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

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| **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** | Planning  Six (6) months  Twelve (12) months  Capacity  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, Pre-apprenticeship, and Work-Based Learning Programs | |
| **Strand C:** Business Support Service Leading to the creation or expansion of MWBEs Climate-Critical Fields | |
| **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 Neighborhoods |
| 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. | |
| *List any additional categories of populations (bilingual, returning citizens, disconnected youth, etc.) targeted:* | |
| Click or tap here to enter text. | |

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| **2.1 Applicant and Partner Information** | | | |
| **Lead Applicant Organization** |  | | |
| **Type of Organization** | *Select the type of organization represented by Lead Applicant:*  Community-Based Entities/Organizations  Post-Secondary Educational Institutions, K-12 School Districts, Comprehensive and Vocational High Schools, Vocational Schools offering CTI  For-Profit Entities including for-profit training companies, trade associations, unions, or other coalitions of businesses and clean energy businesses  Federally Recognized and State-Acknowledged Tribes  Workforce Development Organizations, non-profit and for-profit  Massachusetts Workforce Investment Boards and Career Centers/Mass Hire Organizations | | |
| **Contact Person** |  | | |
| **Pronouns** |  | | |
| **Title** |  | | |
| **Street Address** |  | | |
| **City, State** |  | **Zip Code** |  |
| **Contact Email** |  | | |
| **Contact Phone** |  | | |
| **Prior MassCEC Funding** | *Lead Applicant has received prior funding from MassCEC in the last three (3) 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 2 are organizations or individuals receiving a portion of the grant funds, if awarded, for their activities related to the proposed work, through a subcontract or other formalized agreement. Partners not receiving funds may be listed in the chart in Section 6.2 to indicate their roles in realizing the goals of the proposed work.* | | | |
| **Partner Applicant 1** |  | | |
| **Contact Person** |  | | |
| **Pronouns** |  | | |
| **Title** |  | | |
| **Street Address** |  | | |
| **City, State** |  | **Zip Code** |  |
| **Contact Email** |  | | |
| **Contact Phone** |  | | |
| **Prior MassCEC Funding** | *Partner has received prior funding from MassCEC in the last three (3) years:*  Yes  No  *List all prior funding by grant name:*  Click or tap here to enter text. | | |
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| **Partner Applicant 2** |  | | |
| **Contact Person** |  | | |
| **Pronouns** |  | | |
| **Title** |  | | |
| **Street Address** |  | | |
| **City, State** |  | **Zip Code** |  |
| **Contact Email** |  | | |
| **Contact Phone** |  | | |
| **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 Applicant 3** |  | | |
| **Contact Person** |  | | |
| **Pronouns** |  | | |
| **Title** |  | | |
| **Street Address** |  | | |
| **City, State** |  | **Zip Code** |  |
| **Contact Email** |  | | |
| **Contact Phone** |  | | |
| **Prior MassCEC Funding** | *Partner has received prior funding from MassCEC in the last three (3) 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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| **2.2 Applicant and Partner Experience** |
| ***In Seven Hundred Fifty (750) words or less****, describe the lead applicant and partners’ experiences working with proposed target populations, providing the type of proposed programming, and addressing unique barriers faced by the target populations and/or by MWBEs in the clean energy sector.* |
| Click or tap here to enter text. |

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| **2.3 Partner Selection and Conflict of Interest** |
| ***In Two Hundred Fifty (250) words or less****, describe the process used for selecting vendors and subcontractors noted in Section 2 and disclose any potential conflicts of interest.* |
| Click or tap here to enter text. |

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| **3. Attestations and DEI Qualifications** | |
| **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 Lead Applicant is a public institution exempt from providing a COGS. |
| **Optional 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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| **4.1 Targeted Sectors/Occupations (if applying for Strand A or B)** |
| ***In Three Hundred (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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| **4.2 Targeted Businesses (if applying for Strand C)** |
| ***In Three Hundred (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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| **4.3 Targeted Population(s) (not required for Strand C)** |
| ***In Three Hundred (300) words or less****, identify the populations and specific EJ Neighborhoods that will be the primary focus for recruitment. Identify specific categories (e.g., opportunity youth, 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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| **5.1 Initial Vision of Equity Workforce Programming** |
| ***In Five Hundred (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, and the vision of how these efforts will lead to an increase equity in the clean energy workforce.* |
| Click or tap here to enter text. |

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| **5.2 Impact of Planning or Capacity Building** |
| ***In Five Hundred (500) words or less****, describe how planning or capacity building 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 from planning or capacity building and reflect outcomes below in Section 9.* |
| Click or tap here to enter text. |

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| **6.1 Commitment to Maximizing Partnerships** |
| ***In Two Hundred Fifty (250) words or less****, describe how needed partners will be identified and the types of partnerships needed. Please list formal partners in the planning or capacity building process in Section 6.2.* |
| Click or tap here to enter text. |

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| **6.2 Proposed Partners and Past Performance** | | |
| *Use the following table to identify proposed lead and partner organizations directly involved in planning or capacity building 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 |
| Organization | Roles | Status |
| Organization | Roles | Status |
| ***In Five Hundred (500) words or less****, describe each partner’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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| **6.3 Commitment to Maximizing Resources** | | | | |
| *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 Two Hundred Fifty (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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| **6.5 Commitment to Technical Assistance** |
| ***In Two Hundred Fifty (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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| **7.1 Outcomes and Metrics (for capacity grants)** |
| ***In Two Hundred Fifty (250) words or less****, describe proposed outcomes for capacity building processes, including specific metrics where applicable. Reflect outcomes where relevant in the Milestones and Deliverables table in Section 9.*  Click or tap here to enter text. |

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| **7.2 Reporting** |
| ***In One Hundred (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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| **8. Additional Information (Optional)** |
| ***In Five Hundred (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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| **9. Proposed Milestones and Deliverables (by Task)** | | | | |
| *Use the following table to detail the proposed milestones and deliverables by task. Please refer to the MassCEC Standardized Task tab of Attachment 3, Budget and Proposed Payment Schedule as a guide.* | | | | |
| 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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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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