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 the completion of a significant milestone or deliverable of the project. All other partners should be reflected in Section 1.4.

*If the fillable Word version of Attachment 2. Application Form creates an undue hardship; contact 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 Organization Name** | *If different than above, please list the 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 the full information below as a partner organization:*  Click or tap here to enter text. | | |
| **Type of Organization** | *Select the type of organization represented by the 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 (including pronouns)** | Click or tap here to enter text. | | |
| **Title** | Click or tap here to enter text. | | |
| ***Billing Street Address*** | *Needs to match the 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 the organization's 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 previous funding is from MassCEC Equity programs, please include any relevant metrics that demonstrate experience with training.  Click or tap here to enter text. | | |
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| *Partners in 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 agreements. Organizations dedicating significant in-kind time or resources directly to the grant program with a formalized role via an 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.  If previous funding is from MassCEC Equity programs, please include any relevant metrics that demonstrate experience with training.  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.  If previous funding is from MassCEC Equity programs, please include any relevant metrics that demonstrate experience with training.  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.  If previous funding is from MassCEC Equity programs, please include any relevant metrics that demonstrate experience with training.  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, 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 the roles and functions of the 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 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 the proposed lead and partner organizations responsible for delivering the program, and note each organization's proposed role(s).* | | |
| *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 the above proposed programming components. 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:** Clean Energy Career Awareness, Career Exploration, Career Navigation, and Preparedness |
| **Strand B:** Career Pathway Training with Work-based or Learning-based Opportunities  **Strand C:** Career Awareness Experiences with Learning Outcomes  **Strand D:** Planning and Capacity Grants for Career Awareness or Career Pathways Training |
| **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 as press releases, on 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 they are different from the definition provided under Section 4. 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. |
| **Attestation of Good Standing in Massachusetts** | ​​  Lead Applicant is 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 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 accreditation with the Supplier Diversity Office, please identify the applicable certification and explain the 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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| ***Population Served Statistics*** | | | |
| *Provide an estimated % of the funds directed at each population served. Use historical programs of past service data or school districts to assess percentages. 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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| **2.2 Targeted Sectors/Occupations (Only if Applying for Strand A and B)** | | | | | | |
| *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 emphasizing career pathways or relevant career awareness opportunities. 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)*.*  Click or tap here to enter text. | | | | | | |

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| **2.3 Employer Occupation Data (required for Strand B)** | | | | | |
| *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.*  Click or tap here to enter text. |

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| **2.4 Individual Participant Impact (if applying for Strands A, B, or C)** | | |
| **Number of Individuals impacted by Programming (Strands A, B, and C)** | **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 $5,000, please provide a detailed explanation. For strand B, in cases where the per-participant cost exceeds $10,000, please provide a 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 be impacted by the experiences.** | **Year 1** | **Year 2** |
| Click here. | Click here |
| **Retention Strategy** | *Provide a brief explanation of the retention strategy for continued participant exploration.*  Click or tap here to enter text. | |

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| **2.6 Learning Outcomes and Experience Connections (if applying for Strand C)** |
| ***In 500 words or less****, describe the career awareness experience, including the learning outcomes. Career awareness and connections should be explained. Proposals should include multiple touchpoints.*  Click or tap here to enter text. |

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| **2.7 Program Vision (if applying for Strand D)** |
| ***In 500 words or less****, describe the goals of the planning process, note key and specific steps that will be taken to develop an implementation plan, how relevant staff and partner roles and responsibilities will contribute to the planning and the vision of how these efforts will support career awareness and career pathway efforts for students and young adults.*  Click or tap here to enter text. |

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| **2.8 Impact of Planning or Capacity (if applying for Strand D)** |
| ***In 500 words or less****, describe how planning will impact and improve your project. Identify the programmatic gaps and needs that will be addressed. Highlight additional support or training for target populations that will result in success. Give specific detailed outcomes and metrics to achieve the outcomes.* |
| Click or tap here to enter text. |

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| **3.1 Program Design – Program Development (if applying for Strands A, B, or C)** |
| ***In 500 words or less****, for* ***Strands A and B****, describe any work anticipated to occur before 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****, detail the proposed staffing and structure for the experiences, including roles for staff, partners, employers, vendors/subcontractors involved in the project, and reporting structures.* |
| Click or tap here to enter text. |

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| **3.2 Program Design – Outreach and Recruitment (if applying for Strands A, B, or C)** |
| ***In 500 words or less****, describe the outreach and recruiting plan. List schools or partners that will be providing referrals. Include details on outreach methods, information sessions, education outreach, and other informational approaches.* |
| Click or tap here to enter text. |

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| **3.3 Program Design – Intake and Assessment Processes (if applying for Strands A, B, or C)** |
| ***In 250 words or less****, describe the processes used to intake and assess candidates to ensure they meet the program's eligibility criteria.* |
| Click or tap here to enter text. |

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| **3.4 Program Design – Training/Program Delivery (if applying for Strands A, B, or C)** |
| ***In 1,000 words or less****, describe the training and work readiness curricula for* ***Strands A and B****. For* ***Strand C****, describe the career experience and preparation for participants before the experience so that participants can fully utilize their time.* |
| Click or tap here to enter text. |

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| **3.5 Program Design – Support Services (if applying for Strands A, B, or C)** |
| ***In 500 words or less****, outline planned support services offered to participants and describe planned case management methods, including, if applicable, referral pipelines to other organizations, noting if those are new or pre-existing referral pipelines for* ***Strands A and B. For Strand C,*** *outline how events will be made accessible for all participants (English language learners, neurodivergent students, non-STEM students, etc.).* |
| Click or tap here to enter text. |

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| **3.6 Program Design – Career Awareness, Off-Ramps, and Employer Engagement. (if applying for Strands A, B, or C)** |
| ***In 500 words or less****, describe employer involvement in the career awareness program and their role in on-the-job training or project-based learning (for Strand A)). For Strand B, describe the employers’ involvement in job placement and training opportunities. 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 indicating their programming role.*** |
| Click or tap here to enter text. |

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| **3.7 Program Design – Retention Support Services (For Strand A and B)** |
| ***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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| **3.8 Outcomes, Metrics, and Reporting** | | | | | |
| *Use the following table to provide proposed annual target outcomes and metrics to determine a program completer.* | | | | | |
| Project Year | Outcome | *Metric* | *Metric* | *Metric* | Completion Rate |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  | Wage |
| Average |  | Average | Average | Average | Average |
| ***In 250 words or less****, provide an explanation of the above outcomes. Add any additional outcomes and metrics that will be used to measure program success in reporting.* | | | | | |
| Click or tap here to enter text. | | | | | |
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| **3.9 Additional Information (Optional)** |
| ***In 500 words or less****, provide any additional information relevant to those reviewing the proposed project.*  Click or tap here to enter text. |

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| **4.1 Submission of 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. |

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| **4.2 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 | 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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| **5.1 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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| **5.2 Review of Attachment 4/5: Sample Grant Agreement (Attachment 5 if applying for Strand A, B or C, Attachment 4 if applying for Strand D)** |
| *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 4/5 (Milestone or 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 4/5 with your application.*  Click or tap here to enter text. |

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| **5.3 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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