



**Request for Proposals  
for  
Re-Entry Workforce Development Demonstration Program  
FY'19 Appropriation**

**Issued by  
Commonwealth Corporation**

**RESPONSES DUE:**

November 13th, 2018 by Midnight

Upload electronic submission to the following link:  
<https://commcorp.tfaforms.net/328745>

**CONTACT:**

Zac Rich  
Commonwealth Corporation  
2 Oliver Street, 5<sup>th</sup> Floor  
Boston, MA 02109  
zrich@commcorp.org  
617-717-6941

**WEBSITE:**

[www.commcorp.org](http://www.commcorp.org)

**Re-Entry Workforce Development Demonstration Program  
FY'19 APPROPRIATION  
REQUEST FOR PROPOSALS**

**SECTION ONE: Grant Program Goals & Funding Availability**

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**A. *About the Initiative:*** The Re-Entry Workforce Development Demonstration Program is an initiative of Executive Office of Labor and Workforce Development Secretary Rosalin Acosta in support of Governor Baker's effort to improve workforce outcomes among individuals returning to their communities after incarceration (i.e. returning citizens). This state-funded initiative is administered by Commonwealth Corporation on behalf of the Executive Office of Labor and Workforce Development. This grant program is funded through a General Appropriation Act in the Fiscal Year 2019 State Budget (7003-0150). Commonwealth Corporation is seeking applications from partnerships that have demonstrated experience, success and current capacity in providing occupationally-focused training and placement programs for returning citizens and can provide services immediately upon grant award. The target population includes individuals who will be released within one month of a program start date or individuals who were released within 6 months of enrolling in a program or a combination of both. Applicants must demonstrate that the services they propose to provide will result in job placements for participants by end of the grant period.

***Special Note:***

While we are not seeking to support new program development at this time, Commonwealth Corporation plans to release another request for proposals in winter 2018-2019 to support partnerships to engage in the design of occupationally-focused training and placement programs for returning citizens.

**B. *Funding Availability & Grant Award Amount:*** \$450,000 is available for this grant program. Applicants may not request more than \$112,500.

**C. *Allowable Costs:*** Funds may be used for costs associated with delivering training and placement activities, and other services to prepare participants transitioning from a department of correction or house of corrections facility, for success in the targeted occupation(s), to optimize opportunities for participant learning and career development, and to achieve placement for participants. Funds may be used to support the following:

- Outreach, recruitment, assessment and selection
- Support services needed to ensure participants' success, such as transportation, child care, text books, uniforms and tools
- Training delivery, including classroom and formal on-the-job training
- Stipends for participating in training and work experience
- Staff time for partnership and program coordination, job development, case management and data entry

## SECTION TWO: ELIGIBLE LEAD APPLICANTS & PARTNERS

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- A. **Eligible Applicants:** The following organizations are eligible to apply as lead applicants on behalf of a partnership:
1. Community-based organizations
  2. Non-profit education, training or other service providers
  3. MassHire Workforce Board
  4. MassHire Career Center,
  5. House of Corrections/Department of Correction facility
- B. **Required Partnership Members:** Collectively, the members of the partnership must have demonstrated experience, success and current capacity in providing occupationally-focused training and placement programs for returning citizens reentering the community, including support services, education, training, and employment services. Partnership members are additionally expected to have demonstrated a capacity to provide culturally responsive services to the target population. Eligible lead applicants must also demonstrate that they have a relationship with an organization that has access to and will provide referrals to the program. The partners must sign a Memorandum of Agreement, and provide a proposed client/cohort flow of services. (See Attachment 5 for details). These organizations must include partners from each of the following categories:
1. **A minimum of two businesses with operations in Massachusetts and that employ Massachusetts residents in the target occupation(s).** Successful applicants will demonstrate that they have relationships with local businesses committed to providing placements for participants at the end of the grant period. Selected Business partners need to have demonstrated vacancies in their specific industry, and be interested in using this program to fill said vacancies. These businesses must sign a Memorandum of Agreement. Applications that include specific hiring commitments from businesses will receive favorable consideration. If workers in the target occupation(s) at participating businesses are covered by a collective bargaining agreement, the union must also be a partner and sign the Memorandum of Agreement. Applicants are encouraged to identify additional partners that are critical to the sector and success of the target population and that will add value to the partnership.
  2. **A training provider with demonstrated expertise in providing occupational skills training integrated with work readiness/soft skills development and placing individuals in the target occupation;**
  3. **Community-based social service providers with a demonstrated expertise in engaging and supporting returning citizens in succeeding in transitioning to the community and to employment;**
  4. **The regional MassHire Workforce Board and MassHire Career Center**
  5. **The House of Corrections or Department of Correction facility in the region**

Based on our experience, there are many complex factors that would affect an individual's ability to fully participate in an employment program/job placement pre or post-release. Applicants must plan for these challenges by having robust conversations with all partners that address the following areas:

- Distribution of materials
- Identified vacancies
- Communication plan between business partners and case workers assigned to clients
- Scheduling around parole/probation check-ins
- Transportation plan if client population has significant barriers to accessing work placement

For HOC/DOC partners, applicants must address the following areas:

- Distribution of materials
- Location of services and assessment of the population that will be able to access that location
- Technology needs
- Transportation plan if service population has access to offsite work/training opportunities
- Contact plan to obtain client contact information post-release and to coordinate post-release planning to ensure a seamless transition to community-based services and employment

### SECTION THREE: TRAINING PROGRAM DESIGN REQUIREMENTS

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- A. **Target Populations:** Applicants funded under this grant will serve individuals who come from the following populations:
- Individuals in a Department of Correction facility who will be released within one month of a program start date, or individuals who were released within 6 months before enrolling in a program, or a combination of both.
  - Individuals in a House of Corrections facility who will be released within one month of a program start date, or individuals who were released within 6 months before enrolling in a program, or a combination of both.
- B. **Target Occupations:** Applicants must provide training and placement services that prepare individuals to meet a regional business' skill and work readiness requirements for in demand occupation(s). Applicants may either propose to train individuals for an occupation in a single industry sector or for an occupation that exists in multiple industry sectors. In either case, applicants should identify a specific occupation to be targeted and design a training program that prepares individuals for that specific occupation- we recognize that there are occupations with identical required skills and credentials for entry. Applicants may propose to train individuals for multiple target occupations if the required skills and credentials are identical and can be attained through participation in the same training program. Using the document attached as Attachment 6, applications must identify a target region and include information about unmet demand for workers for the target occupation. This information must come from regional employers and must include current and projected vacancies and any projected increase in demand for the targeted occupation and skills, as well as credentials required for entry, to demonstrate that the occupation is of critical importance to employers in the region and that there is a need for the development of a training and placement program.
- C. **Program Design Requirements:** Grant awards will support organizations that propose a set of services to enroll returning citizens into an occupational skills training program that will result in job placement. Successful applicants will:
- Propose an enrollment and training schedule that allows for placements by June 30, 2019
  - Provide clear evidence of commitment to relevant roles and responsibilities from partnership members.
  - Provide intensive, trauma-informed, supportive case management and maintain case notes for each participant; case management services must include connecting with other service providers/reporting partners such as probation/parole officers and mental health providers/clinical support
  - Provide a post-release, cohort based, occupational skills training and placement program that addresses the employers' workforce needs, prepare participants for success in the targeted occupation(s), optimizes opportunities for participant learning and career development, and will result in participants' placement in the target occupation(s). This may include:

- Basic education, including ABE, GED, ESOL, math, computers/technology contextualized to the industry and occupation(s)
  - Vocational training
  - Post-secondary education and credentialing
  - Apprenticeship
  - On-the-job training
  - Paid work experience
- Develop and implement a recruitment, assessment and selection process. Applicants may propose to begin this process pre-release with a goal of selecting and preparing individuals for immediate enrollment in the proposed post-release occupational skills training and placement program. The recruitment, assessment and selection process must ensure that:
    - Individuals selected to participate in the program are willing and able to work and view the program as a resource to prepare them for work in the target occupation(s)
    - Individuals are aware of the target occupation(s)' job description(s), duties, physical requirements, schedule and work environment(s) prior to applying to the program
    - Individuals have the pre-requisite skills to succeed in the program, prior to enrolling in the program
  - If proposed strategy includes a behind the wall component, applicants shall engage and identify key personnel within the HOC/DOC to create a proposed client/cohort flow through services provided within the HOC/DOC. This should include, but is not limited to: inmate movement, schedules, availability of textbooks, transportation, etc.
  - Assign a job developer who is responsible for active outreach to and engagement with above mentioned employers to identify and secure unsubsidized job placements in the target occupation(s) for program participants by the end of the grant period
  - Provide support services to participants including transportation and childcare to alleviate barriers to completion and unsubsidized employment.

D. **Outcome Expectations:** Applicants must propose realistic, attainable job placement goals, subject to review & approval by the proposal review committee. Applicants must explain why the proposed placement rate and cost per placement is appropriate for the target population and the proposed program. This explanation should cite specific performance rates documented for a similar program design, serving a similar population.

## SECTION FOUR: ADMINISTRATIVE REQUIREMENTS

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**A. *Participant Level Data Reporting Requirements:*** Grantees will be required to enter participant level data into a database provided by Commonwealth Corporation. Data will include basic demographics, services received and outcomes achieved.

**B. *Program Progress Reporting Requirements:*** Grantees will be required to submit the following narrative reports using templates supplied by Commonwealth Corporation:

Quarterly Reports: These reports will be due quarterly and will include an update and reflection on progress in meeting performance measures and reporting the project's successes and challenges. Grantees will also be responsible for entering participant level data into the provided database on a minimum of a quarterly schedule.

Final Report: This report will be submitted at the end of the contract period and will document what was achieved through the investment of these funds, inform future funding practices and provide information that could be used more generally among organizations doing similar work. The format for this report will be provided to grantees after a contract is awarded.

**C. *Program & Fiscal Monitoring:*** Commonwealth Corporation is responsible for ensuring that organizations receiving grant funds:

1. have the fiscal and program systems needed to meet all relevant federal and state requirements;
2. meet the terms of the grant award outlined in the contract with Commonwealth Corporation;
3. provide quality services to program participants; and
4. Expend grant funds only for allowable activities.

To fulfill this responsibility, Commonwealth Corporation will periodically request and review documentation related to the grantee organization and grant expenses and activities. Additional information will be provided after a contract is awarded.

**D. *Technical Assistance:*** Each grantee will be assigned a Commonwealth Corporation Program Manager and must assign a main point of contact at their organization who is accountable for the grant. The Commonwealth Corporation Program Manager will be available to support grantees through the duration of the grant, answering questions about operational issues as well as providing technical assistance to ensure grantees meet their performance outcomes.

**E. *Payment:*** Funds will be disbursed on a cost reimbursement basis. Grantees will be required to submit invoices on a monthly basis using an invoice template, supplied by Commonwealth Corporation. Grantees will only be reimbursed for expenses incurred during the period of the

contract. Grantees are required to maintain and submit, upon request, back-up documentation for expenses.

- F. *Project Terms and Conditions:*** Grantees will be required to abide by Commonwealth Corporation's Standard Contract Terms and Conditions which will be provided during contract negotiation. Applicants may review these terms and conditions prior to submitting an application by contacting Zac Rich at [zrich@commcorp.org](mailto:zrich@commcorp.org) to request a copy. In addition, all final contracts are subject to negotiation of a final statement of work.



## SECTION SIX: SUBMISSION SCHEDULE & INSTRUCTIONS FOR SUBMISSION

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**A. Submission Schedule**

Activity	Date
Request for Proposals Released	October 15 <sup>th</sup> , 2018
Deadline to Submit Written Questions	November 7 <sup>th</sup> , 2018
All Answers to Written Questions Posted on Website	November 9 <sup>th</sup> , 2018
Applications Due	November 13 <sup>th</sup> , 2018 by midnight
Applicants Notified of Status	December 2018
Anticipated Contract Start Date	December 1, 2018 (tentative)
Contract End Date	June 30, 2018

**B. Clarification Period:** Questions about this grant program will be accepted in writing from October 15<sup>th</sup> 2018 through November 7<sup>th</sup>, 2018. Please submit questions to Zac Rich at [zrich@commcorp.org](mailto:zrich@commcorp.org). All questions will be responded to and posted on Commonwealth Corporation’s website at [www.commcorp.org](http://www.commcorp.org). Applicants can sign up at <https://commcorp.tfaforms.net/328744> to receive email notifications when new responses are posted. However, all potential applicants are advised to check the Commonwealth Corporation’s website periodically for additional information and updates until submissions are due.

**C. Application Submission Instructions:** Grant Application Packages are due on November 5, 2018 by midnight. Please upload your submission electronically to the following link: <https://commcorp.tfaforms.net/328745>. In order to upload your submission, you will need to complete a form that provides the following information: (1) the **Name** of the lead applicant organization, (2) the lead applicant organization’s **Federal Employer ID Number**, (3) the lead applicant organization’s **Department of Unemployment Assistance ID Number**, (4) the **Total Program Funds Requested**, and (5) the lead applicant organization’s **Primary Contact Person** (to be notified upon decision of grant award).

Applicants should review all components prior to uploading in order to ensure they have completed all of the required information. Narrative forms must be submitted in MS Word file format. Budgets must be submitted in MS Excel file format. Signed Memoranda of Agreement must be scanned and submitted in the form of a single PDF file. Should you encounter any submission issues, please contact Zac Rich at [zrich@commcorp.org](mailto:zrich@commcorp.org) or 617-717-6941.

**D.** The following documents make up the required components of the Grant Application Package. Failure to provide any of the documents or materials listed below may result in the disqualification of the application.

**Attachment 1: Application Summary Form**

This form provides Commonwealth Corporation with summary level information about the proposed program. You may adjust the spacing as needed to accommodate your answers. This form should be the title page of your Grant Application Package.

**Attachment 2: Program Application Narrative Form**

This form provides a list of questions that you must address in your application. Answer all the questions included on the Narrative Form. Do not change the order of the questions/sections. You may adjust the spacing in each section of the Narrative Form to accommodate your answers. Do not use a font size smaller than size 11 and margins less than one inch. The page limit for the Program Application Narrative Form is 7 pages.

**Attachment 3: Budget & Budget Narrative Forms**

Attachment 3a and 3b are the Budget and Budget Narrative Forms. These are included as a separate MS Excel Workbook labeled "Re-Entry FY'19 Application Budget and Outcome Forms." You must submit a detailed budget request using the provided forms. The budget will also become the financial basis for any grant award, and for making cost reimbursement payments over the course of the project. Commonwealth Corporation reserves the right to modify application budgets prior to and/or after grant award.

**Attachment 4: Outcome Chart:**

Attachment 4 is the Outcome Chart Form. This is included as a separate MS Excel Workbook labeled "Re-Entry FY'19 Application Budget and Outcome Forms." Complete the Outcomes Form with goals for enrollment, completion, and job placement measured at 30 days retention. These outcomes will be contract deliverables.

**Attachment 5: Memorandum of Agreement (MOA)**

A Memorandum of Agreement must be included and labeled as Attachment 5. These should articulate the relationship between the lead applicant and the required partners listed in Section 2. Two example versions are included- for a business partner and correctional facility partner. Programs are expected to refer to the provided examples for guidance while crafting their agreements. Applicants can merge all MOU's together into one document with each entity sign off if desired.

**Attachment 6: Target Occupation Worksheet**

A Target Occupation Worksheet must be included and labeled as Attachment 6.

**Attachment 7: Certificate of Good Standing:** All lead applicants must submit a Certificate of Good Standing from the Massachusetts Department of Revenue. This should be included in your Grant Application Package and labeled Attachment 7. **Please note that community colleges, public vocational technical high schools and public state universities serving as the lead applicant do not need to submit a Certificate of Good Standing.**

## SECTION SEVEN: PROPOSAL EVALUATION PROCESS AND CRITERIA

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- A. Proposal Evaluation Process:** Proposals submitted in response to this solicitation will be evaluated by Commonwealth Corporation. Representatives of the Executive Office of Labor and Workforce Development may participate in this process.

The review process will consist of the following steps:

### **Step 1: Threshold Criteria Screening**

Submissions will be screened for completeness, conformity to the program requirements and timeliness of response. Submissions that are incomplete, non-conforming, or late may not be considered.

### **Step 2: Compliance Screening**

Commonwealth Corporation will conduct an analysis to ensure all applicants are in compliance with state and federal law. Applicants are encouraged to review these criteria and ensure they are in compliance prior to submitting an application. Commonwealth Corporation will conduct the following reviews to ensure compliance:

- Ensure applicants are in good standing with the Massachusetts Department of Revenue. Commonwealth Corporation will conduct this screening by reviewing the Certificate of Good Standing (C.O.G.S) submitted in the Grant Application Package. **Please note that community colleges, public vocational technical high schools and public state universities serving as the lead applicant do not need to submit a Certificate of Good Standing.**
- Please follow this guidance when requesting and submitting a Certificate of Good Standing from the Department of Revenue:
  - The Certificate of Good Standing from the Department of Revenue is not the same and should not be confused with a Certificate of Incorporation from the Secretary of State
  - This is a link to a sample C.O.G.S: <http://www.mass.gov/lwd/docs/dcs/wtf/dor-cert-good-standing.pdf>
  - C.O.G.S. must be less than six months old
  - Please visit the Department of Revenue's website (<http://www.mass.gov/dor/businesses/programs-and-services/certificate-of-good-standing.html>) for more information about the C.O.G.S and to complete an online application to obtain a Certificate
  - Applications for a C.O.G.S can take 4-6 weeks to be processed
- Ensure applicant are in full compliance with all obligations to the Department of Unemployment Assistance, Department of Industrial Accidents, and any other obligations to the Commonwealth of Massachusetts. Commonwealth Corporation will work with the Department of Unemployment Assistance to conduct this review.

### **Step 3: Review Committee**

A review committee will review and score all eligible submissions. Review results will be documented. EOLWD and Commonwealth Corporation reserve the right to request additional information from any applicant to ensure that the review committee has a complete understanding of the program concept.

<b>Category</b>	<b>Point value</b>
Track record of success and qualifications/capacity of applicant and partner organizations to ensure a sufficient number of appropriate individuals are recruited and that participants are provided with the supports and services to prepare and place them into unsubsidized employment at the completion of the grant period	30
Strong job placement strategy that is likely to result in placement and retention for a majority of program completers	30
Strong MOA detailing partner roles, including strong commitments from employers that indicate a strong likelihood that employers will hire program completers, and detailed plans with HOC/DOC if program is targeting individuals prior to release	25
Budget aligns with the proposed program design and the proposed enrollments and outcomes are appropriate given the expenses of the program	15

**Step 4:** All applicants will be notified of their award status by email.

- A. *Additional Terms:*** In addition to the scoring system outlined, Commonwealth Corporation reserves the right to only consider submissions that, in our sole judgment, are complete and responsive to the solicitation's requirements and include all required application components. Additionally, Commonwealth Corporation and the Executive Office of Labor and Workforce Development reserve the right to consider other criteria in making competitive awards among comparably qualified applicants. Commonwealth Corporation reserves the right to reject any and all applications, or to accept any and all applications, in whole or in part, if deemed to be in the interest of the Commonwealth Corporation or the Commonwealth of Massachusetts to do so. This RFP does not commit Commonwealth Corporation to award any contracts. Upon submission, all applications become the property of Commonwealth Corporation. Commonwealth Corporation is not responsible for electronic submissions that are not received by Commonwealth Corporation. Commonwealth Corporation also reserves the right to renew and extend the contract beyond the initial contract period if funding is available in future years.
- B. *Appeals:*** Appeals of the funding decision may be filed with J.D. LaRock, President, Commonwealth Corporation, 2 Oliver Street, 5<sup>th</sup> Floor, Boston, MA 02109. Appeals must be filed within fifteen days of the date of Commonwealth Corporation's notice to unsuccessful bidders. The president may decide to hold an informal review of the decision, and may decide to grant an appeal, deny an appeal, or modify an award based on information provided during the informal review.
- C. *Audited Financial Statements and Verification of Fiscal Management Capacity:*** All applicants that are selected for an award will be required to submit a copy of the organization's most recent audited financial statement prior to the execution of a final contract. In addition, prior to the grant award, Commonwealth Corporation staff may review an organization's fiscal systems and internal controls to verify that the organization has the capacity to manage public grant funds and administer the program.

## **SECTION NINE: SUMMARY OF ATTACHMENTS**

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### A. Grant Application Package

Attachment 1: Application Summary Form

Attachment 2: Program Application Narrative Form

Attachment 3a & 3b: Budget and Budget Narrative Forms

Attachment 4: Outcome Chart

Attachment 5: Sample MOU Form

Attachment 6: Target Occupation Worksheet

## ATTACHMENT 1: APPLICATION FORM

Respond to all questions on the Application Form. You may adjust the spacing in each section to accommodate your answers. Do not delete any of the questions. Although there is no page limit for the Application Form, please limit responses only to what is necessary to answer each question sufficiently. *Please note: This symbol ^ identifies information which you will also need to enter on the online submission form (see Section three for Submission Instructions).*

<b>1. Project Profile: FY'19 Re-Entry Workforce Development Demonstration Program</b>				
<b>Name of Lead Applicant Organization ^</b>				
<b>Applicant Type:</b> Please select ( <input checked="" type="checkbox"/> ) the type of organization that represents the lead organization.				
<input type="checkbox"/> Nonprofit Education, Training, or Other Service Provider <input type="checkbox"/> MassHire Workforce Board		<input type="checkbox"/> MassHire Career Center <input type="checkbox"/> House of Corrections or Department of Corrections <input type="checkbox"/> Community-Based Organization		
<b>Department of Unemployment Assistance ID Number ^</b>			<b>Federal Employer ID Number ^</b>	
<b>Lead Applicant Contact Information</b>				
<b>Role</b>	<b>Name / Title</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>
<b>Primary Contact Person ^</b> (notified upon decision of grant award)				
<b>Authorized Signatory</b> (authorized to commit organization)				
<b>Fiscal Contact</b> (fiscally responsible for project funds and submitting invoices)				
<b>Project Manager, if known</b> (contact over the course of the project)				
<b>Project Summary</b>				
In the space provided below, please provide a summary of your proposed project in 400 words or less. Please keep in mind that if your organization is awarded funding, this is the project summary that will be used in public announcements.				
<b>Partners Contact Information</b>				
Please list the organizations and contact information for your partners. You may add extra lines.				
<b>Organization Type</b>	<b>Organization Name</b>	<b>Address</b>	<b>Contact Name / Title</b>	<b>Phone / Email</b>
<b>Community Based Organization</b>				
<b>q Nonprofit Education, Training, or Other Service Provider</b>				
<b>Business Partner 1</b>				

<b>Business Partner 2</b>				
<b>HOC/DOC</b>				
<b>MassHire Workforce Board</b>				
<b>MassHire Career Center</b>				
<b>Probation/Parole (if applicable)</b>				

## ATTACHMENT 2: PROGRAM APPLICATION NARRATIVE FORM

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Use this form to describe your proposed program design. Do not exceed 7 pages, using a font 11 points or larger and with at least one inch margins. Tables, charts, figures, and appendixes are included in the page limit. The page limit does not include the other required Parts of the Grant Application Package.

1. Have you delivered this program before? If so, please provide information about the funding source and the dates the program was offered. Please fill in the following chart to provide a brief snapshot of your past performance in operating this program. If you have not operated this program before, please provide a brief snapshot of your past performance operating a similar type of program. In reviewing the data provided in the chart below, did you consider your program successful? If so, why? If not, why and what will you do to address it in this program?

<b><i>Program</i></b> <b><i>*Please indicate whether this performance data is for delivery of the same program or a similar program.</i></b>	<b><i>How many times have you offered this program and over what period of time (provide dates and # of years)?</i></b>	<b><i>How many individuals have you enrolled to date?</i></b>	<b><i>How many individuals have completed to date?</i></b>	<b><i>How many individuals have been placed to date?</i></b>

2. Please describe the role of each partner in the partnership and demonstrate that collectively, the partners, including the lead applicant, have the required experience, capacity and expertise to accomplish the goals of the program.
3. Successful applicants will demonstrate that they have relationships with key personnel at their relevant HOC/DOC facility. Applicants should include specific names of personnel who have committed to facilitating a continuum of services for clients transitioning out of the facilities. Evidence of such existing relationships should include a signed MOA, signed letters of support, and a work plan describing client flow/service delivery behind the wall.
4. What specific occupation/industry will your program partner with for placement? How did your partnership determine that there are and will be a sufficient number of vacancies in this occupation to meet your proposed placement goals? Please use the table included as



**Attachment 6** to provide evidence there will be sufficient job vacancies in these occupations among partner employers when participants are prepared for placement.

5. Please describe your recruitment strategy for the target population, including a list of any organizations that will refer individuals to your program and the methods that will be used to recruit participants.
6. Describe the selection and assessment process. What criteria will be used to determine participant readiness and fit with the proposed services? If they are individuals you are already providing services to, how will you determine they are ready to participate in this program?
7. What barriers to employment does this population have? How will you work with participants to address these barriers?
8. Proposed services should lead to job placement within the duration of this grant (June 30, 2019). What challenges will your program face to attaining this goal? What strategies do you have in place to addressing these challenges?
9. Describe your staffing structure, including the staff name, title, role and FTE of each staff member that will support program participants.

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### **ATTACHMENT 3A & 3B: BUDGET & BUDGET NARRATIVE FORMS**

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**General Instructions:** The proposed budget must be submitted using the following attachments provided in MS Excel file format:

1. Budget Form (Attachment 3a)
2. Budget Request Narrative Form (Attachment 3b)

***Budget Form (Attachment 3a):*** serves as a cover sheet to the Budget Request Narrative Form. While it is formatted with formulas, please check all amounts for accuracy prior to submission.

***Budget Request Narrative Form (Attachment 3b):*** outlines all of the project costs for which you are requesting grant funds. This budget should be based upon the entire requested grant duration (up to June 30, 2019).

Each line item amount should have clear and sufficient cost rationale. Applicants must complete the following columns for each line item for which they are requesting funds.

- ***Actual Cost (AC) or Cost Allocation (CA):*** Please identify whether these expenses will be charged based upon actual costs or a cost allocation plan. Please note: Applicants awarded funding will be required to provide a copy of their cost allocation plan during contract negotiations. If the cost allocation plan does not include sufficient detail or is updated on a monthly or ongoing basis, this updated information must be included along with other required back-up during specified monthly invoices. Any changes to this plan must be submitted to Commonwealth Corporation for the duration of the grant.
- ***Description of use of funds:*** Please include a description to explain how funds will be used.

- **Calculations:** To reduce calculation errors, please use these two columns to include the rate and unit of measurement used to calculate each line item. Instructions for specific line items are included below in the Category Instructions. Applicants may include additional detail in the ***description of use of funds*** column to explain any expenses that do not conform to the standard unit of measurement @ rate calculation format.

Please follow the Category Instructions below for completing the Budget Request Narrative Form and remember to *check all amounts* for accuracy prior to submission.

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### **A. Salary & Fringe**

**Salary:** This category is for project costs related to staff that will be performing project-related functions and will be on the payroll of the lead applicant only.

The budget should include:

- each staff person (name, if known and job title) on a separate line
- actual rates of pay each staff person will receive for compensation in the column labeled “Rate/hour”
- the quantity of hours each staff person will work on this grant in the column labeled “hours”

Grantees may not invoice Commonwealth Corporation for staff roles that are not included on the budget in the contract. Grantees may charge a higher hourly rate than the rates listed in the budget in the contract. However, grantees are responsible for ensuring that the staffing structure outlined in the contract is maintained. Commonwealth Corporation will not approve a modification to add additional funds to staffing in order for the grantee to maintain the staffing structure included in the contract. Therefore, we encourage all grantees to review any significant staff changes with Commonwealth Corporation prior to making the change to ensure an adequate staffing structure is maintained. Applicants should factor in any proposed increases over the grant period into the average hourly rate.

**Fringe:** This line item is for fringe benefits for internal staff. The budget should include the percentage used to calculate the actual budgeted dollar amount. The budget should also include details about the benefits included in rate and the rate associated with each benefit.

### **B. Other Program Costs**

**Travel:** This category is for lead applicant staff travel required to achieve the project goals. The budget should include a description indicating the need for the proposed travel, destinations, and mode of travel. The budget should include the mileage rate in the column labeled “rate” and the total number of miles in the column labeled “unit.” Mileage will not be reimbursed beyond the current federally approved rates.

**Space Rental:** This category is for space rental related to project activity. If funds will be allocated on a cost allocation basis, the average monthly cost should be included in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be charged on an actual cost basis the actual monthly cost of rent should be included in the column labeled “rate” and the duration of your grant in the column labeled “unit.”

Telephone & Communications: This category is for telephone and other communication costs related to project activity. If funds will be allocated on a cost allocation basis, the average monthly cost should be included in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be charged on an actual cost basis the budget should include the actual monthly cost of telephone & communications in the column labeled “rate” and the duration of your grant in the column labeled “unit.”

Equipment Rental & Lease: This category is for rental or lease of office equipment necessary for implementation of the project. The budget should include a list of items to be leased. If funds will be allocated on a cost allocation basis, the average monthly cost should be included in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be charged on an actual cost basis include the actual monthly cost of equipment rentals in the column labeled “rate” and the duration of your grant in the column labeled “unit.”

Equipment Purchase: This category is for equipment purchases. The budget should include a list of items to be purchased. The budget should include the cost of the item in the column labeled “rate” and the total number of units that will be purchased in the column labeled “unit.”

Postage & Mailings: This category is for postage and mailing related to project activity. The budget should include a description of the use of these funds. If funds will be allocated on a cost allocation basis, the budget should include an average monthly cost in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be charged on an actual cost basis over the duration of the grant, the budget should include the total cost of postage in the column labeled “rate” and fill in a number “1” in the column labeled “unit.”

Publication/Print/Copying: This category is for publication, printing and copying related to project activity. The budget should include a description of the use of these funds. If funds will be allocated on a cost allocation basis, include an average monthly cost in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be allocated on an actual cost basis over the duration of the grant, include the total cost of publication, printing and copying in the column labeled “rate” and fill in a number “1” in the column labeled “unit.”

Meeting Expenses: This category is for meeting expenses related to project activity. The budget should include a description of the use of these funds. The budget should include a meeting cost rate in the column labeled “rate” and the total number of meetings that will be held over the duration of your grant in the column labeled “unit.”

Office Supplies & Materials: This category is for office supplies related to project activity. The budget should include a description of use of these funds. If funds will be allocated on a cost allocation basis, the budget should include an average monthly cost in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be charged on an actual cost basis over the duration of the grant, the budget should include the total cost of office supplies & materials in the column labeled “rate” and fill in a number “1” in the column labeled “unit.”

Marketing & Advertising: This category is for marketing and advertising related to project activity. The budget should include a description of use of these funds. The budget should include the cost of the advertisement in the column labeled “rate” and the number of times you plan to run the advertisement in the column labeled “unit.”

Training Materials: This category is for expenses related to the purchase of training materials related to project activity. The budget should include a description of the training materials. The budget should include the cost per unit of the training materials in the column labeled “rate” and the cost per unit in the column labeled “unit.”

### **C. Support Services**

Training Stipend: This category is for stipends paid to participants during their participation in classroom training. The budget should include the amount of the stipend in the column labeled “rate” and the total number of participants anticipated to receive the stipend in the column labeled “unit.”

Work Experience: This category is for wages and stipends paid to participants or wage subsidies paid to employers during work experience, including on-the-job training. The budget should include a description of the type of compensation (stipend, hourly wage for internship, wages for on-the-job training) and the number of weeks of employment. The budget should include the total maximum compensation that will be paid to or in the case of a wage subsidy, on behalf of each participant under the column labeled “rate” and the total number of participants anticipated to receive the stipend in the column labeled “unit.”

Transportation: This category is for transportation expenses related to the support of participants during training. The budget should include a description of the use of funds. The budget should include the average amount that will be provided per participant in the column labeled “rate” and the total participants in the column labeled “unit.”

Participant Tuition & Fees: This category is for tuition and fees associated with training slots for one or more participants. The budget should include the cost per participant in the column labeled “rate” and the total number of participants in the column labeled “unit.” Any costs that the applicant will contractually agree to pay a training provider for group instruction should not be included in this line item, and should be included in the training contractors’ line item.

Other: This category is for other expenses related to the support of participants during training. The budget should include a description of the use of funds. The budget should include the average cost per participant in the column labeled “rate” and the total number of participants in the column labeled “unit.”

### **D. Contracted Services**

Training Contractors: This category is for project costs related to training services provided to the grantee on a contract basis by individuals, organizations or companies that are subcontractors or consultants to the grantee.

If the cost of the course is negotiated at an hourly rate, the budget should include the hourly rate in the column labeled “rate” and the total number of instructional and preparation hours in the column labeled “unit.” If the cost of the course is negotiated at a course based rate, the budget should include the total cost of the course in the column labeled “unit” and the number of times the course will be offered in the column labeled “rate.” If rates vary by course, each course should be listed in a separate row. At a minimum each training provider should be listed on a separate line.

Curriculum Development Contractors: This category is for project costs related to the development of curricula. The budget should include a description of the use of funds including the name of the organization or individual that will be contracted to develop the curricula and the new courses that will be developed. The budget should include the hourly rate in the column labeled “rate” and the number of hours that will be spent developing the curricula in the column labeled “unit.”

Other Contractors: This category is for expenses related to other contracted services, including any contracted services to fulfill required staffing roles. The budget should include a description of the use of funds including the name of the organization or individual that will be contracted to perform this service. The budget should include the hourly rate in the column labeled “rate” and the quantity of hours each task will require in the column labeled “unit.” Each contractor should be listed on a separate line.

**E. Indirect Costs** This category is for indirect costs. Indirect costs are costs incurred for common or joint objectives that are not easily identifiable to a single grant and benefit multiple programs. Grantees must apply indirect costs through the use of an approved indirect cost rate or an approved cost allocation plan. A copy of the cost allocation plan must be supplied during contract negotiations. Any changes to this plan must be submitted to Commonwealth Corporation for the duration of the grant.

## **ATTACHMENT 4: OUTCOME CHART**

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**General Instructions:** The outcome chart must be submitted using Attachment 4 provided in the MS Excel file format. This form summarizes the key anticipated outcomes for the proposed project. These outcomes will be incorporated into the final contract. In addition to the outcomes listed here, grantees will be required to collect other information about participant demographics, wages, and other project results.

Please enter goals under the column labeled “goal.” Then show the anticipated distribution of goals by quarter by entering the cumulative goal per quarter under each corresponding quarter. We have programmed formulas that will automatically calculate the performance rates under the column labeled “rate” for each performance measure.

### **Section I: Enrollment & Completion Goals:**

1. *Number of participants enrolled in training program:* Please enter the total number of participants that will be enrolled in the proposed training program and the anticipated cumulative total number by quarter.
2. *Number of participants completing training program:* Please enter the total number of participants that will complete the proposed training program and the anticipated cumulative total number by quarter.
3. *Number of participants earning an industry recognized credential as a result of training:* Please enter the total number of participants that will earn an industry recognized credential as a result of training and the anticipated cumulative total number by quarter. If the industry does not recognize or require an industry recognized credential and the proposed program design does not result in an industry recognized credential leave this field blank.

### **Section II: New Employment Goals:**

4. *Number of participants placed in unsubsidized employment and retain it for at least 30 days:* For this question, enter the number of un/underemployed that will obtain a job and retain it for at least 30 days during the period of the grant and the anticipated cumulative total by quarter.
5. *Average Hourly Wage at Placement:* Please enter the anticipated starting hourly wage at placement for participants that will be placed in training related unsubsidized employment.

## ATTACHMENT 5: SAMPLE MEMORANDUM OF AGREEMENT (HOC/DOC)

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(NAME of Partnership)

### I. Purpose of This Memorandum

This Memorandum of Agreement (MOA) outlines the agreement among the partners listed below. Partners are committed to implementing a program design that includes the following features:

- Along with Lead Applicant, designing implementation protocols and developing training program curricula to ensure that they are aligned with entry requirements for jobs for the target population;
- Strategies that address enrollment, occupational and academic skills instructions, job development, and job placement for returning citizens and the target occupation(s)

### II. Term

This MOA shall be in effect from \_\_\_\_\_ and shall end on \_\_\_\_\_. This MOA may be terminated prior to the effective end date upon the full written approval of all the partners.

### III. Partners

List the names of each institutional partner participating in the membership

### IV. Common Roles & Expectations of Partners

#### All Parties agree to (examples):

1. Communicate consistently through e-mail and phone calls, reading all relevant e-mails, listening to voice mail messages and responding in a timely manner.
2. Work together to solve problems, make decisions, create opportunities for program participants, and support participants' success.
3. Hold participants to program standards
4. Deliver consistent messages, and provide a structured, safe, culturally responsive learning environment.

### V. Individual Partner Roles & Expectations

Outline the specific roles and expectations of each partner, which may include:

- Coordinate program logistics and oversee day-to-day operations.
- Provide career readiness training and ensure completion of all work readiness.
- Handle all fiscal and data requirements for the grant.
- Help recruit individuals who are a good fit for the program
- Support participants in addressing challenges outside of the program that might interfere with their success in the program.
- Provide teachers, space and equipment for teaching occupational skills.
- Provide paid work experience.
- Evaluate participants and provide honest feedback to and all partners about participants' progress.

- Participate in the design of assessment/screening protocols and training program curriculum to ensure graduates of the program meet hiring standards.
- Provide participant level data to the lead applicant
- Provide the talents and support of hiring managers to design a program that will meet their workforce needs and lead to job placements

Required Institutional Partners (HOC/DOC) must sign the MOA with the following commitments:

(Institution) agrees to identify key personnel to participate in the design of protocols and training program implementation to ensure target population has a clear, identified client flow through proposed behind-the-wall service offerings.

(Institution) agrees to work with lead applicant to discuss and address anticipated service delivery barriers

## V. Signatures

Have each partner's representative sign and date the MOA. Make sure the signatories have contractual authority for their organization.

**Partner Organization Name**

**Signatory Name**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Partner Organization Name**

**Signatory Name**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **ATTACHMENT 5: SAMPLE MEMORANDUM OF AGREEMENT (BUSINESS PARTNER/EMPLOYER)**

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*(NAME of Partnership)*

### **I. Purpose of This Memorandum**

This Memorandum of Agreement (MOA) outlines the agreement among the partners listed below. Partners are committed to implementing a program design that includes the following features:

- Involvement of business partners in designing assessment/screening protocols and in developing training program curricula to ensure that they are aligned with entry requirements for jobs;
- Case management to ensure participants find and remain in jobs after completing the training program;
- Strategies that address enrollment, occupational and academic skills instructions, job development, and job placement for returning citizens and the target occupation(s);
- Demonstrated vacancies; and
- Hiring commitments to place the target population in the above mentioned vacancies

### **II. Term**

This MOA shall be in effect from \_\_\_\_\_ and shall end on \_\_\_\_\_. This MOA may be terminated prior to the effective end date upon the full written approval of all the partners.

### **III. Partners**

List the names of each business partner participating in your membership

### **IV. Common Roles & Expectations of Partners**

#### **All Parties agree to (examples):**

5. Communicate consistently through e-mail and phone calls, reading all relevant e-mails, listening to voice mail messages and responding in a timely manner.
6. Work together to solve problems, make decisions, create opportunities for program participants, and support participants' success.
7. Hold participants to program standards
8. Deliver consistent messages, and provide a structured, safe, culturally responsive learning environment.

### **V. Individual Partner Roles & Expectations**

Outline the specific roles and expectations of each partner, which may include:

- Coordinate program logistics and oversee day-to-day operations.
- Provide career readiness training and ensure completion of all work readiness.
- Handle all fiscal and data requirements for the grant.

- Help recruit individuals who are a good fit for the program
- Support participants in addressing challenges outside of the program that might interfere with their success in the program.
- Provide paid work experience.
- Evaluate participants and provide honest feedback to and all partners about participants' progress.
- Participate in the design of assessment/screening protocols and training program curriculum to ensure the target population of the program meet hiring standards.
- Provide participant level data to the lead applicant
- Provide the talents and support of hiring managers to design a program that will meet their workforce needs and lead to job placements

*Required Business Partners must sign the MOA with the following commitments:*

(business name) agrees to identify hiring managers to participate in the design of assessment/screening protocols and training program curriculum to ensure graduates of the program meet hiring standards.

(business name) agrees to hire (number of graduates to be hired) graduates at an average starting hourly wage of (average starting hourly wage).

OR

(business name) agrees to interview (number of graduates) and hopes to fill (#of positions) with program graduates.

## V. Signatures

Have each partner's representative sign and date the MOA. Make sure the signatories have contractual authority for their organization.

**Partner Organization Name**

**Signatory Name**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Partner Organization Name**

**Signatory Name**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ATTACHMENT 6: TARGET OCCUPATION WORKSHEET**

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<b>Employer</b>	<b>Occupation</b>	<b>Number of Current Vacancies in Occupation</b>	<b>Number of Anticipated Job Openings Over Duration of Grant</b>	<b>Skills Required for Entry</b>	<b>Credentials Required for Entry</b>	<b>Average Hourly Wage At Entry</b>
Employer Partner 1 (provide employer name)						
Employer Partner 2 (provide employer name)						