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.

*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. Applicant and Partner Information** | | | |
| **Lead Applicant Organization** |  | | |
| **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** |  | | |
| **Preferred Pronouns** |  | | |
| **Title** |  | | |
| **Street Address** |  | | |
| **City, State** |  | **Zip Code** |  |
| **Contact Email** |  | | |
| **Contact Phone** |  | | |
| **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. | | |
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| **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. | | |
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| **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. | | |
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| **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. | | |
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| *Add additional field for partners as needed* | | | |

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| **2. 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. | | | |
| **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** | *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 areas (cities, towns, regions, etc.) targeted:* | | | |
| 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. | | | |
| **Requested Total Funding** | **$Click or tap here to enter text.** | | | |
| **Proposed Number of Individuals Trained per Year** | **Year 1** | **Year 2** | | **Year 3** |
| Click here. | 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. | | | |

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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/Occupations** | | | | | | | |
| *Use the following table to provide labor statistics for target occupations. Please cite your sources and provide any relevant career pathway information in the Notes column.* | | | | | | | |
| 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 |
| *Use the following table to provide employer-specific data to substantiate the need for this training program. Anticipated openings should reflect expected hires 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****, identify the sectors and occupations that will be the primary target occupations for placement after training and provide further context to the above labor market statistics 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. | | | | | | | |

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| **5. Targeted Population(s)** |
| ***In 250 words or less****, identify the populations and specific EJ Neighborhoods that will be the primary focus for recruitment for the proposed program. Identify specific categories (e.g., opportunity youth, re-entry/returning citizens, single parents, homeless, veterans, etc.) of targeted participants that may require additional specific support services.* |
| Click or tap here to enter text. |

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| **6.1 Program Design – Outreach and Recruitment** |
| ***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. |

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| **6.2 Program Design – Intake and Assessment Processes** |
| ***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. |

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| **6.3 Program Design – Training Delivery** |
| ***In 1,000 words or less****, fully describe the training curriculum and work readiness curriculum.* |
| Click or tap here to enter text. |

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| **6.4 Program Design – Support Services** |
| ***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. |

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| **6.5 Program Design – Job Placement and Employer Engagement** |
| ***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. |

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| **6.6 Program Design – Retention Support Services** |
| ***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. |

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| **7. Outcomes, Metrics, and Reporting** | | | | |
| *Use the following table to provide proposed annual target outcomes. 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.* | | | | |
| 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. | | | | |

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| **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., 6.1. 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. | | |

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| **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.* | | | | |
| Organization Type | Organization Name | Grant Name / Support Type | Notes | Status |
| Type | Org | Name | Contact | Status |
| Type | Org | Name | Contact | Status |
| Type | Org | Name | Contact | Status |
| Type | Org | Name | Contact | Status |
| Type | Org | Name | Contact | Status |
| Type | Org | Name | 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. | | | | |

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| **10. Proposed Milestones and Deliverables (by Task)** | | | | |
| *Use the following table to detail the proposed milestones and deliverables by task.* | | | | |
| 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., 2.1)* | *(e.g., Outreach and Recruitment)* | *(e.g., copies of outreach materials)* | *(e.g., Q1)* | *(e.g., Marketing Partner)* |
| *(e.g., 2.2)* | *(e.g., Outreach and Recruitment)* | *(e.g., number of recruits for 1st cohort)* | *(e.g., Q3)* | *(e.g., Project Manager)* |
| *(e.g., 2.3)* | *(e.g., Outreach and Recruitment)* | *(e.g., number of recruits for 2nd cohort)* | *(e.g., Q5)* | *(e.g., Project Manager)* |
| *(e.g., 3.1)* | *(e.g., Training Delivery)* | *(e.g., completion rates for 1st cohort)* | *(e.g., Q4)* | *(e.g., Project Manager)* |
| *(e.g., 3.2)* | *(e.g., Training Delivery)* | *(e.g., completion rates for 2nd cohort)* | *(e.g., Q6)* | *(e.g., Project Manager)* |
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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.

|  |  |  |
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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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