Attachment D: Application Form: Track 3

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

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| **Application: Track 3*****- Offshore Wind Works -***  **Vineyard Wind Sponsored Port Workforce Training Initiative** |
| **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[ ]  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***Not required for Track 3 Proposals* | $ 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. 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. |
| **Project Narrative:***Briefly describe the overall vision for the port workforce training project. Include the assessed need for the Project and clearly demonstrate how the proposed project will help ensure an adequately trained and certified port workforce. 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 Name** | **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. Applicants must demonstrate experience and capabilities working within ports and terminals in Massachusetts and operational competency related to stevedoring, rigging, signaling, line handling, vessel loading and offloading, and HSE standards.* |
| 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. |
| **Contractor(s):***Please provide information on any contractors (if known) or the process that will be used to select contractors (if none yet identified).* |
| 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 and include 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:***If cost-share is being proposed, please identify proposed sources of funding including proposed in-kind and/or financial contributions from applicant, third-party sources, team members, and MassCEC.* |
| 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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| **Review of Sample Agreement** |
| Have you reviewed the sample grant agreement and ARPA requirements in Attachment E? (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 so, please elaborate below and/or provide an annotated version of Attachment F with your application. 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. |