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. The partner organizations reflected in Section 1.1 should either be sub-recipients of grant funds and/or directly responsible for completion of a major milestone or deliverable of the project. All other partners should be reflected in Sections 1.4.

*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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| **1.1 Applicant and Partner 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:*  Community-Based Entities  Post-secondary educational institutions, K-12 School Districts, Comprehensive and Vocational High Schools  Trade and Labor entities  Workforce Development Organizations, both Non-Profit and For-Profit.  MassHire Workforce Investment Boards and Career Centers  Other | | |
| **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. | | |
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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** | 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. | | |
| **Street Address** | 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. | | |
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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. | | |
| **Street Address** | 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. | | |
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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. | | |
| **Street Address** | 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. | | |
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| *Add additional field 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, including key programming elements such as recruitment, training, case management, employer engagement, job placement, and retention. 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* |
| **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)  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 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.* | | |
| ***Organization*** | ***Program Role(s)*** | ***LoS/MOU*** |
| *​​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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| **2.1 Grant 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. | |
| **Focus Strand** | *Check* ***one*** *strand. Applicants may submit multiple concurrent applications to request funding for more than one strand.* | |
|  | |
| **Strand A:** Career Pathway Training Leading to Employment in Climate-Critical Priority Occupations | |
| **Strand B:** Climate-Critical Upskilling for Incumbent Workers | |
| **Strand C:** Equipment, Infrastructure and Training Ecosystem Support | |
| **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  Fossil Fuel Workers  Low/ Income  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. | |
| *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 entirely focused on youth under 18, apply 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 4. Program Definitions in the RFP Solicitation for definitions of each population. Please use the space below to provide additional information.* | | | |
| ​​  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. |
| Click or tap here to enter text. | | | |

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| **2.2a 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. It is highly recommended to refer to MassCEC’s Clean Energy Workforce Needs Assessment available at* [*https://www.masscec.com/resources/massachusetts-clean-energy-workforce-needs-assessment*](https://www.masscec.com/resources/massachusetts-clean-energy-workforce-needs-assessment)*.* | | | | | | |
| 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​ |
| ***In 250 words or less****, 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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| **2.2b Employer Occupation Data (required for strand A)**  **Depending on the model and context, Strand B and C applicants are encouraged to include this information if it is relevant.** | | | | | |
| *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 |

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| **2.3 Targeted Population(s)** |
| ***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 Individual Participant Impact (if applying for strand A or B)** | | |
| **Number of Individuals to be Trained (A) or upskilled (B) per Year** | **Year 1** | **Year 2** |
| Click here. | Click here |
| **Average Cost per Individual** | $Click or tap here to enter text. | |
| *Provide a brief justification of the per-participant cost. For strand A, in cases where the per-participant cost exceeds $15,000, please provide a very detailed explanation. For strand B, in cases where the per-participant cost exceeds $8,000, please provide a very detailed explanation.*  Click or tap here to enter text. | |

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| **2.5 Individual Participant Impact (if applying to Strand C)** | | |
| **Number of Individuals projected to benefit from the equipment/infrastructure/ ecosystem support.** | **Year 1** | **Year 2** |
| Click here. | Click here |
| **Explanation of estimates** | *Provide a brief explanation of how these anticipated numbers compare to past and current training participation outcomes.*  Click or tap here to enter text. | |

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| **2.6 Initial Vision of Equipment, Infrastructure, and Ecosystem Support (if applying for strand C)** |
| ***In 500 words or less****, describe the equipment, infrastructure, or training ecosystem capacity-building supported by the funding. Include the rationale for the project and relevant considerations examined during the planning. If relevant, note key and specific steps that will be taken to select, procure, and integrate this new capacity, including an initial description of the project pipeline. Please provide a staffing and management plan, plus further procurement details in Section 2.8).*  Click or tap here to enter text. |

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| **2.7 Impact of Equipment, Infrastructure, and Ecosystem Support (if applying for strand C)** |
| ***In 500 words or less****, describe how the equipment, infrastructure, or training ecosystem support will impact and improve the relevant training program(s). Identify the programmatic gaps and needs that will be addressed, and highlight additional support or training for target populations that will result. If applicable, describe resulting alterations and enhancements to curriculum and training delivery in Section 2.11.*  Click or tap here to enter text. |

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| **2.8 Program Design – Program Development** |
| ***In 500 words or less****, for* ***Strands A and B****, describe any work anticipated to occur prior to the launch of training delivery or career navigation, including but not limited to curriculum development, staff hiring, identification of vendors, signing of MOUs with partners and subcontractors, selection of equipment, etc. For* ***Strand C****, clearly detail the proposed staffing and management structure for the project, including defined roles for key staff, partners, and vendors/subcontractors involved in the project and reporting structures for project administration. If relevant, describe the selection processes for vendors and subcontractors, procurement processes for equipment, design processes, and the timeline leading up to procurement and through installation.* |
| Click or tap here to enter text. |

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| **2.9 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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| **2.10 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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| **2.11 Program Design – Training/Program Delivery** |
| ***In 1,000 words or less****, for* ***strand A and B****, describe the training curriculum and work readiness curriculum. For* ***strand C****, highlight in detail any changes to existing training or new curriculum or training opportunities that will result from the proposed equipment and infrastructure* |
| Click or tap here to enter text. |

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| **3.1 Program Design – Support Services (Not required for Strand C)** |
| ***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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| **3.2 Program Design – Job Placement (if applying for Strand A), Incumbent Worker Training Success (if applying to Strand B), and Employer Engagement.**  ***Strand C Training Ecosystem Support applications focused on Employer and /or Industry Engagement should also complete this section.*** |
| ***In 500 words or less****, describe employer involvement in the workforce training program and their role in job placement (for Strand A) or ensuring success for incumbent workers (for Strand B). For Strand B describe the milestone(s) that indicate success for individual participants taking part in incumbent worker training – e.g., skills gain, obtaining additional certifications/licenses, promotions/advancement, increase in wages, increase in clean energy work, etc. 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 participants for open positions****.* |
| Click or tap here to enter text. |

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| **3.3 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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| **3.4 Outcomes, Metrics, and Reporting (Not required for Strand C)** | | | | |
| *Use the following table to provide proposed annual target outcomes. For strand A, 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. For strand B, Completion Rate and Retention Rate columns are required; respond to the Placement Rate and Average Starting Wage columns where applicable.* | | | | |
| 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. | | | | |
| *\*Please refer to Attachment 5 on the RFP Solicitation to see a sample Progress Report that grantees*  *are required to update and submit with each invoice. Please note that we require grantees to capture*  *primary and secondary languages spoken for their participants\** | | | | |

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| **3.5 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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| **3.6 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?  Yes  No  *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?  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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| **4.1 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 | Organization | Name | Contact | Status |
| Type | Organization | Name | Contact | Status |
| Type | Organization | Name | Contact | Status |
| Type | Organization | Name | Contact | Status |
| Type | Organization | Name | Contact | Status |
| Type | Organization | 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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| **4.2 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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| **4.3 Review of Attachment 4: Sample Grant Agreement (if applying for strand A or B)** |
| *Have you reviewed the sample grant agreements in Attachment 4 (Cost Reimbursement Grant Agreement), and 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 (Cost Reimbursement Grant Agreement)?  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 yes, please elaborate below and provide an annotated version of Attachment 4 with your application.*  Click or tap here to enter text. |

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| **4.4 Consideration of MassCEC Cross-Review** |
| *Would you like this application to be considered for a cross-review with MassCEC’s Equity Workforce Training RFP? If you check yes, you may be asked to submit additional information to complete the review for alternate or braided funding. Programs that want to submit concurrent applications are encouraged to do so. (Required)* |
| Yes  No |

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.

Listing a LOS or MOU below and failing to attach said document may result in a less favorable score. Attaching documents other than LOS or MOU may result in a less favorable score or disqualification of the application from consideration.

|  |  |  |
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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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