

# Workforce Training Fund Program

## WORKFORCE TRAINING FUND PROGRAM

Available to Businesses of all Sizes

If you are applying for a consortium application, please [click here](#)

To apply for a grant there is a two-part process. First, you must review and update all relevant information about this employer prior to submitting a grant application.

Please confirm that the information in the following sections are up to date and accurate before application submission.

- FEIN Number
- Organization Name / DBA
- Massachusetts Department of Unemployment Assistance (DUA) Employer ID #
- Telephone, Website, and Company Address
- Workforce Data: Number of Full-time and Part-time employees both Worldwide and in Massachusetts & Layoff History

### Organization Information Update

Once your organization information is updated, you may use the button below to apply for a grant.

New Grant Application

New GP Consortium Partnership Grant Application

New ESOL Bridge Grant Application

#### In-Progress Grant Applications

Opportunity Name	Organization Name	Status	
Ready Set Go Test - WTFP GP 12/18/2024	Ready Set Go Test	Application In Progress	<a href="#">View</a>

#### In-Progress ESOL Bridge Grant Applications

Opportunity Name	Organization Name	Status	
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#### Previous ALL WTFP-GP Grant Applications

Opportunity Name	Organization Name	Status	
Ready Set Go Test - WTFP GP 12/17/2024	Ready Set Go Test	Application Received	<a href="#">View</a>

#### Not Recommended Grant Applications

Opportunity Name	Organization Name	Status	
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## 1. Grant Information: History

Have you participated in a grant through the Workforce Training Fund in the last 5 years? \*

Yes  No

In the space below, please enter the approximate close date of most recent WTFP grant (date all final reporting obligations were finalized). WTFP policy prohibits General Program funding for topics that were addressed in a prior grant until five years have passed since the closeout of the last grant. The General Program award recipients will not be considered for new grants until one year has elapsed from the close of a prior General Program training grant.

**If you require any assistance in determining the grant history of your organization, we would be happy to assist you. Please contact the Commonwealth Corporation's Workforce Training Fund Program at 617-717-6912 or [WTFP@commcorp.org](mailto:WTFP@commcorp.org)**

WTFP General Program Close Date?

Month and Year

WTFP Express Grant Close Date?

Month and Year

Briefly describe your previous grant, including the training objectives and topics. \*

How is the training in this new application different than the training that was previously provided? \*

Is this a revised application that addresses the relevant findings relayed following a previous application decision? \*

Yes  No

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## 2. Company Contacts

**Primary Contact**

This person will be the main / primary point of contact for application inquiries, such as but not limited to; course details, Certificate of Good Standing errors, compliance screenings, and overall discrepancies. This person serves as a coordinator for the company and is often the person completing the grant application.

First Name *	Last Name *
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title *	Email *
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Telephone *	Extension
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**Authorized Signatory**

This person will receive the grant service agreement and should be authorized to sign the agreement on behalf of the company. This person is often in upper management and authorized to sign contracts.

First Name *	Last Name *
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title *	Email *
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Telephone *	Extension
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**Fiscal Contact**

This person will be the point of contact for reimbursement related inquiries, and should be able to provide financial documentation such as payroll reports, proof of payment, course invoices, etc.

First Name *	Last Name *
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title *	Email *
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Telephone *	Extension
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**Admin / Additional**

Alternative Contact (Optional): This person will be contacted if we're unable to get in touch with the primary contact. Additionally, upon request, the person can be cc'ed in all correspondence related to the application and grant service agreement. They can also receive a copy of the completed DocuSign package.

First Name	Last Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title	Email
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Telephone	Extension
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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### 3. About Your Training Plan: Summary

#### Training Plan Summary \*

In 1,000 characters or less, please provide a brief, summary-level description of your training plan. This concise summary will be used as a short-form depiction of the proposed training activity for public release. You should not include financial, proprietary or other sensitive information

#### Needs Assessment, how did you assess your training needs across all levels of the organization? \*

Describe your company's on-going training activities and explain how the proposed training is different from, and will enhance, rather than replace those activities? \*

#### In what ways were trainees involved in the development of the proposed training plan? \*

A goal of the WTFP is to supplement rather than replace private investment in training. Describe your company's commitment to provide significant private investment in training after the grant has expired in order to sustain the newly developed capabilities resulting from the grant. Please also share how the company plans to sustain new capabilities that are gained through training, as new employees are onboarded and your workforce changes. \*

#### About Your Training Plan: ESOL

Have you sufficiently considered the English language proficiency and/or Adult Basic Education levels of trainees? \*

Yes  No

ESOL is a priority of the Workforce Training Fund. Please consider if training in English for speakers of other languages (ESOL) or Adult Basic Education (ABE) remediation is needed for your training to be successfully executed. Too often this isn't sufficiently assessed in advance and creates challenges. Please click 'yes' if you have taken this into account and will plan accordingly. You will not be permitted to submit this application until ESOL and ABE have been sufficiently considered. If this is not relevant to your workforce, please choose 'yes'. [ESOL Best Practices](#)

SAVE & NEXT

## 4. About Your Training Plan: Wage and Estimate

Cost of Benefits (% of wages) \*

 %

Cost of Benefits: "Expressed as a percent of wages, please approximate the cost of benefits. For the purposes of the program, this should include fringe benefits, health insurance, life insurance, disability insurance, workers' compensation, and payroll taxes. It should not include overhead costs."

Please list each participant category with wage information:

	# of Participants	Average Hourly Wage (\$)	Average Hourly Wage with benefits (\$)
Managers & Executives	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
Professional & Technical	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
Sales & Marketing	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
Production / Construction	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
Service	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
Admin Support / Clerical	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00

Total number of Unduplicated Participants:	Average Hourly Wage with benefits(\$)
<input type="text" value="0"/>	error

### Low Wage Workers

How many of the employees you expect to train are earning \$22.06/hour or less?

### About Your Training Plan: Training Impact

**As a result of the proposed training plan, does your company anticipate adding any additional jobs (i.e. net employment growth) in Massachusetts over the next two years?**

Yes  No

Estimated # of jobs created: Estimated average is hourly or annual salary?

Hourly wage  
 Annual Salary

Please explain your answer above by providing the rationale on which you base your expectations and describe how a training grant would impact growth. \*

Will the proposed training preserve jobs that would otherwise be lost in the absence of training? \*

Yes  No

Please explain \*

Estimated number of jobs retained: Estimated average is hourly or annual salary?

Hourly wage  
 Annual Salary

Historical wage increases: over the last two years, what has been the average annual wage increase for this workforce(%)?

Will the proposed training contribute to wage increases for the training grant participants, in addition to historical annual increase? \*

Yes  No

Number of trainees expected to receive a wage increase during the grant period?

Estimated average increase for trainees (%)? This is the average annual wage listed above+any additional wage increases for participants. (%)

(Example: if the historical increase is 3% and participants will have an additional 2% increase, the answer to the wage increase during the grant period is 5%)

Please explain, include rationale regarding how training will lead to wage increases. \*

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## 5. Training Plan: Training Providers

### Training Participants

Training Providers

Website \*

Street Address \*

City \*

State \*

Zip Code \*

Extension

Phone \*

Primary Contact First Name \*

Primary Contact Last Name \*

Primary Contact Email \*

Qualifications of Provider / Reasons this training provider was selected? \*

[Learn more about types of training](#)

Type of training being offered in this grant (please check off all that apply):

- Group Training
- Classroom Training
- In Person Training
- Instructor Led Training
- One-on-One Training
- On-the-Job Training
- Online Training
- Private Training Course
- Self Study or Self Paced Training
- On-site at Company
- Off-Site Location
- Public Training/Seminar
- Remote Instructor
  
- I confirm that this is a third-party training provider

Please Note: The Workforce Training Fund Program does not provide grant funding to pay for in-house employees to deliver training.

[any additional Training Providers?](#)

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## 6. About your Training Plan: Module Objectives

Module Number# \*

1

The term Module describes a series of courses with a common objective or focus. For example, a module titled "Software Training" might include courses titled, Excel, PowerPoint, Introduction to Microsoft, etc. [learn more](#)

Module Name \*

Module Objectives: What issue(s), such as business problems or opportunities, do you intend to address with this training? Please be specific and provide context to help reviewers understand your business objectives. \*

Is any of the proposed training mandated? \*

Yes  No

Please describe the mandated trainings required \*

KPI(Key Performance Indicator) #1

How will you measure the success of the courses in your grant? What are some specific metrics your company will use to analyze performance over the two-year grant period? You should include current baseline measurements as well as an end goal (eg: increase new product sales by 10% from \$250,000 to \$275,000). Grant should have a minimum of 2 unique KPIs across the application and connect to the overall objectives/courses. KPIs should be applicable and represent all modules and objectives.

KPI(Key Performance Indicator) #2

How will you measure the success of the courses in your grant? What are some specific metrics your company will use to analyze performance over the two-year grant period? You should include current baseline measurements as well as an end goal (eg: increase new product sales by 10% from \$250,000 to \$275,000). Grant should have a minimum of 2 unique KPIs across the application and connect to the overall objectives/courses. KPIs should be applicable and represent all modules and objectives.

KPI(Key Performance Indicator) #3

How will you measure the success of the courses in your grant? What are some specific metrics your company will use to analyze performance over the two-year grant period? You should include current baseline measurements as well as an end goal (eg: increase new product sales by 10% from \$250,000 to \$275,000). Grant should have a minimum of 2 unique KPIs across the application and connect to the overall objectives/courses. KPIs should be applicable and represent all modules and objectives.

Would you like to add another module?

Yes  No

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## 7. Training Plan: Training Breakdown, courses

**Course Overview**

Training Providers \*

Training Modules \*

Module #  Course #

Course Id  Course Name \*

(Course name should match the name on the uploaded attachment)

By checking this box, you confirm that this course is not a mandated training

**Indicate if this course includes training related to any of the following:**

Climate Change    DEI    ESOL (English for Speakers of Other Languages)

**Please list #of participants for each participant category:**

Number of Participants	
Managers & Executives	<input type="text"/>
Professional & Technical	<input type="text"/>
Sales & Marketing	<input type="text"/>
Production / Construction	<input type="text"/>
Service	<input type="text"/>
Admin Support / Clerical	<input type="text"/>
<b>Total # participants in this course</b>	<input type="text" value="0"/>

Total Course Wage Match (\$)

This is auto-calculated by the total number of hours to complete this course once x number of participants x average wage.

**All of the following course cost information is required to be fully completed in order to save the form.**

How is the course budget charged? This is determined by how the training provider structures the cost of training.

Group Rate

Per Person Fees

**Charged by Hour Course Details**

Total cost of instruction is the cost associated with the delivery of training and allowable materials. Additional fees for certification, exams, assessments, printing, food, travel, temporary account access, or any other expense not directly related to the delivery of training (i.e., the instructor's time) is considered "miscellaneous" and is NOT covered by the General Program.

Hours of training to complete course once \*  # Times this course will be held to train all the participants \*

Total Hours of Instruction

**Cost of Instruction and Hourly Rate(Group Rate)**

Total Course Cost of Instruction (\$)

Total Hourly Rate (\$)

Total Grant Cost of Instruction Requested (\$)

Hourly Rate(Grant) (\$)

Please enter the amount of funds you are requesting    The maximum hourly rate for a course is \$300.

Total Course Cost of Instruction (Matching Funds) (\$)

Hourly Rate (Match) (\$)

**Course Budget**

Total Course Cost of Instruction (Grant Funds Requested) (\$)

Course Total Cost of Instruction (sum) (\$)

Course Total Grant Funds Requested (\$)

Course Total Match (\$)

Additional Module/Course Needed?

How is the course budget charged? This is determined by how the training provider structures the cost of training.

Group Rate

Per Person Fees

**Charged by Participant Course Details**

Hours of training to complete course  Cost per Participant(\$)

The maximum cost is \$3,000.00

**Cost of Instruction and Hourly Rate(Per Person Fees)**

Total Course Cost of Instruction (\$)

Total Hourly Rate (\$)

Total Grant Cost of Instruction Requested (\$)

Hourly Rate(Grant) (\$)

Please enter the amount of funds you are requesting    The maximum hourly rate for a course is \$300.

Total Course Cost of Instruction (Matching Funds) (\$)

Hourly Rate (Match) (\$)

**Course Budget**

Total Course Cost of Instruction (Grant Funds Requested) (\$)

Total Course Cost of Instruction (Matching Funds) (\$)

Course Total Cost of Instruction (sum) (\$)

Course Total Grant Funds Requested (\$)

Course Total Match (\$)

Additional Module/Course Needed?

SAVE & NEXT



## 8. Final Grant Budget

### Final Grant Budget: Grant Funds

#### Total Funds Requested for this Grant (Summary of All Modules and Courses)

	Grant Funds
Total Grant Requested (\$)	0
Average Grant Funds per Trainee (Total Grant) (\$)	error

\*note that requested funds are not guaranteed

### Matching Funds

Grants must be matched dollar-for-dollar by grant recipients. The matching requirement takes into account training-related expenses such as the cost of wages and fringe of trainees during training hours. In other words, the cost to the company of employee training time counts toward the dollar-for-dollar match. Typically, the cost of wages and fringe of employees during training hours is sufficient to meet matching requirements Course Materials - at the end of your grant, you may be asked to provide invoices for course materials that are both ingrained in the instructional cost of training, as well as any course materials paid by your organization.

#### Total Match of this Grant ( Summary of All Modules and Courses)

	Matching Funds
Total Training Wages (\$)	0
Total Cost of Instruction Applied to Company Match (\$)	0
Total Matching Funds (\$)	0.00

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- To upload the required documents, please click "Files and Attachments" on the left panel.

If any of the following documents are missing, in complete or out of date, your application will be considered incomplete:


- Cover Letter- A concise summary of the proposed project.
  - Certificate of Good Standing from the **Massachusetts Department of Revenue** (not to be confused with a Certificate of Incorporation), issued within the last **six months**
  - Training Course Materials- A syllabus or detailed course outline for the training proposed that lists and describes topics and sub-topics included with the sequence, allotment of time, and relevant information about instructional methodology.
  - Union Letter of Support (**required if union members are included in training**)- A letter of support is required from an officer of each union whose members will be involved in training. This application will not be considered for funding without a union letter of support.
  - Partner Letter (**required for Consortium Grant only**)- A letter from a senior manager that includes a commitment to take part in the consortium grant.
  - Other- Any additional document.
- To Preview the Application , Please click "Preview"
  - To the final submission of Application , Please click "Submit" . Please note : Once you have submitted the application, after that your application cannot be edited.

#### Additional Information: Attachments

If any of the following documents are missing, incomplete, or out of date, your application will be considered incomplete:

- Cover Letter - A concise summary of the proposed project.
- Certificate of Good Standing from the **Massachusetts Department of Revenue**(not to be confused with a certificate of incorporation), issued within the last six months.
- Training Course Materials - A syllabus or detailed course outline for the training proposed that lists and describes topics and sub-topics included with the sequence, allotment of time, and relevant information about instructional methodology.
- Union Letter of Support (**required if union members are included in training**)- A letter of support is required from an officer of each union whose members will be involved in training. This application will not be considered for funding without a union letter of support.
- Partner Letter (**required for Consortium Grant only**)- A letter from a senior manager that includes a commitment to take part in the consortium grant.
- Other: Any additional document.

Upload Files

 Upload Files Or drop files

No files uploaded yet.

Close

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# Workforce Training Fund Program

## GENERAL PROGRAM

Please review your application before submitting it to ensure the information is up-to-date and accurate. All items in the list below should be complete and up to date before you submit your application.

- FTE/PTE data is accurate and up to date at the time of submission
- All course descriptions included. They are clearly labeled and detailed. Please review the [sample course descriptions](#) if you are unsure.
- Certificate of Good Standing (COGs) from the Massachusetts Department of Revenue dated within 6 months (not to be confused with a certificate from the Secretary of the Commonwealth)
- Cover letter
- Union letter of support (if applicable)

### Legal confirmation to submit:

I certify that all information contained in this application is true and accurate and understand that falsification of information may be cause for application non review, award revocation, and/or debarment. If selected, I agree to meet the matching obligations outlined in this application. In addition, I certify the following:

I / We, the undersigned, do hereby certify that my business has complied with all laws of the Commonwealth of Massachusetts relating to: taxes, reporting of employees and contractors, and withholding and remittance of child support (M.G.L. c. 62C, § 49A(a)); unemployment insurance contributions (M.G.L. c. 151A, § 19A); workers' compensation insurance (M.G.L. c. 152, § 25A and 25C(6)); and classification of employees (M.G.L. c. 149, § 148B). I understand that compliance with these laws may be verified by multiple government entities and that false attestation of compliance may be considered just cause of denial of application and other penalties.

- I certify that prior to authorizing this application I performed due diligence by thoroughly reviewing the content of the application.
- I certify that this application is not being authorized by anyone else on my behalf.
- I agree to meet the requirements of the Massachusetts Workforce Training Fund Program if selected for a grant award
- I understand that a valid Certificate of Good Standing from the Commonwealth of Massachusetts Department of Revenue must be provided with the application. The Certificate of Good Standing for the purpose of the Workforce Training Fund Program is valid for 6 months.
- I understand that no payments will be made until all conditions set by Commonwealth Corporation and other stated requirements are met. Requirements include but are not limited to application approval and contract execution.
- I understand that training which will be paid for by WTFP funds cannot start without an executed contract.

\* Authorizing Official's Name

\* Title

Submit