Welco

1.Grant Information: History

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Have you participated in a grant through the Workforce Training Fund in the last 5 years? •
O 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
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
SAVE & NEXT

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4.About Your Training Plan: Wage & Estimate
5.Training Plan: Training Providers
6.About your Training Plan: Module Objectives
7.Training Plan: Training Breakdown, courses
8.Final Grant Budget
File & Attachments
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Submit

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 * Title * Email * Telephone * Extension **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 * Title * Email * Extension Telephone * **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.

irst Name •	Last Name *
itle *	Email *
elephone *	Extension

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
Title	Email
Telephone	Extension

SAVE & NEXT

ation: History		
	3	3. About Your Training Plan: Summary
	TI	raining Plan Summary *
	ļ.	1,000 characters or less, please provide a brief, summary-level description of your training p
	Th	his concise summary will be used as a short-form depiction of the proposed training activity ublic release. You should not include financial, proprietary or other sensitive information
		leeds Assessment, how did you assess your training needs across all levels of t rganization? *
		Describe your company's on-going training activities and explain how the propraining is different from, and will enhance, rather than replace those activities?
		n what ways were trainees involved in the development of the proposed traininglan? •
		//
	tr in d p	a goal of the WTFP is to supplement rather than replace private investment in raining. Describe your company's commitment to provide significant private investment in training after the grant has expired in order to sustain the newly leveloped capabilities resulting from the grant. Please also share how the complans to sustain new capabilities that are gained through training, as new imployees are onboarded and your workforce changes.
		hout Your Training Plant FSQL
		bout Your Training Plan: ESOL
		lave you sufficiently considered the English language proficiency and/or Adult lasic 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

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2.Company Contacts	
3.About Your Training Plan: Summary	Cost of Benefits (% of wages) •
4.About Your Training Plan: Wage & Estimate	O % Cost of Benefits: "Expressed as a per include fringe benefits, health insura
5.Training Plan: Training Providers	include overhead costs."
6.About your Training Plan: Module Objectives	Please list each participant ca
7.Training Plan: Training Breakdown, courses	
8.Final Grant Budget	Managers & Executives
File & Attachments	Professional & Technical
Preview	Sales & Marketing
	Production / Construction

4. About Your Training Plan: Wage and Estimate

	nce. life insurance, disabilit		e purposes of the program, this should on, and payroll taxes. It should not
include overhead costs."	ince, me insurance, disabilit	y madance, workers compensation	nt, and payron taxes. It should not
Please list each participant ca	tegory with wage info	rmation:	
	# of Participants	Average Hourly Wage	(\$) Average Hourly Wage with benefits (\$)
Managers & Executives	0	0	0.00
Professional & Technical	0	0	0.00
Sales & Marketing	0	0	0.00
Production / Construction	0	0	0.00
Service	0	0	0.00
Admin Support / Clerical	0	0	0.00
		•	
	Total numbe Participants:		erage Hourly Wage with nefits(\$)
	0	е	rror
ow Wage Workers ow many of the employees yo	ou expect to train are ea	arning \$22.06/hour or less?	
ow many or the employees ye	a expect to train are ex	arring \$22.00/110di or less:	
bout Your Training Plan: Train	ning Impact		
s a result of the proposed tra mployment growth) in Massa			any additional jobs (i.e. net
Yes No			
stimated # of jobs created:	Estimated average is h	ourly or annual salary?	
	O Hourly wage		
	Annual Salary		
lease explain your answer abo training grant would impact o		ionale on which you base you	ur expectations and describe how
	,		
Will the proposed training proc	onyo jobe that would at	thanuica ha lact in the abcome	on of training?
Vill the proposed training pres Yes No	erve jobs that would of	therwise be lost in the absent	e of training?
lease explain •			
			//
stimated number of jobs retai	ned Estimated avera	age is hourly or annual salary' ge	?
	Annual Sala	ary	
	the last two years, wha	t has been the average annu	al wage increase for this
	the last two years, wha	it has been the average annu	al wage increase for this
vorkforce(%)?			al wage increase for this
/ill the proposed training cont			
vorkforce(%)? Vill the proposed training continual increase? Yes No	ribute to wage increas	es for the training grant parti	
nnual increase? • Yes No No Number of trainees expected to	cribute to wage increase o receive a wage increa	es for the training grant parti	cipants, in addition to historical
Vill the proposed training continual increase? Yes No No Number of trainees expected to extend the expected to expect the expect	ribute to wage increase o receive a wage increa trainees (%)? This is the	es for the training grant parti use during the grant period?	cipants, in addition to historical above+any additional wage
vorkforce(%)? Vill the proposed training continual increase? Yes No No No No No Stimated average increase for ncreases for participants. (%)	ribute to wage increase o receive a wage increa trainees (%)? This is the	es for the training grant parti use during the grant period?	cipants, in addition to historical
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Welcome
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5. Training Plan: Training Providers

Training Participants	
Training Providers	
Q	
Website •	
Street Address *	
City •	State*
T's Code to	- tooling
Zip Code *	Extension
Phone *	
Primary Contact First Name •	
Primary Contact Last Name •	
- Innary contact East Name	
Primary Contact Email •	
Qualifications of Provider / Reasons this training	ng provider was selected?*
Learn more about types of training	
Type of training being offered in this grant (ple	ease 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	
The section of the se	
I confirm that this is a third-party training Please Note: The Workforce Training Fund Program do	provider bes not provide grant funding to pay for in-house employees to deliver training.
	any additional Training Providers?

SAVE AND NEXT

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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?
O Yes O 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.
Mould you like to odd on other modulo?

Would you like to add another module?

O Yes O No

SAVE AND NEXT

Course Overview Training Providers * G Training Modules * Training Modules * G Training Modules * G Training Modules * G Training Modules * G Training Modules * Training Modules * G Training Modules * Training Modules * G Training Modules * G Training Modules * G Training Modules * Additional Modules * Addi	Training Plan: Training	g Breakdown, courses
Course Test Total Course Course Test Test Test Test Test Test Test Test		
Course (See Course	Course Overview Training Providers •	
Course is Course is Course is Course is Course is Course in Course	Q	
Additional feed of participants for each participant careary and advantage of processor of processor of participants at the course in each participant of the feed of participants for each participant careary processor of processor of Control Languages (Control Control C	Training Modules •	
Course Name * O Course Name * Name of the splanded attachmang of course or any of the following * D Course Course Course Or Cours	Q	
Course Name * Course	Module #	Course #
Course name should match the rone or the splasted standment	0	1
Gorane name include model the name on the pictoded attendment	Course Id	Course Name *
Indicate if this course includes training related to any of the following: Climate Change DE ESOL (English for Speakers of Other Languages)		(Course name should match the name on the uploaded attachment)
Corrus Change De De Des ESOL (English for Speaker of Chinar Languages) Please list for participants for each participant category: Number of Participants Number of Participants Number of Participants Selections Profusional & Technical Selection A Technical Selection A Construction Service Admini Support / Centrul Total a participants in this course Service Admini Support / Centrul Total Course Wage Match (3) 00 Or in the following course cost information is required to be fully completed in order to seve the form for is the course budget charged? This is determined by how the training provider structures the cost oriented on is the course budget charged? This is determined by how the training provider structures are cost or information in the delivery of training and allowable materials. Additions for conflictation, warm, assessments, printing, food, toward large years years are yet for training to complete course OF Per Person Fees Charged by Hoer Course Details Total course Cost of instruction is the cost associated with the delivery of training and allowable materials. Additions for conflictations, warm, assessments, printing, food, toward large years years are professor introduction to the course of the Course of Person. Total Course of training to complete course OF Person of Instruction (3) Passas enter a deliver artifact. Total Course Cost of Instruction (6) Decrease artifact a deliver artifact. The add Instruction (6) Course Budget Total Course Cost of Instruction (Funet Funds Requested) (5) Doc Orders State Match (6) OF Course Total Match (7) Doc Group State OF Person Fees Charged by Participant Course Details North Person Fees Charged by Participant Course Details Passas for an addition of the course of the State of Instruction (6) Total Course Cost of Inst	By checking this box, you confirm	that this course is not a mandated training
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Welcome

Estimate

Objectives

8.Final Grant Budget

File & Attachments

Submit

1.Grant Information: History

3.About Your Training Plan: Summary

4.About Your Training Plan: Wage &

5.Training Plan: Training Providers

6.About your Training Plan: Module

2.Company Contacts

Additional Module/Course Needed?

0.00

0.00

0.00

Course Total Match (\$)

Course Total Grant Funds Requested (\$)

Welcome
1.Grant Information: History
2.Company Contacts
3.About Your Training Plan: Summary
4.About Your Training Plan: Wage & Estimate
5.Training Plan: Training Providers
6.About your Training Plan: Module Objectives
7.Training Plan: Training Breakdown, courses
courses
courses

Submit

8. Final Grant Budget

Final Grant Budget: Grant Funds						
Total Funds Requested for this Grant (Summary of All M	lodules 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					

SAVE

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File & Attachment

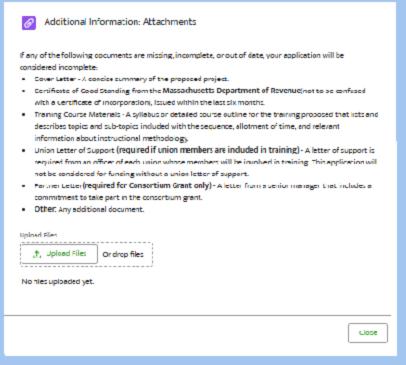
Preview

Submit

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.



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Submi

Workforce Training Fund Program GENERAL PROGRAM

Please review your application before submitting it to ensure the information is upto-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.

Audionzing Official's Name		TIME		
	1		1	Submit