**Part 1: Program Design Application Summary Form**

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| **1. PARTNERSHIP PROFILE** Please provide a response in each field. | | |
| **Name of Lead Applicant Organization:** | | |
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| **Federal Employer ID Number (FEIN):** | **Department of Unemployment Assistance ID Number:** | |
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| **Applicant Type:** | | |
| |  |  | | --- | --- | | *Community-Based Organization*  *Employer*  *Industry/Business Association*  *Higher Education Institution*  *Labor Organization*  *Local Workforce Development Entity* | *Local MassHire Workforce Board*  *MassHire Career Center*  *Vocational Education Institution*  *Non-profit Education, Training, or Other Service Provider*  *For-profit Education, Training, or Other Service Provider* | | |
| **Target Occupation(s):** | **Target Industry:** | |
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| **Please select (one) 3- or 6-Month Program Design Grant Cohort to participate in:** | | |
| *3-Month | July 1, 2024 – October 31, 2024*  *6-Month | July 1, 2024 – December 31, 2024*  *3-Month | September 1, 2024 – December 31, 2024* | | |
| **Total Program Design Funds Requested:** | | |
| *$* | | |
| **Program Design Focus:** | | |
| *Develop a new or enhance an existing occupationally-focused training and placement program for unemployed and/or underemployed workers* ***and*** *submit WCTF/Donnelly Workforce Success Grant application to support implementation of the program*  *Develop a new or enhance an existing occupationally-focused training and advancement program for incumbent workers* ***and*** *submit a WCTF/Donnelly Workforce Success Grant application to support implementation of the program*  *Develop or enhance an existing occupationally-focused training program that incorporates placement for unemployed and/or underemployed workers and advancement for incumbent workers* ***and*** *submit a WCTF/Donnelly Workforce Success Grant application to support implementation of the program*  *Unsure (making this determination is part of the work plan included in this proposal)* | | |

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| **2. PROGRAM SUMMARY**  In the space provided below, please describe your proposal in 400 words or fewer.  Please keep in mind that if your organization is awarded funding, this is the program summary that will be used in public announcements. |
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| **3. LEAD APPLICANT CONTACT INFORMATION**  Please list the contact information for key staff members | | | | |
| **Role** | **Name & Title** | **Address** | **Phone** | **Email Address** |
| **Primary Contact Person:** (notified upon decision of grant award) |  |  |  |  |
| **Authorized Signatory:** (authorized to commit organization) |  |  |  |  |
| **Fiscal Contact:**  (fiscally responsible for project funds and submitting invoices) |  |  |  |  |
| **Project Manager:**  (if known - contact over the course of the project) |  |  |  |  |

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| **4. Program Design PARTNERSHIP MEMBERS AND CONTACT INFORMATION**  Please list the name and contact information for all organizations that have committed to participating in the program design activities.  Note: Letters of commitment are required from at least one employer with a skilled hiring need (if lead applicant is not an employer) and one training provider (if lead applicant is not a training provider).  You may add rows as needed to represent your partnerships. | | | | |
| **Organization Type** | **Organization Name** | **Address** | **Contact Name/Title** | **Phone/Email** |
| **Employer Partner** |  |  |  |  |
| **Training Provider** |  |  |  |  |
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**Part 2: Narrative Form**

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| **Program Design Application Narrative Form** |
| **1. What is the region you plan to serve with your program?** |
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| **2. What is the primary focus of your program design plan? (Part 1, “Program Design Focus”)**  **Please provide additional detail that would help reviewers understand what you hope to accomplish during the program design period.** |
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| **3. What occupation(s) are you targeting for your program design activities?** |
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| **4. Please provide evidence that there is enough anticipated demand in your region to merit the development or expansion of a training program to prepare individuals for employment or advancement into each of your target occupation(s).**  This evidence might include labor market data (projected job growth or vacancies) for your region, current job postings, and a letter from an employer testifying to the number of workers they anticipate hiring in the next 1 to 3 years. Please provide the sources of your data. |
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| **5. Do you have a target population? If so, please provide an outline of their characteristics.** |
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| **6a. Have you operated this program previously or would it be a new program?** |
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| **6b. If you operated this program previously, when did you last operate it and for what number of years? What was successful in the program and what were the challenges? If you are not still operating it, why?** |
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| **7. If you operated this program previously, please outline the programmatic changes you are seeking to develop during a program design period. Why are you seeking to make these changes and how is that related to the challenges you described above?** |
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| **8. What challenges do you anticipate encountering during the program design period? How do you plan to address them?** |
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| **9. *(Optional)* If you have not operated this program previously but have related experience that is relevant to this grant, please describe your previous experience with grant management, program design, and partnership convening. What were your successes? What challenges did you encounter and how did you address them?** |
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| **10. Have you previously managed a grant supported with public funds? If yes, please provide an example. Include the name of the organization that awarded you the grant, the grant amount, the purpose of the grant and the timeframe of the grant.** |
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| **11. Please confirm your plans to apply for a WCTF/Donnelly implementation (Training, Advancement and Placement Programs) grant within the six months following the Program Design grant period.** |
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| **12. In order to be successful in developing a program that will meet the requirements of a WCTF/Donnelly Success Grant, you will need to have knowledge of the requirements of your target occupation and expertise in occupationally-focused skills training, contextualized work-readiness skill development, cultural competence with your target population, career coaching and case management, wrap-around support services, and job development and job placement. Please complete the following chart to identify which organizations will contribute expertise in the program design period.**  Please Note: Each of the organizations you list should also be represented in a signed letter of commitment to participate in program design.  **(Add rows as needed.)** | |
| **Expertise** | **Name of Organization Contributing Expertise During the Program Design Period** |
| Knowledge of requirements of the target occupation |  |
| Expertise in occupationally-focused skills training |  |
| Expertise in occupationally-contextualized work readiness skill development |  |
| Cultural competence with target population |  |
| Expertise in providing career coaching and case management |  |
| Expertise in providing wrap-around support services |  |
| Expertise in job development and job placement |  |
| Expertise in providing post-placement job retention support |  |

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| **13. Work Plan: Use the following table to provide your Program Design workplan.**  **(Please refer to Appendix 1 of the RFP for a list of recommended activities.)** | | | | |
| **Task Description** | **Product/Outcome** | **Begin Date** | **Completion Date** | **Name and Organization of Responsible Staff / Partner** |
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| **14. Staffing Plan: Use the following table to provide information about the role of each person whose activities will be supported with grant funding during the program design period.** | | | |
| **Name** | **Role** | **Job Title/Organization** | **Experience/Qualifications** |
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