**Attachment 2: FY2 EMPOWER MASSACHUSETTS INNOVATION AND CAPACITY BUILDING APPLICATION FORM**

Please fill the tables below. This application is also available as an online form [here](https://form.jotform.com/242266051811146).

If you would like your submission to be reviewed as a pre-application draft, please note this in your email; MassCEC will aim to share feedback within three (3) weeks of receipt.

**Note: If you do not have Microsoft Word and are not able to use the online form, please reach out to** [**empower@masscec.com**](mailto:empower@masscec.com)**, and we will work with you to provide the application in a different format.**

*Note: Portions of grant-winning applications (sections 2, 4 & 5) will be shared on the* [*EmPower website*](https://www.masscec.com/program/empower-massachusetts) *to promote idea sharing and potential future partnerships under the Program. See also Section 11 of the RFP for more details on MassCEC’s obligations pursuant to the Massachusetts Public Records Law.*

*Grant winning ideas from the pilot round of the program are found on our EmPower Story Map on the* [*EmPower website*](https://www.masscec.com/program/empower-massachusetts)*.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Contact Information** | | | |
| **Lead Applicant Contact:** The Lead Applicant will sign Attachment 1, contract with MassCEC (if selected), and receive funds from MassCEC. If an Applicant Team is using a Fiscal Agent, the Fiscal Agent would be considered the Lead Applicant and should complete the information in this section. | | | |
| **Lead Applicant Organization or Individual Name\*** | Click or tap here to enter text. | | |
| **Type of Organization** | *Select the type of organization represented by Lead Applicant:*  ☐ Non-profit Community-Based Entity/Organization  ☐ Other Non-profit Entity/Organization  ☐ Individual  ☐ Federally Recognized and/or State Recognized Tribe  ☐ Public entity, such as municipalities, municipal light plants, and regional planning agency  ☐ For-Profit Entities including clean energy installers, energy efficiency, or home performance contractors, technical or workforce training organizations, financial institutions, or other clean energy practitioners  ☐ Other: Please clarify | | |
| **Lead Applicant Contact Person (if different than above) \*** | Click or tap here to enter text. | | |
| **Pronouns** | Click or tap here to enter text. | | |
| **Title (if applicable)** | Click or tap here to enter text. | | |
| **Street Address**  *Number, street, apt. or suite no.* | Click or tap here to enter text. | | |
| **City or Town** | 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. | | |
| **Programmatic Contact (if applicable): For those entities using a Fiscal Agent as the Lead Applicant, please use the below section to fill out the contact information for the main programmatic contact:** | | | |
| **Programmatic Contact Name** |  | | |
| **Pronouns** |  | | |
| **Organization & Title (if applicable)** |  | | |
| **Contact Email & Contact Phone** |  | | |
| **Partner Organization Contact Information** | | | |
| **Partner Organization 1** | **Organization Name** | |  |
| **Organization Type** | |  |
| **Contact Person** | |  |
| **Contact Email** | |  |
| **Partner Organization 2** | **Organization Name** | |  |
| **Organization Type** | |  |
| **Contact Person** | |  |
| **Contact Email** | |  |
| **Partner Organization 3** | **Organization Name** | |  |
| **Organization Type** | |  |
| **Contact Person** | |  |
| **Contact Email** | |  |

|  |
| --- |
| 1. **Experience & Qualifications** |
| **Please address each of the following items. Brief responses are encouraged:**  *Describe each individual or organization’s history of experience in working with Priority Groups.*  *Click or tap here to enter text.*  *Share one (1) example from the project team member identified as having experience with Priority Groups of a completed or ongoing program or project that supported one (1) or more Priority Groups. (200 word limit)*  *Click or tap here to enter text.*  *If you are applying as a partnership, please clarify role and function of partners listed. Be sure to clarify how each role contributes toward program or project development.*  *Click or tap here to enter text.* |
| **Optional DEI Qualifications and Statement** |
| For the Lead Applicant, 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), or else meets the criteria but has not completed certification:   |  |  |  | | --- | --- | --- | |  | Has SDO certification | Meets the criteria but has not completed SDO certification | | 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 |  |  | |
| *For the Lead Applicant, please include a brief summary of you or your organization’s Diversity, Equity, and Inclusion personal, mission or vision statement, or a link to such a statement on your organization’s website. Please describe what your organization is proactively doing to promote diversity, equity, and inclusion and what steps you plan to take in the future. (200 word limit)*  Click or tap here to enter text. |
| *Identify any partner organizations that have any certifications from Massachusetts’* [*Supplier Diversity Office*](https://www.mass.gov/certification-program-for-sdo)*, or else meets the criteria but have not completed certification.*  *Click or tap here to enter text.* |

|  |
| --- |
| 1. **Grant Funding Proposal (i.e., Proposed Approach)** |
| **Please answer the following questions. Brief responses are encouraged:**  Provide a Project/Concept Title:*Click or tap here to enter text.*  Provide a 2-3 sentence overview of your proposed project or concept. Think of this as your “elevator pitch”. (100 word limit)  Click or tap here to enter text.  Based on the above, what will the requested funding specifically be used for? *For example, we will use our funding to hire part-time staff to conduct outreach in a priority group neighborhood.* (200 word limit)  Click or tap here to enter text.  What is the Priority Group you are seeking to benefit and how will they benefit?  Please include whether your proposal would target a geographic community (i.e. City/Town, neighborhood) or non-geographically based community (i.e. affinity group, religious network, shared language community). (200 word limit)  *Click or tap here to enter text.*  Tell us about your plans for conducting stakeholder engagement as part of this proposal. Stakeholder engagement is strongly recommended.  Yes, we are conducting/having conducted stakeholder engagement if so describe: *Click or tap here to enter text.*  No, we are not conducting stakeholder engagement. If no, clarify reasoning: *Click or tap here to enter text.*  What kind of program or project implementation is expected to result from the completion of the work under this grant? *(For example: This funding will be used for a feasibility study for shared solar and, if successful, the shared solar project would move forward; or this funding will be used to build organizational capacity to plan a multi-lingual outreach campaign for clean energy.) (*200 word limit)  *Click or tap here to enter text.*  What is the current state of development of your proposed idea? (200 word limit)  *Click or tap here to enter text.*  (When applicable) If this funding will be used to work towards pursuing another clean energy grant opportunity, please clarify which grant opportunity you plan to pursue and how this EmPower funding would enable the pursuit of that funding.  *Click or tap here to enter text.*  *(If Applicable)* If this is a follow-on funding request for a previously awarded project under EmPower, please clarify the following:  How does this follow-on funding support the evolution of your program model or project in a significant or impactful way? (200 word limit) *Click or tap here to enter text.*  What, if any, changes have been made to the design of the program to incorporate lessons learned and/or to shift focus or expand the impact of your program model or project? (200 word limit) *Click or tap here to enter text.* |

|  |
| --- |
| 1. **Proposed Timeline and Outcomes** |
| With as much detail as currently available, please clarify your expected timeline for the usage of this funding and all proposed outcomes of the funding. Please note that funding should be utilized within two (2)years. Be sure to tie in all activities proposed in section 3.    Click or tap here to enter text.  What would you propose to submit to MassCEC to show completion of the tasks supported by this funding? Possible examples include: a completed feasibility study, a completed grant application, or confirmation of stakeholder outreach including number of participants reached. If selected this will be used to draft your project scope of work and milestones for payment. See example scope of work in template contract (Attachment 3).  Click or tap here to enter text.  Are there any metrics to demonstrate results, or evaluate progress or success?  Click or tap here to enter text. |

|  |
| --- |
| 1. **Proposed Budget** |
| **Note: Section 5 is required, even if applying for the up to $50,000 budget.**  **Fill in Total Amount Requested (up to $25,000): $** Click or tap here to enter text. |
| |  |  |  | | --- | --- | --- | | **Proposed Activity** | **Team Member Receiving Funds for Each Proposed Activity** | **Funding Amount** | | **Example:** *Funding staff time & supplies devoted neighborhood stakeholder engagement sessions, outreach, pre-development sign ups* | **Examples:** *Lead Applicant, project partner* | **$2000** | |  |  | **$** | |  |  | **$** | |  |  | **$** | |  |  | **$** | | **Total** |  | **$total** |   **Proposed funding usage breakout:** *Please fill out the table below with each activity and proposed amount of funding associated with completing that activity. If there are multiple team members that will receive funding, please list which team member will ultimately receive funds for each budget item. Note: MassCEC will pay all awarded funding directly to the Lead Applicant and the Lead Applicant can disburse the funding to other team members, so be sure to clarify exactly who will receive which funds.*  **If selected this budget will be entered directly into the scope of work, see example in Attachment 3.** |
| **In-kind technical services from MassCEC:** Depending on the type of program applicants propose, and upon request, MassCEC may offer in-kind support instead of all or part of a cash grant.Are the Applicants interested in any in-kind technical services from MassCEC instead of all or part of a cast grant? Please respond below, and also contact MassCEC to discuss your interests/needs prior to applying.  No  Yes, please elaborate: Click or tap here to enter text. |
| **Grant Payments**: Applicants will receive a portion of the funding upfront and will receive the remainder once part or all of the project is completed.How would you like to receive the rest of the funds?  In one (1) payment when the tasks supported by this funding are complete.  In multiple payments, based on completion of milestones. If you would like to receive multiple payments, please elaborate on how you would prefer to receive the remainder of the funds.  Click or tap here to enter text.  Other. Please elaborate: Click or tap here to enter text. |
| **Non-MassCEC Funding:** If applicable, describe any other sources of support (Name of Grant, Organization Providing Grant) for this proposed work, including in-kind work. When possible, please provide value of funding. Note: No additional sources of funding are required to apply for this funding.  Click or tap here to enter text. |

|  |
| --- |
| 1. **Proposed Budget up to $50,000 (Optional)** |
| **Note: Section 5 (above) is required for all Applicants, including those proposing an additional budget in this section.**  **Fill In Total Amount Requested (up to $50,000): $** Click or tap here to enter text.  *Please be sure to fill in the total value. For example, if you are requesting a total budget of $45,000, fill out $45,00 above, and be sure the below table accounts for the full $45,000.*  **Narrative Requesting Additional Funds:** *Please describe how additional funds would amplify the outcomes of the proposed Innovation and Capacity Building grant. (*200 word limit)  Click or tap here to enter text. |
| |  |  |  | | --- | --- | --- | | **Proposed Activity** | **Team Member Receiving Funds** | **Funding Amount** | | **Example:** *Funding staff time & supplies devoted neighborhood stakeholder engagement sessions, outreach, pre-development sign ups* | **Examples:** *Lead Applicant, project partner* | **$2000** | |  |  | **$** | |  |  | **$** | |  |  | **$** | |  |  | **$** | | **Total** |  | **$total**  **Be sure this is the total up to $50,000 and not just the additional funds** |   **Proposed funding usage breakout:** *Please fill out the table below with each activity and proposed amount of funding associated with completing that activity. If there are multiple team members that will receive funding, please list which team member will receive funds for each budget item. Note: MassCEC will pay all awarded funding directly to the Lead Applicant and the Lead Applicant can disburse the funding to other team members, so be sure to clarify exactly who will receive which funds.*  **If selected this budget will be entered directly into the scope of work, see example in Attachment 3.** |
| **In-kind technical services from MassCEC:** Depending on the type of program applicants propose, and upon request, MassCEC may offer in-kind support instead of all or part of a cash grant.Are the Applicants interested in any in-kind technical services from MassCEC instead of all or part of a cast grant? Please respond below, and also contact MassCEC to discuss your interests/needs prior to applying.  No  Yes, please elaborate: Click or tap here to enter text. |
| **Grant Payments**: Applicants will receive a portion of the funding upfront and will receive the remainder once part or all of the project is completed.How would you like to receive the rest of the funds?  In one (1) payment when the tasks supported by this funding are complete.  In multiple payments, based on completion of milestones. If you would like to receive multiple payments, please elaborate on how you would prefer to receive the remainder of the funds.  Click or tap here to enter text.  Other. Please elaborate: Click or tap here to enter text. |
| **Non-MassCEC Funding:** If applicable, describe any other sources of support for this proposed work (Name of Grant, Organization Providing Grant), including in-kind work. When possible, please provide value of funding Note: No additional sources of funding are required to apply for this funding.  Click or tap here to enter text. |

|  |
| --- |
| **7. Review of Attachment 3: Sample Grant Agreement & Example Scope of Work and Milestones Table** |
| Have you reviewed the sample grant agreement? Specifically, have you reviewed the example scope of work and milestones table? (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 standard legal contract terms. Please note that reviewing and requesting changes to standard legal contract terms (if selected) will impact timelines for contracting.)  No  Yes. If so, please elaborate below and/or provide an annotated version of Attachment 3 with your application.  Click or tap here to enter text. |
| **If you have any questions about these documents, please contact MassCEC prior to applying.** |