Attachment B: Application Form

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| **Contact Information** | | | |
| **Lead Applicant Organization Name** | Click or tap here to enter text. | | |
| **Contact Name and Position** | Click or tap here to enter text. | | |
| **Street Address** | Click or tap here to enter text. | | |
| **City or Town** | Click or tap here to enter text. | | |
| **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. | | |

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| **Organization Description**  *Complete this section once for every organization that is part of the Applicant Team.* ***If there are multiple organizations that are part of the Applicant Team, please copy this table for each organization that is part of the Applicant Team****.* | |
| **Organization Name** | Click or tap here to enter text. |
| **Organization Description**  *Describe your organization’s history and mission (200 words maximum)* | Click or tap here to enter text. |
| **Supplier Diversity Office Certifications**  *Optional*  *(Please check all the apply)* | 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 |
| **Non-certified Diverse Business Enterprises** *Optional* | *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.* |

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| **Review of Attachment C: Sample Agreement** | |
| **Has the Applicant reviewed Attachment C: Sample Agreement? (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 C with your application.  Click or tap here to enter text. |

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| **Statement of Qualifications**  *Describe how the Applicant or Applicant Team meets all of the experience described in Section 4 (Eligibility). Please reference relevant past projects that Applicant Team organizations (or individuals from those organizations) have worked on. Where applicable, reference relevant certifications and credentials. As an attachment to this application, please include resumes of each individual who would be part of the project team.*  *MassCEC suggests a limit of 500 words per topic area to encourage concision. Applicants may write more if they feel it is necessary to address the prompt. Please do not feel obligated to approach the suggested word limit.* | |
| **Meaningful Engagement with SFA-Eligible Households** | *Click or tap here to enter text.* |
| **Technical Expertise** | *Click or tap here to enter text.* |
| **Program Implementation** | *Click or tap here to enter text.* |
| **Translation and Transcreation** | *Click or tap here to enter text.* |
| **Outreach and Engagement** |  |

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| **References** | |
| *Include three references for the Applicant’s previous work. The references must include the name of the organization, contact person, a full address, email, and phone number, as well as a one sentence description of the Applicant’s work for the reference.* ***If there are multiple organizations that are part of the Applicant team, please copy this table for each organization that is part of the Applicant team****.* | |
| **Organization Name** |  |
| **Reference 1:** | Organization: Click or tap here to enter text.  Contact Name: Click or tap here to enter text.  Contact Title: Click or tap here to enter text.  Contact Email: Click or tap here to enter text.  Contact Phone Number: Click or tap here to enter text.  Description of the Applicant’s work for the Reference: Click or tap here to enter text. |
| **Reference 2:** | Organization: Click or tap here to enter text.  Contact Name: Click or tap here to enter text.  Contact Title: Click or tap here to enter text.  Contact Email: Click or tap here to enter text.  Contact Phone Number: Click or tap here to enter text.  Description of the Applicant’s work for the Reference: Click or tap here to enter text. |
| **Reference 3:** | Organization: Click or tap here to enter text.  Contact Name: Click or tap here to enter text.  Contact Title: Click or tap here to enter text.  Contact Email: Click or tap here to enter text.  Contact Phone Number: Click or tap here to enter text.  Description of the Applicant’s work for the Reference: Click or tap here to enter text. |

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| **Proposed Approach**  *The sections below are an opportunity to describe the Applicant’s proposed approach to each of the Tasks described in Section VI of the RFP. Any additions to the scope should be described separately as additional tasks. MassCEC suggests a limit of 500 words per topic area to encourage concision. Applicants may write more if they feel it is necessary to address the prompt. Please do not feel obligated to approach the suggested word limit.* | |
| **Approach to Task 1: Scoping and Capacity Building** | *Click or tap here to enter text.* |
| **Approach to Task 2: Resident Decision-Support** | *Click or tap here to enter text.* |
| **Approach to Task 3: Program Management and Reporting** | *Click or tap here to enter text.* |
| **Schedule Narrative (Optional)**  *Please provide any details about the anticipated schedule, including any anticipated concerns achieving the schedule proposed by MassCEC.* | *Click or tap here to enter text.* |
| **Additional Information about Proposed Approach (Optional)**  *Please share anything else the Applicant team would like MassCEC to know about your proposed approach. Applicants may instead attach additional content if desired.* | *Click or tap here to enter text.* |

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| **Project Team Rates** | | | |
| **Organization** | **Name** | **Position/Title** | **Hourly Rate** |
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| **Budget** | | | |
| **Task Number** | **Task Description** | | **Budget** |
| **1** | Scoping and Capacity Building | | Click or tap here to enter text. |
| **2** | Resident Decision-Support | | Click or tap here to enter text. |
| **3** | Program Management and Reporting | | Click or tap here to enter text. |
|  | Miscellaneous/Other proposed tasks | | Click or tap here to enter text. |
| **Total Proposed Budget** | | | Click or tap here to enter text. |
| **Budget Narrative**  *Please provide any details about the budget beyond the budget for each Task listed in the table above that the Applicant would like MassCEC to be aware of.*  *(suggested 300 word limit)* | | *Click or tap here to enter text.* | |

Please include the following attachment(s):

* Team Member Resumes: Include resumes of key individuals who would be developing and managing this scope of work.
* Relevant work sample **(optional)**: Applicants with a relevant work sample, summary report, or case study that is helpful to display their qualifications may submit this along with their application. This is not required.