gaps and result in an increase of access to capital by MWBEs in climate-critical sectors.* |
| Click or tap here to enter text. |

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| **2.5 Direct MWBE Impact (if applying to Strand B)** | | | |
| **Number of MWBEs projected to receive direct education on access to capital** | **Year 1** | **Year 2** | **Year 3** |
| Click here. | Click here | Click here |
| **Explanation of estimates** | *Provide a brief explanation of how these anticipated numbers were estimated.*  Click or tap here to enter text. | | |

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| **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. |

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| **4. Targeted Sectors/Demonstration of Market Opportunity** |
| ***In 500 words or less****, identify the market opportunity for MWBE work in a particular climate-critical business sector and include references to data, reports, or other resources related to the expected growth of this business opportunity that supports the need for expansion in the number and size of businesses.*  Click or tap here to enter text. |

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| **5. Program Design – Objectives (if applying to strand A)** |
| ***In 250 words or less,*** *provide a summary of the more specific (compared to the higher-level Executive Summary) plan of service and goals for the proposed program, and describe the anticipated pathway for MWBE participants for the proposed project (e.g., standing up a boot camp to train contractors on high-performance building retrofit procurement processes, providing supportive administrative services for small EV infrastructure MWBEs, matchmaking for access to capital, a comprehensive program providing all of the above, etc.).*  Click or tap here to enter text. |

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| **5.1 Program Design – Program Development** |
| ***In 500 words or less,*** *for* ***strand A****, describe any work anticipated to occur prior to the launch of the program delivery, including but not limited to curriculum development, staff hiring, identification of vendors, etc. If delivering training, please provide a list of the topics and courses covered and identify source(s) of the curriculum. For* ***strand B****, detail the proposed staffing structure for the proposed work, including defined roles for key staff, partners, and subcontractors involved, and the timeline leading up to the work.*  Click or tap here to enter text. |

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| **5.2 Program Design – Outreach and Recruitment** |
| ***In 500 words or less,*** *for* ***strand A****, describe the plan for marketing the program and recruiting MWBEs interested in entering climate critical business sectors. For* ***strand B****, describe the plan to identify and engage with MWBE Support Grant awardees and with MWBEs within and outside the support ecosystem.*  Click or tap here to enter text. |

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| **5.3 Program Design – Intake and Assessment (If applying to Strand A)** |
| ***In 250 words or less****, describe the processes that will be used to intake and assess MWBEs to ensure that they meet basic eligibility criteria to be considered part of the targeted population and inform the MWBEs of the data collection and monitoring requirements for participation.*  Click or tap here to enter text. |

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| **5.4 Program Design – Program Delivery** |
| ***In 1,000 words or less,*** *for* ***strand A****, describe the arc of the training, support, and other programming being delivered to participating MWBEs, including planned delivery method for any training or other interactions (e.g., remote, hybrid, hands-on, etc.) and a timeline for delivery of the various components of the program. For* ***strand B****, describe the timeline for the work proposed, including indicating which staff or partners are responsible for each task.*  Click or tap here to enter text. |

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| **5.5 Program Design – Support Services (if applying to strand A)** |
| ***In 1,000 words or less,*** *describe all coaching and mentoring services, back-office business support services, strategic introduction and networking services, certification assistance, and/or wraparound support services that will be offered to MWBEs in the program to enable them to overcome barriers to success. Describe the staff or partners tasked with delivery of the services, proposed dosages and timing per participant, method of delivery, and anticipated impact of each service.*  Click or tap here to enter text. |

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| **5.6 Program Design – Reporting, Revision of Scope of Work, and Post-Program Tracking** |
| ***In 250 words or less,*** *detail the planned elements to be included in quarterly, or more frequent, progress reports to MassCEC, and describe the process for ongoing revision of the program components described to ensure continuous improvement.*  Click or tap here to enter text.  ***In 250 words or less,*** *for* ***strand A****,**describe how MWBE participants will be tracked following completion of the program for at least one year.*  Click or tap here to enter text. |

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| **6. Proposed Partnerships and Past Performance** | | |
| *Use the following table to identify proposed partner organizations and subcontractors responsible for delivering the program and note the proposed role(s) of each partner or subcontractor by section/task number (e.g., 5.1. Curriculum Modification / Program Development).* | | |
| Organization | Program Role(s) | LoS / MOU |
| 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 proposed programming. Provide performance metrics and examples where possible.*  Click or tap here to enter text. | | |

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| **7. Leveraged Resources and Long-Term Success** | | | | |
| ***In 250 words or less,*** *describe how does your proposed project address gaps in current services for MWBEs by building on project and services that already exist?*  *Click or tap here to enter text.*  ***In 250 words or less,*** *describe how you are leveraging other funding, organizations, or existing MWBE support to amplify your proposed project? List those resources in the table below:*  Click or tap here to enter text. | | | | |
| Organization Type | Organization Name | Grant Name / Support Type | Notes | Status |
| Type | Org | Name | Notes | Status |
| Type | Org | Name | Notes | Status |
| Type | Org | Name | Notes | Status |
| Type | Org | Name | Notes | Status |

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| **8. Proposed Milestones and Deliverables (by Task)** | | | | |
| *Based on the Scope of Work detailed in Section 5, please list specific deliverables and metrics by specific task.* ***Please also fill tab 2 of Attachment 3. Budget and Proposed Payment Schedule.*** | | | | |
| Task # | Task Description | Milestones / Deliverables | Completion Date | Responsible Staff / Partner |
| *(e.g., 1.1)* | *(e.g., Partnerships / Subcontracts)* | *(e.g., training vendor agreement to MassCEC)* | *(e.g., Q2)* | *(e.g., Project Manager)* |
| *(e.g., 3.3)* | *(e.g., Outreach and Recruitment)* | *(e.g., number of recruits for 1st cohort)* | *(e.g., Q3)* | *(e.g., Recruiting Partner)* |
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| **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** | Staff Hiring |
| **2.3** | Intake Assessment and Eligibility Criteria |
| Recruitment, Marketing, and Outreach | 3 | **3.1** | Recruitment |
| Program Delivery, Support, Job Placement | 4 | **4.1** | Program Delivery |
| **4.2** | Business Support Services |
| **4.3** | Certification Support Services |
| Wraparound/Social Support Services | 5 | **5.1** | Retention Services |
| Monitoring and Reporting | 6 | **6.1** | Interim Progress Report |
| **6.2** | Final Report |

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| **8. Attachment 3: Budget and Proposed Payment Schedule** |
| *Have you completed and attached Attachment 3: Budget Sheet and Proposed Payment Schedule (Refer to Section 8 of the RFP for instructions on filling Attachment 3)?*  ☐ Yes |

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| **9. Review of Attachment 4: Sample Grant Agreement** |
| *Have you reviewed Attachment 4: Sample Grant Agreement?*  ☐ 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/or 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.

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