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* [*rfpworkforce@masscec.com*](mailto:rfpworkforce@masscec.com) *to request a plain text Word version of the form.*

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| **1.1 Applicant and Partner Information** | | | | | |
| ***Lead Applicant Organization*** | ***​​****Click or tap here to enter text.****​*** | | | | |
| ***Registered Org 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 Chambers of Commerce, trade associations, clean energy incubators/accelerators, environmental justice organizations, and organizations representing tribes*  *​​**​ Educational Institutions*  *​​**​ 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*** | *Needs to 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.****​*** | | | | |
| ***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.​*  *If prior funding includes grants from the MassCEC Workforce team, such as Planning and Capacity Grants, please explain how the work proposed is separate and distinct from that prior work and/or how the work proposed overlaps or continue prior work:*  *​​Click or tap here to enter text.​* | | | | |
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| *Partners in this Section 1.1 are organizations receiving a portion of the grant funds, if awarded, for activities related to the proposed work, through subcontract or other formalized agreement. Organizations dedicating significant in-kind time or resources directly to the grant program with formalized role via a MOU or other formalized agreement may also be considered Partners. Partners not receiving funds, such as employer partners, may be listed in Section 1.4 to indicate their roles in realizing the goals of the work.* | | | | | |
| ***Partner Organization 1 (optional)*** | ***​​****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.****​*** | | | | |
| ***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.​*  *If prior funding includes grants from the MassCEC Workforce team, such as Planning and Capacity Grants, please explain how the work proposed is separate and distinct from that prior work and/or how the work proposed overlaps or continue prior work:*  *​​Click or tap here to enter text.​* | | | | |
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| ***Partner Organization 2 (optional)*** | ***​​****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.****​*** | | | | |
| ***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.​*  *If prior funding includes grants from the MassCEC Workforce team, such as Planning and Capacity Grants, please explain how the work proposed is separate and distinct from that prior work and/or how the work proposed overlaps or continue prior work:*  *​​Click or tap here to enter text.​* | | | | |
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| ***Partner Organization 3 (optional)*** | ***​​****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.****​*** | | | | |
| ***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.​*  *If prior funding includes grants from the MassCEC Workforce team, such as Planning and Capacity Grants, please explain how the work proposed is separate and distinct from that prior work and/or how the work proposed overlaps or continue prior work:*  *​​Click or tap here to enter text.​* | | | | |
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| *Add additional fields for partners as needed* | | | | | |

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| **1.2 Applicant and Partner Experience** | | |
| ***In 250 words or less****, describe prior experience and track record in administering workforce development programs, supporting individuals from underrepresented populations seeking career training, working with small businesses or minority and women owned businesses. Include outcomes such as completion rate and scale/size of support, if available. (Optional) Describe any specialized experience or knowledge in climate critical business sectors.*  *​​Click or tap here to enter text.​* | | |
| *If you are applying as a partnership, please use the following table to clarify roles and functions of partners listed and how each contributes toward project development and implementation.* | | |
| Organization | Program Role(s) | LOS / MOU |
| ​​Organization​ | ​​Roles​ | ​​Status​ |
| ​​Organization​ | ​​Roles​ | ​​ Status ​ |
| ​​Organization​ | ​​Roles​ | ​​ Status ​ |
| ​​Organization​ | ​​Roles​ | ​​ Status ​ |
| ***In 250 words or less,*** *describe activities, such as research or stakeholder engagement, that have been completed in preparation for this application (e.g., networking with potential employers to determine hiring needs or meetings with MWBE remodeling companies to discuss barriers to their expansion into net zero renovation and addition market)?*  *​​Click or tap here to enter text.​* | | |

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| **1.3 Partner Selection and Conflict of Interest** |
| ***In 250 words or less****, describe the process used for selecting vendors and subcontractors noted in Section 1.1 and disclose any potential conflicts of interest.* |
| *​​Click or tap here to enter text.​* |

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| **1.4 Other Proposed Supporting Organizations** | | |
| *Use the following table to identify other organizations supporting this program in planning or capacity building and note the proposed role(s) of each organization in the program. These should not be grant partners receiving funds from MassCEC.* | | |
| 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 500 words or less****, describe each organization’s 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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| **2.1 Grant Proposal Summary** | | |
| **Requested Total Funding** | **$Click or tap here to enter text.** | |
| **Grant Type** | *Please select (note the award ranges by type):* | |
| Planning ($20,000-$50,000) | Capacity ($30,000-$150,000) |
| **Proposed Duration** | *Select the duration of the proposed project (Planning – 6 months or 1 year; Capacity or Professional Development up to 2 years)* | |
| Six (6) months | One (1) year |
| Two (2) years |  |
| **Focus Strand** | *Check all that apply:* | |
| **Strand A:** Career Pathway Training Leading to Employment in Climate-Critical Priority Occupations | |
| **Strand B:** Clean Energy Career Awareness, Career Exploration, and Preparedness for Adult Learners and Job Seekers | |
| **Strand C:** MWBE *Support (please note the move to hub and spoke indicated in greater detail on page 2 of the RFP solicitation)* | |
| **Executive Summary** | ***In a three (3) to five (5) sentence paragraph****, provide a high-level summary of the planning or capacity building that will occur if awarded. 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 Populations** | *Check all that apply:* | |
| EJ Neighborhoods | Low-Income |
| Fossil Fuel Workers | Federally Recognized and State Acknowledged Tribes |
| Underrepresented Communities | Minority and Women-owned Business Enterprises |
| *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. | |
| *Describe how your organization defines Low-Income populations if different than the definition provided under Section 5. Program Definitions in the RFP Solicitation document:*  Click or tap here to enter text.  *List any additional categories of populations (bilingual, returning citizens, etc.) targeted:*  Click or tap here to enter text. | |
| \**If target populations are focused on youth under 18, consider applying directly to MassCEC Workforce Development Student and Young Adult RFP Solicitations. If the proposed program serves individuals aged 18 to 24, please refer to Attachment 6 of the RFP Solicitation to determine which funding opportunity is more appropriate.* | |
| **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. | |
| **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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| ***Diversity Equity & Inclusion (DEI) Statistics*** | | | |
| *Please check box for any applicable Equity population served through the proposed program. Provide estimated % of the funds directed at each population served. Each population is not mutually exclusive and may overlap, e.g., EJ populations may also be LMI or live in a Gateway City. Use historical program data of past services to estimate your metrics. Refer to Section 5. Program Definitions in the RFP Solicitation for definitions of each population.* | | | |
| Environmental Justice Community | Low/Moderate Income | Diversity, Equity & Inclusion | Gateway City |
| % Click or tap here to enter text. | % Click or tap here to enter text. | % Click or tap here to enter text. | % Click or tap here to enter text. |

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| **2.2 Targeted Sectors/Occupations (if applying for Strand A or B)** |
| ***In 300 words or less****, identify the sectors and occupations that will be the focus of planning or capacity grant efforts. Please note barriers to entry to these sectors and occupations.* |
| Click or tap here to enter text. |

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| **2.3 Targeted Population(s) (if applying for Strand A or B)** |
| ***In 300 words or less****, identify the populations and specific EJ Neighborhoods that will be the primary focus for recruitment. Identify specific categories (e.g., returning citizens, single parents, homeless, veterans, etc.) of participants that may require additional specific support services. Applicants serving populations under 18 should apply to Student and Young Adult focused RFPs. Programs serving individuals aged 18 to 24, please refer to Attachment 6 of the RFP Solicitation to determine which funding opportunity is more appropriate.* |
| Click or tap here to enter text. |

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| **2.4 Targeted Businesses (if applying for Strand C)** |
| ***In 300 words or less****, identify the types of MWBEs that will be the focus of planning or capacity grant efforts. Please note barriers faced by these specific MWBEs to be addressed.* |
| Click or tap here to enter text. |

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| **2.5 Initial Vision of Equity Workforce Programming** |
| ***In 500 words or less****, describe the goals of the planning or capacity-building process, note key and specific steps that will be taken to develop an implementation plan or build capacity including a timeline and relevant staff and partner roles and responsibilities, and the vision of how these efforts will increase equity in the clean energy workforce.* |
| Click or tap here to enter text. |

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| **2.6 Impact of Planning or Capacity Building** |
| ***In 500 words or less****, describe how planning or capacity building or additional supports will impact and improve your project. Identify the programmatic gaps and needs that will be addressed. Highlight additional support or training for target populations or MWBEs that will result. Give specific detailed outcomes that will result and reflect outcomes below in Section 2.7.* |
| Click or tap here to enter text. |

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| **2.7 Outcomes and Metrics (if applying for capacity grants)** |
| ***In 250 words or less****, describe proposed outcomes for capacity building processes, including specific metrics where applicable. Please refer to Section 3. Program Goals and Description: Program Outcomes and Metrics of the RFP Solicitation for examples of key standard program outcomes. Reflect outcomes where relevant in the Milestones and Deliverables table in application Section 3.3.*  Click or tap here to enter text. |

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| **2.8 Additional Information (Optional)** |
| ***In 500 words or less****, provide any additional information that may be relevant to those reviewing the proposed project.*  Click or tap here to enter text. |

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| **3.1 Submission of Organizational and Program Budget** |
| *Have you attached a proposed ‘Attachment 3 – Program Budget’, acknowledge that the applicant will be expected to deliver the proposed program in line with the program budget as presented if awarded, and understand that MassCEC reserves the right to present awardees with partial awards with reduced funding requiring revised program budgets adjusted reasonably in line with the original application budget presented?* |
| ​​ ​ No  ​ Yes  *If no, please elaborate below and provide an explanation as to why.*  ​​ Click or tap here to enter text. |
| *Have you attached an annual organizational budget within Attachment 3? Or as a separate attachment?* |
| ​​ ​ No  ​ Yes, as part of Attachment 3  ​ Yes, in a separate attachment  *If no, please elaborate below and provide an explanation as to why.*  ​​ Click or tap here to enter text. |

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| **3.2 Leveraged and Sustaining Funds** | | | | |
| *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 plans to identify these and additional funding and resources to ensure the success of the execution of the vision and the long-term sustainability of the resulting project.* | | | | |
| Click or tap here to enter text. | | | | |

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| **3.3 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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| **4.1 Commitment to Technical Assistance** |
| ***In 250 words or less****, describe plans to utilize technical assistance offered if awarded. Identify which staffer(s) will be assigned to take part in all technical assistance webinars and meetings.* |
| Click or tap here to enter text. |

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| **4.2 Reporting** |
| ***In 100 words or less****, describe plans to produce interim and final reports, or final plans in the case of planning grants, and identify which staffer(s) will be assigned to produce and submit the reports.*  Click or tap here to enter text. |

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| **4.3 Review of Sample 4: Grant Agreement** |
| *Have you reviewed the sample grant agreement in Attachment 4. Milestone Grant Agreement for those applying to a Planning Grant or Capacity Grant or Attachment 5. Cost Reimbursement Grant Agreement for those applying to a Capacity Grant with direct participant services, acknowledge that the sample agreement is provided as a resource, and understand that MassCEC reserves the right to present awardees with grant agreements that differ from the example provided? (Required)* |
| ​​  ​ Yes |
| *Do you accept the terms and conditions as presented in the sample grant agreement in Attachment 4 for applicants to Planning Grants or Capacity Grants or Attachment 5 for those applying to a Capacity Grant with direct participant services? (Required)* |
| ​​  ​ Yes  ​​  ​ No  *If no, please elaborate below and provide an annotated version of Attachment 4 or Attachment 5 with your application indicating terms and conditions of concern and providing suggested language for consideration.*  ​​ 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 and employer partners in the below Supporting Documents Table of Contents chart. Please also use this coversheet to attach your Certificate of Good Standing.

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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