Attachment 2: sPOKE Application Form

*Please note that Applicants selected to be a Spoke will be required to sign a MOU with the respective Hub in regions served, to be selected by MassCEC, to establish cross-referral processes and standards as well as to note how you will work in conjunction with a Hub on the delivery of sector-specific Procurement Navigation and Additional Services. For detailed instructions, definitions, and eligibility please refer to the solicitation document(s) at* ***masscec.com/funding***

*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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| **1.0 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 Chambers of Commerce, 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.  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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| **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. |
| **Application Type** | *Spoke applicants are allowed to submit multiple applications if the work necessitates a different service plan per region or if different services or sector focuses will be offered in different regions.*  *Indicate below whether the Applicant is submitting an application for a ‘Hub’ or ‘Spoke’;* ***check only one box:***  Hub Application *(please note, this is not the correct form, see the Hub Application)*  Spoke Application  *Please acknowledge that, if selected as a Spoke, Applicant will be required to enter into agreements, via MOU, with the regional Hub selected by MassCEC, as detailed in Section 3. Program Goals and Descriptions of the RFP solicitation:*  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 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. |
| **Spoke Region** | *Please select the region(s) you propose to serve:*  Berkshire  Pioneer Valley  Central  Northeast  Geater Boston  Cape and Islands  Southeast |
| **Target Businesses** | *Describe the types of businesses to be served by the Spoke, noting eligible business sectors and the business roles (design, manufacturing, installation, maintenance) within those sectors. Indicate anticipated size and scale of businesses (staff size, revenue, incorporation status) that would typically be served by the Spoke.*  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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| **1.2 Target Population Statistics** | | | |
| *Please check box for any applicable* Environmental Justice 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 3. Program Goals and Descriptions 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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| **2.0 Partner Information** | | | |
| *Spoke 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.  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** | 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.  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** | 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.  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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| **2.1 Applicant and Partner Experience** |
| ***In 500 words or less****, 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 climate critical business sectors. Please describe the Lead Applicants’ mission, history, key personnel.*  Click or tap here to enter text. |

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| **2.2 Partner Selection and Conflict of Interest** |
| ***In 250 words or less****, describe the process used for selecting vendors and subcontractors noted in Section 2.1 and disclose any potential conflicts of interest.* |
| Click or tap here to enter text. |

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| **3.0 Capability Statement** |
| ***In the boxes below, summarize or list the specific proposed Additional Services under each category as appropriate****. In Sections 4.0 to 4.5, please describe in detail the service workflow including approaches to delivery, dosage, and specific roles and responsibilities.* |
| *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. |

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| **4.0 Program Design – Marketing & Outreach** |
| ***In 500 words or less,*** *please describe Marketing and Outreach plans including strategies for regional marketing as well as aligning with statewide campaigns.*  Click or tap here to enter text. |

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| **4.1 Program Design – Intake and Assessment** |
| ***In 500 words or less****, please describe the proposed Intake and Assessment procedures including how MWBEs and other underrepresented small businesses will be accepted into the program, the process for determining eligibility including criteria if known.* *Please note that eligibility must be based on either business participant’s Home or Business address.*  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 sector-specific business growth plans for each MWBE and other underrepresented business participant, which should include identified needs, recommended Core Services and Additional Services, 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 Additional Service(s) to each MWBE and other underrepresented business participant, which should include a description of curriculum and program components, delivery method, dosages 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 500 words or less,*** *please describe the approach to managing the progress of participants through the business growth plan, service delivery, and cross-referral for Additional Services and wraparound services. Refer to Table 2. Additional Services from Spokes and Examples, in Section 3. Program Goals and Descriptions, of the RFP solicitation.*  Click or tap here to enter text. |

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| **4.5 Program Design –Retention and Follow-Up Supports** |
| ***In 500 words or less,*** *describe how case management and monitoring will continue after completion of proposed services, during the required 12-month retention period to track advancements of participants and refer to Additional Services as needed.*  Click or tap here to enter text. |

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| **5.0 Outcomes, Metrics, and Reporting** | | | | |
| *Please use the following table to provide projected success rates for key measurable outcomes, including the percentage of business participants expected to achieve business benchmarks such as securing contracts or expanding into new markets. For each metric provide both an actual number and a percentage. Percentages should be calculated against the* ***original number enrolled****.* | | | | |
| ***Project Year*** | ***# of Business Participants Enrolled*** | ***% of Business Participants in working in Installing, Designing, Manufacturing, Maintaining*** | ***Completion Rate*** | ***% Success***  ***(Contracts, Revenue, Staff, Cert, Vendor Lists)*** |
| *1* |  |  |  |  |
| *2* |  |  |  |  |
| *3* |  |  |  |  |
| **In 250 words or less,** *provide a brief explanation of how these anticipated numbers were estimated.*  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 attached filled ‘Attachment 3. Program Budget’ and will be expected to deliver the proposed program in line with the program budget as presented, if awarded. Acknowledgement also indicates accepting MassCEC’s right to present awardees with partial awards with reduced funding, which will necessitate the Applicant providing revised program budgets adjusted reasonably in line with the original application budget and intent of the proposal.  ​​  Yes  ​​  No  *If no, please elaborate below and provide an explanation as to why.*  ​​Click or tap here to enter text. |
| Please acknowledge that Applicant has 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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| **5.2 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 |
| Type | Organization | Name |
| Type | Organization | Name |
| Type | Organization | Name |
| Type | Organization | Name |
| Type | Organization | Name |
| Type | Organization | Name |
| ***In 250 words or less****, describe the resources and funding outside of listed partners that will be used to enhance the proposed. 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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| **5.3 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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| **5.4 Review of Attachment 4: Sample Grant Agreement** |
| *Please acknowledge receipt and review of the sample grant agreements in Attachment 4. Cost Reimbursement 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. Cost Reimbursement 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 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 X)* |  |
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