

Parent Company Headquarters Address:

City:

1.) Briefly describe the nature of the applicant's business including a description of products or services provided:

2. a.) Has your company experienced layoffs in Massachusetts in the past year? Yes No

b.) If Yes, how many employees have been laid-off?

c.) Please describe the nature of the layoff(s) and indicate if how many laid-off employees have been recalled:

3. a.) Are any of the employees to be trained union members? Yes No If Yes, how many?

b.) If Yes, how was the union involved in the design of the training plan:

(Applications involving union members must be accompanied by a letter of support from the union local(s) involved.)

4.) Is this application the resubmission of a previous application which was not funded? Yes No

5. a.) Has your organization (including parent co.) ever received a WTFP grant in the past? Yes No

b.) If yes, please describe previous grants received, including the award amount, type of grant, topics covered, dates, and the results of training. For more information, please review the [General Program Grant Application Instructions](#).

II. Proposed Training Project Summary

1. a.)Desired Start Date: b.)Duration of training months c.)Total funds requested:

2.) Provide a brief description of the proposed training plan.

3.) Why is training needed? What are the specific business goals and problems you are trying to address and how will the proposed training address them?

4.) Describe your organization's current training activities and explain how the proposed training is different from, and will enhance, rather than replace those activities:

5.) Please list and describe the qualifications of the training provider(s) you have selected for the proposed training project:

Training Provider #1:

Qualifications:

Training Provider #2:

Qualifications:

Training Provider #3:

Qualifications:

Training Provider #4:

Qualifications:

Training Provider #5:

Qualifications:

5.) Describe the process you used to select training providers:

6.) Describe the process you used to involve employees in developing the training plan:

7.) Describe the applicant’s commitment to provide significant private investment in training after the grant has expired:

8.) Indicate the number of trainees participating and the average wages of trainees, expressed as an hourly wage:

(Please carefully review the *General Program Grant Application Instructions* when completing this section.)

| Trainee Category Groups | Number of Trainees Participating (unduplicated) | Average Hourly Wage <i>(Please include all cash earnings including incentives, commissions, and cash bonuses. Do not include fringe benefits.)</i> |
|--|--|--|
| Managers & Administrators | | |
| Administrative Support & Clerical | | |
| Professional & Technical | | |
| Sales & Marketing | | |
| Service | | |
| Production/Construction | | |
| Total Unduplicated Participants | | |

III. Impact

- 1.) a.) How many new jobs will be created as a direct result of this training project?
- b.) How many anticipated lay-offs will be prevented as a direct result of this training project?
- c.) How many promotions will be a direct result of this training project?

d.) Describe the impact this training project will have on the size of your workforce. How will the training project contribute to job creation? How will the training project prevent anticipated layoffs which would take place without a grant?

2. a.) Describe how wages of trainees will be impacted by this training initiative and when do you expect this to take place?

b.) If a grant is awarded, what is the total number of trainees expected to receive wage increases as a result of training?

c.) If a grant is awarded, what is the average annual increase in wages of trainees (please include all increases, including those attributed directly to training and those which would take place normally)?

%

d.) During the last 2 years, what was the average annual wage increase for your workers?

%

3.) Describe how the project will increase the skills of low-wage, low-skilled workers, if applicable.

4.) How will this training make your company more productive and how will this be measured?

5.) How will this training make your company more competitive and how will this be measured?

6.) Please check all of the following selection criteria that are addressed by the proposed training project:

Project will increase the skills of low-wage, low-skilled workers.

Project will create or preserve jobs at wages sufficient to support a family.

Employer has made a commitment to provide significant private investment in training during the duration of the grant and after the grant has expired.

Project will supplement, rather than replace, private investments in training.

Employer is a small business that lacks the capacity to provide adequate training without such assistance.

Project will provide residents of the Commonwealth of Massachusetts with training for jobs that could otherwise be filled only by residents of other nations.

Employer has recently or plans to locate its business in the commonwealth and employ residents of the commonwealth who will benefit from training,(employer shall not receive funds until said employer has located its business in the Commonwealth of Massachusetts).

Employer is a minority-owned enterprise.

Employer is a woman-owned enterprise.

Project includes Adult Basic Education (ABE) and/or English for Speakers of Other Languages (ESOL).

7.) What other impacts of training do you expect? How will success be measured?

IV. Applicant Feedback

1.) Did you receive any assistance preparing this application? Yes No If Yes, assistance was provided by:

Organization:

Phone:

Contact Name:

Contact E-mail:

2.) Please rate the ease of using this application on a scale of 1 to 5 (with 1 being “much more difficult than expected” and 5 being “much easier than expected”) :

3.) How did you learn about the Workforce Training Fund Program (check all that apply)?

- | | |
|--|---|
| Community College | <i>www.mass.gov</i> |
| Career Center staff/event | Commonwealth Corporation website (commcorp.org) |
| Attended a workshop/seminar | Other companies that have benefited from the WTFP |
| Workforce Training Fund Program staff person | Training provider |
| Other (please specify): | |

V. Authorization

I agree to meet the requirements, if selected, of the Massachusetts Workforce Training Fund Program for a grant award. I certify that all information contained in this application, including all documents pertaining to the applicant's financial position, is true and accurate and understand that falsification of information may be cause for application non-review or award revocation. I certify that all contributions, payments in lieu of contributions, interest or penalty charges due under the Massachusetts unemployment law (G.L.c 151A) have been paid. The company is in compliance with all applicable state and federal laws. I understand that I have acquired no property or other right by virtue of filing this application. If selected, I agree to meet the matching obligations outlined in this application. In addition, I certify the following:

- I understand that my application will not be considered until the company financial statements have been received by Workforce Training Fund Programs. Financial statements include balance and income statements for the two most recent fiscal years. Audited statements are preferred. Please mail two copies of your financial statements to the address below. Clearly label the statements with the name of the applicant, contact information, and the date of the application.
Workforce Training Fund Programs
Commonwealth Corporation
2 Oliver Street
5th Floor
Boston, Massachusetts 02109
- I understand that a current, valid Certificate of Good Standing from the Commonwealth of Massachusetts Department of Revenue must be submitted. The Certificate of Good Standing for the purpose of the Workforce Training Fund Program is valid for 6 months. No grant agreement (contract) will be sent to you until a copy of a Certificate of Good Standing is provided by your company.
- I understand that no payments will be made until all 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 Name:

Title:

Date:

Application Content Checklist

Cover Letter (optional but recommended)

WTFP General Program Training Grant Application – Completed and Authorized PDF Form

Consortium Partner Supplemental Form – Completed and Authorized PDF Form (Consortium Applications Only)

Training Module Description and Budget – Excel Worksheet

Return on Investment Statement – No form is provided. Word, Excel or PDF files are acceptable.

2 Most Recent Financial Statements (preferably audited) – Hard Copies

Certificate of Good Standing from MA Department of Revenue (less than 6 months old) – PDF File or Hard Copy

To submit your application and attachments, please save your document then e-mail the application and attachments to wtfp@commcorp.org. Clearly labeled (name of the applicant, contact information, and date of the application) hard copy attachments (e.g. Financial Statements) may be submitted, via mail, to the address above.