Attachment 2: OSWW: BUSINESS Ready Application Form

*If the fillable Word version of Attachment 2. Application Form creates an undue hardship, contact* [*offshorewind@masscec.com*](mailto:offshorewind@masscec.com) *to request a plain text Word version of the form.*

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| **1.0 Applicant Information** | | | |
| **Lead Applicant Organization** | Click or tap here to enter text. | | |
| **Registered Organization 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 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** | *Must 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. | | |
| **Organization Website URL** | 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. | | |

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| **1.1 Proposal Summary** | |
| **Requested Total Funding** | **$**Click or tap here to enter text. |
| **Proposed Duration of Grant (in months)** | Click or tap here to enter text. |
| **Program Requirements** | *The OSWW: Business Ready initiative is intended to work with the Climate-Critical Underrepresented Business Support (CUBS) program that MassCEC is standing-up separately. The successful Applicant will serve as an offshore wind ‘spoke’ for the CUBS program providing services to Underrepresented Businesses.*  *Please acknowledge that, if selected, Applicant will be required to enter into agreements, via MOU, with the regional CUBS Hubs selected by MassCEC*:  Yes, accept and acknowledge.  No, do not accept.  *Please acknowledge that this application may be considered for a cross-review with MassCEC’s Climate-Critical Underrepresented Business Support RFP. If you check yes, you may be asked to submit additional information to complete the review for braided funding from MassCEC’s Workforce Development team.*  Yes, accept and acknowledge.  No, do not accept. |
| **Executive Summary** | ***In a three (3) to five (5) sentence paragraph****, provide a high-level summary of the planned 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. |
| **Attestation of Good Standing in Massachusetts** | Lead Applicant is currently in good standing with the Commonwealth of Massachusetts and has provided a Certificate of Good Standing (COGS).  Lead Applicant is a public institution exempt from providing a COGS. |
| **SDO Certifications** | *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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| **2.0 Partner Information** | | | |
| *Applicants should clearly outline their partnerships in this section, detailing collaboration with any proposed service delivery partners including Hub Applicants. Spoke Applicants should consider all partners providing elements of Additional Services as subcontractors and reflect those partners on the budget. Please note that all proposed Spokes and Hubs must submit individual applications using the relevant Application form. MassCEC encourages collaborative applications and may also suggest additional partners. Please refer to Section 3. Program Goals and Descriptions and Section 9. Selection Criteria in the RFP for additional information.* | | | |
| **Partner Organization 1** | 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. | | |
| **Partner Role** | **Please describe the services the partner will provide and indicate the partner’s role below**  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. | | |
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| **Partner Organization 2** | 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. | | |
| **Partner Role** | **Please describe the services the partner will provide and indicate the partner’s role below.**  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. | | |
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| **Partner Organization 3** | 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. | | |
| **Partner Role** | **Please describe the services the partner will provide and indicate the partner’s role below.**  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. | | |
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| *Add additional fields for partners as needed* | | | |

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| **2.1 Applicant and Partner Experience** |
| *Describe prior experience and track record in working with Small Businesses, Minority and Women Owned Businesses or other underrepresented businesses. Include examples of past successes and outcomes such as completion rate and scale/size of support, if available. Describe specialized experience or knowledge in offshore wind. Please describe the Lead Applicants’ mission, history, key personnel.*  Click or tap here to enter text. |

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| **3.0 Capability Statement** |
| *In the boxes below, summarize or list the services and trainings to be offered under each Service Area, as well as proposed performance metrics to gauge success of the delivery of offerings.* |
| *Capabilities Assessment*  Click or tap here to enter text. |
| *Procurement Navigation*  Click or tap here to enter text. |
| *Certification and Licensing*  Click or tap here to enter text. |
| *Financial Planning*  Click or tap here to enter text. |
| *Business Development*  Click or tap here to enter text. |
| *Operations*  Click or tap here to enter text. |

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| **4.0 Program Design – Outreach and Recruitment** |
| ***In 250 words or less,*** *please describe Outreach and Recruitment plans including how you propose to reach businesses in Massachusetts capable of servicing the offshore wind supply chain.*  Click or tap here to enter text. |

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| **4.1 Program Design – Intake and Assessment** |
| ***In 250 words or less****, please describe the proposed Intake and Assessment procedures including how small businesses will be accepted into the program and the process for determining eligibility including criteria if known. Include any assessments proposed in addition to the MassCEC Capabilities Assessment.*  Click or tap here to enter text. |

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| **4.2 Program Design – Business Assessment** |
| ***In 500 words or less,*** *please describe the approach to developing OSW sector-specific business growth plans for each business participant, which should include identified needs, recommended Service Area Support, and delivery plan.*  Click or tap here to enter text. |

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| **4.3 Program Design – Proposed Service Delivery** |
| ***In 1,000 words or less,*** *please describe the approach to delivering the proposed Service(s) to each business participant, which should include a description of curriculum and program components, delivery method, and cadences of delivery, roles and responsibilities for delivery, methods to determine service completion, and proposed off ramps and next steps following service completion.*  Click or tap here to enter text. |

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| **4.4 Program Design – Case Management and Additional/Wraparound Services** |
| ***In 250 words or less,*** *please describe the approach to managing the progress of participants through their OSW Business Ready Plan. Also, how will cross-referral to Regional CUBS Hubs for wraparound services for Underrepresented Businesses be handled.*  Click or tap here to enter text. |

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| **4.5 Program Design – Follow-on Monitoring** |
| ***In 250 words or less,*** *describe how case management and monitoring will continue after completion of proposed services.*  Click or tap here to enter text. |

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| **5.0 Outcomes, Metrics, and Reporting** |
| ***In 250 words or less,*** *please submit a brief explanation on how you would measure the success of OSWW: Business Ready, including what metrics you would collect throughout the administration of the program, how outcomes would be measured. At a minimum, metrics should include number of businesses interacted with, number completing the Capabilities Assessment, number completing their OSW Business Ready Plan, number securing OSW contracts after program completion, and measurable OSW revenue growth from participating companies.* |
| Click or tap here to enter text. |

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| **5.1 Submission of Organizational and Program Budget** |
| Please acknowledge that the Applicant has included a completed ‘Attachment 3. Program Budget’ and will be expected to deliver the proposed program in line with the program budget as presented, if awarded.  ​​  Yes  ​​  No  *If no, please elaborate below and provide an explanation as to why.*  ​​Click or tap here to enter text. |

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| **5.2 Review of Attachment 4: Sample Grant Agreement** |
| *Please acknowledge receipt and review of the sample grant agreements in Attachment 4. Sample Grant Agreement, that the sample agreement is provided as a resource, and that MassCEC reserves the right to present awardees with grant agreements that differ from the example provided. (Required*) |
| ​​  Yes, acknowledge and accept |
| *Please accept the terms and conditions as presented in the sample grant agreement in Attachment 4. Sample Grant Agreement*.  ​​  Yes, acknowledge and accept |
| ***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 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 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 X)* |  |
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