Attachment D: Application Form

This application form should be completed and submitted according to the instructions in Section VIII.

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| **Application**  ***- Offshore Wind Works -***  **2023 Offshore Wind Workforce Grants** | | | | | | |
| **Applicant Information** | | | | | | |
| **Lead Applicant Organization** | |  | | | | |
| **Project Title** | |  | | | | |
| **Type of Organization** | | *Select the type of organization represented by Lead Applicant:*  Community-Based nonprofit organization  Public government entity  Community college, college or university, vocational technical school, or public elementary-, middle-, or high-school  Local labor union  Private workforce training provider  Other: Click or tap here to enter text. | | | | |
| **Contact Person(s)**  *Name, Title, Email, and Telephone* | |  | | | | |
| **Address**  *Street, City, State, Zip Code* | |  | | | | |
| **Project Partner(s)**  *Organization/Company Name, Address* | |  | | | | |
| **Total Project Budget** | | $ Click or tap here to enter text. | | | | |
| **Amount Requested from MassCEC** | | $ Click or tap here to enter text. | | | | |
| **Amount of Cost Share Proposed**  *Must be 100% of requested funding if Applicant is a private entity, or 25% for all others* | | $ Click or tap here to enter text.  Sources: | | | | |
| **Prior Funding** | | *Lead Applicant or Project Partner has received funding in the last three years for a related project:*  Yes  No  *List all prior funding by grant name:*  Click or tap here to enter text.  *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. | | | | |
| **Signature and Acceptance Form** | | | | | | |
| *ATTACHMENT REMINDER:*  *Applicants must submit a signed Authorized Applicant’s Signature and Acceptance Form attached to their application, which is found in Attachment C.* | | | | | | |
| **Project Summary, Scope, and Work Plan** | | | | | | |
| **Executive Summary:**  *In a three (3) to five (5) sentence paragraph, provide a high-level summary of the planned project. This should not be a “pitch.” Rather, focus on who is doing what with the proposed MassCEC funding. Please also include which of the four (4) project type(s) best fits your proposal. (See Section IV.) 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. | | | | | | |
| **Focus Areas** | | *Check all that apply:*  Skilled Trades  Career and Technical Education  Secondary and Higher Education  Infrastructure  Worker Safety | | | | |
| **Target Populations:**  *Describe the populations that will be targeted for educational or training programs through the project.* | | | | | | |
| Click or tap here to enter text.  *Identify the Priority Groups that will be targeted through this project.*  Click or tap here to enter text.  *What percent of program participants will be recruited from Priority Groups?*  Click or tap here to enter text.  *If applicable, list all geographic areas (cities, towns, regions, etc.) the program participants will be recruited from.*  Click or tap here to enter text. | | | | | | |
| **Request for Support Services Budget:**  *If applicable, describe which support services your project will offer and provide a detailed breakdown of associated budget. Please clearly document and explain the basis for determining the amount to be made available and how these services will directly support Priority Group(s)’ participation in the proposed project.*  Click or tap here to enter text. | | | | | | |
| **Strategic Vision for the Project:**  *Briefly describe applicant’s overall vision for the workforce development and training initiative into which the proposed project fits. Include information on related work completed to date and additional work that would be required after completion of the proposed project, i.e., in order to realize the vision.* | | | | | | |
| Click or tap here to enter text. | | | | | | |
| **Task List and Description:**  *List and briefly describe all tasks required to complete the project. Present the tasks in chronological order to the extent possible and include sub-tasks where appropriate. Identify and describe key milestones, decision points, and deliverables (i.e., reports and documentation that will be provided to MassCEC). This information will be incorporated into the grant agreement for a selected application.* | | | | | | |
| **Task 1: . . .** *(e.g., Outreach and Recruitment)*  **Description:** . . . *(e.g., Applicant will host three outreach events targeted at recruiting members from local EJ communities to participate in the training program. Applicant will target members of EJ communities by. . . )*  **Milestones:** List . . . *(e.g., Three outreach events held, thirty individuals from EJ communities reached)* **Deliverables:** List . . . *(e.g., List of outreach events held, including dates, locations, and participants)*  **Task 2:**  **Description:**  **Milestones:**  **Deliverables:**  **…** | | | | | | |
| **Proposed Deliverables and Payments Table** | | | | | | |
| **Task #** | **Task Description** | | **Deliverables** | **Completion Date** | **MassCEC Payment** | **Cost Share Amount** |
| *(e.g., 1)* | *(e.g., Recruitment)* | | *(e.g., List of outreach events)* | *(e.g., Jul-23)* | *(e.g., $10,000)* | *(e.g., $2,500)* |
| *(e.g., 2)* | *(e.g., Partnerships Established)* | | *(e.g., List of partners, signed MOA)* | *(e.g., Aug-23)* | *(e.g., $15,000)* | *(e.g., $5,000)* |
| *(e.g., 2.1)* | *(e.g., Partnerships Established)* | | *(e.g., Training vendor agreements)* | *(e.g., Aug-23)* | *(e.g., $0)* | *(e.g., $0)* |
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| *(e.g., 5)* | *(e.g., Periodic Reports)* | | *(e.g., Periodic Reports 1-3)* | *(e.g., Sept-23, Dec-23, Mar-23)* | *(e.g., $5,000, $5,000, $5,000)* | *(e.g., $1,000, $1,000, $1,000)* |
| *(e.g.,6)* | *Final Report* | | *Draft Final Report*  *Final Report* |  |  |  |
| **Project Staffing and Management Plan:**  *Describe the proposed staffing and management structure for the project. Clearly delineate and include descriptions of roles and responsibilities for all key staff and all partners, vendors or contractors involved in the project. Include an organizational chart with reporting structures for program administration that includes key staff and any partners, vendors or contractors.* | | | | | | |
| Click or tap here to enter text. | | | | | | |
| **Project Team** | | | | | | |
| **Lead Applicant:**  *Describe the Lead Applicant organization, relevant qualifications, and/or relevant experience. If available, please include brief descriptions of similar past projects and/or reasoning as to why the Lead Applicant is well-positioned to support the development of the offshore wind workforce. PLEASE NOTE: Applicants do not need to have offshore wind experience in order to submit a proposal. If desired, applicants may attach team members’ resumes to the application.* | | | | | | |
| Click or tap here to enter text. | | | | | | |
| **Project Partners(s):**  *Please provide brief descriptions of any project partners, their relevant experience, and the additional value they bring to the project.* | | | | | | |
| Click or tap here to enter text. | | | | | | |
| *ATTACHMENT REMINDER:*  *Applicants must attach letters of support from all project partners indicating their commitment to the project.* | | | | | | |
| **Proposed Budget and Sources of Funding** | | | | | | |
| **Proposed Budget:**  *Provide a summary budget covering all aspects of the proposed project. Indicate total projects costs, amount dedicated to DEIJ initiatives, and a breakdown by lead applicant and any team members, vendors or contractors. Supplemental spreadsheet attachments in lieu of this section is acceptable.* | | | | | | |
| Click or tap here to enter text. | | | | | | |
| **Sources of Funding:**  *Identify proposed sources of funding including proposed in-kind and/or financial contributions from applicant, third-party sources, team members, and MassCEC. If cost-share (financial or in-kind) is prohibitive, please provide a brief statement of the Applicant’s commitment to project success.* | | | | | | |
| Click or tap here to enter text. | | | | | | |
| **Cash Flow Statement:**  *Include a statement regarding applicant’s ability to manage cash flow for the duration of the project.* | | | | | | |
| Click or tap here to enter text. | | | | | | |
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| **Comments on Sample Agreement** | | | | | | |
| **Comments on Sample Agreement:**  *Review and, where applicable, provide edits and/or comments on the Sample Agreement (Attachment E).* | | | | | | |
| Click or tap here to enter text. | | | | | | |
| **Commitment to Diversity, Equity, Inclusion (DEI), and Environmental Justice (EJ) Principles** | | | | | | |
| **Commitment to DEI and EJ**  *Please include a brief summary of you or your organization’s commitment to DEI and/or EJ principles. If available, please provide or link to any relevant materials (e.g., organization guidance documents, mission/vision statements, etc.). You may also include brief examples of initiatives, projects, or other work in which the Lead Applicant and/or Project Partners have demonstrated a clear commitment to advancing DEI and/or EJ principles.* | | | | | | |
| 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. | | | | | | |