



THE COMMONWEALTH OF MASSACHUSETTS
WORKFORCE SKILLS CABINET

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Massachusetts Skills Capital Grant Program
Application Forms

Application Forms and Guidance

The following pages comprise the application forms required for this grant program. A complete proposal packet includes the following three components: Cover Page, Proposal Narrative (not to exceed 5 pages), and Proposed Budget. Unless otherwise indicated, all sections must be completed. **Complete packets should be submitted as one PDF file.**

JAMES A. PEYSER
SECRETARY,
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SECRETARY, LABOR AND
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JAY ASH
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ECONOMIC DEVELOPMENT

**Massachusetts Skills Capital Grant Program
APPLICATION**

COVER PAGE

Primary Contact (Authorized Signatory) – for award notification and contract execution		
School/Organization Name:		
Primary Contact Name and Title:		
Mailing Address:		
City/State/Zip:		
Email Address:		
Telephone:		
Applicant/Project Website:		
Project Contact (if different) – for technical questions, follow up, and/or reporting		
Project Contact Name/Title:		
Email Address:		
Telephone:		
Grant Proposal Summary Information		
Project/Program Name:		
Grant Amount Requested:	\$	<input type="checkbox"/> New Program <input type="checkbox"/> Existing Program
Brief Project Description: In this space, provide a concise (no more than 200 words) summary of the proposed project, including the target industry and population, description of the training provided, and what equipment will be purchased and installed.		

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PROPOSAL NARRATIVE

1. Applicant Description
<p>Provide a concise description of the Lead applicant and the project. Include the organization's experience and past success/outcomes in education/workforce training to accomplish the goals of the program utilizing the equipment requested in this application.</p>
2. Project Overview. Please describe the following:
<p>Target Population(s):</p> <ul style="list-style-type: none">- What is the career technical education program that the equipment will support?- What is the geographic area you are proposing to serve?- What are the target populations that the program will serve? <p>Use of Grant Resources:</p> <ul style="list-style-type: none">- Describe the equipment to be purchased.- Is the equipment industry-specific? If so, does it meet current industry standards?- Did any industry and/or employer partners provide input on what relevant equipment they need? <p>To what extent does the equipment meet exact specifications to what a current employer needs and is on their own shop floors?</p>
3. Project Questionnaire- Applicants must answer all of the questions below. If a question does not apply to your organization/partnership, write "Not Applicable" in the section. Do not skip any questions or change the order of the questions. You may adjust the spacing in each section on this application to accommodate your answers. Answers may also be provided in bulleted or chart form.
<p>A. Demand Driven (20 Points):</p> <ol style="list-style-type: none">1. Which target occupation(s) does the applicant provide training for?2. How did applicant determine that there are, or will be, a sufficient number of vacancies in these occupations to meet placement goals? (Cite data confirming that there is a high demand for jobs in the specified program. Identify if data is from a research-based reports, studies conducted by the Regional Investment Board, and/or direct info from employer(s).3. Does the program have active employer partners with identified workforce needs? If yes, please identify and describe the partnerships.4. Does the program have plans for growing employer partners and their participation in the program that will be supported by the new equipment? <p>B. Leverages Partnerships (15 Points): Provide evidence that the program the equipment will support is operated in close partnership with other organizations in the region, including educational institutions, to increase the program's reach and capacity. Describe concrete partnership(s) that the applicant is currently engaged in related to the requested equipment and high-demand career pathways.</p>

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C. Reflects Regional Plans (10 points):

1. Describe the extent to which the program correlates to training and employment outcomes defined by the knowledge and understanding of the Regional Workforce Investment Board plan for the applicant's area.
2. Describe the applicant's experience working with regional planning organizations and/or education providers to inform program design.

D. Maximizes Increase in Skilled Workers and Supports Chronically Un/Underemployed (20 points):

1. What are the current outcomes of the program (if currently operating)?
2. To what extent will this grant increase the capacity of the program to serve more students?
Explain how the grant funding will provide for one or more of the following:
 - i. An increase in the number of students who are able to participate in an *existing* program
 - ii. Creation of a new program to meet demonstrated demand.
 - iii. An increase in the availability of the equipment outside of the organization's normal working hours (e.g. after 5 PM or on Saturday or Sunday)
 - iv. An increase in the availability of the equipment to students from partnering organizations.
 - v. No increase in the number of participating students, but an improvement in the skills of the students who are able to participate in the program, because equipment will be replaced or updated.
3. Describe the enrollment and completion goals for the program if awarded the equipment grant by completing the chart below.

Training Program / Occupation	Current Annual Capacity (# of seats) in your program (0 if new program)	Increase in capacity as a result of this grant, if applicable

4. Please demonstrate the proposed program will lead to employment for trainees.
 - a. Describe past evidence of job placement for graduates from the program.
 - b. Describe expected job placement rate for the new or expanded program.

For Additional Points:

5. Does the program include training of underemployed and unemployed individuals, including individuals with barriers to employment? An individual with barriers to employment is an unemployed individual with one or more socio-economic challenges that must be addressed

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if attainment and maintenance of employment is likely to be successful. For example, minorities, low-income individuals, individuals with disabilities, veterans, CORI, etc.

- a. What is the strategy to recruit underemployed and unemployed individuals? How does the applicant recruit/screen individuals (if applicable)?

E. Leverages other state, federal or private funding (5 points): Please describe extent to which the program has been able to leverage other funding sources.

F. Builds on Proven Programs (20 points):

1. Please describe the program's track record of high quality and consistent results, or how this funding proposal is based on other programs that have achieved such results. For example, the program is accredited, or has been evaluated by a third party to determine its effectiveness.
2. Please describe the applicant's ability to successfully implement new initiatives and expend grant funding on a timely basis.

G. Sustainability (10 points): Does the school/institution have a capital/operating plan for financing the ongoing maintenance and/or future replacement of the equipment? Please describe current plan or commitment to develop a plan.

4. Timeline for Project Plan- Please identify each activity that you will engage in during the program period.

Please provide a projected timeline for purchasing and installing the proposed equipment by June 30.

5. Budget submission:

A proposed grant budget should be prepared using the form below. Applicants should be able to outline specific equipment purchases to be made with this grant as well as estimated costs of installation and/or related costs. Total in proposed budget worksheet should equal total grant request.

Match Commitment: In this section, discuss your match commitment, if available and applicable. Match is not required but is strongly encouraged.

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PROPOSED GRANT BUDGET

The chart below is an embedded excel worksheet. Double click to open. Please outline specific equipment purchases that would be made with this grant, including any related installation costs. Add rows, as needed.

(Enter Applicant Name)				
Equipment Purchases				
Item Description	Vendor	Quantity	Cost/Item	Total Cost
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Total Equipment:				\$ -
Installation/Other Expenses				
Description of Expense				Estimated Cost
				\$ -
				\$ -
				\$ -
Total Installation/Other:				\$ -
Total Requested				\$ -