



COMMONWEALTH
 **CORPORATION**

REQUEST FOR PROPOSALS

2024

**Employment Programs
for Young Adults with
Disabilities**

RELEASED OCTOBER

Employment Programs for Young Adults with Disabilities



APPLICATION

Click here to begin your application and submit your proposal.



PRIMARY CONTACT

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Commonwealth Corporation
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Boston, MA 02111
yawd@commcorp.org



QUESTIONS

Bidders can submit questions and sign up for notifications. Click here to learn more.



WEBSITE

www.commcorp.org

SECTION ONE: GRANT PROGRAM GOALS & FUNDING AVAILABILITY

A. *About the Initiative:* The Employment Program for Young Adults with Disabilities Program January – December 2025 Program Year (PY) is an initiative of Secretary of Labor and Workforce Development Lauren Jones, in support of the Healey-Driscoll Administration's efforts to improve workforce outcomes for young adults with disabilities. This grant initiative is funded through a General Appropriation Act line item in the State Budget (7003-0607). Commonwealth Corporation is seeking applications from partnerships led by community-based organizations with:

- Demonstrated success and expertise in preparing young adults with disabilities for employment, providing them with occupationally specific skills training, placing them in unsubsidized paid positions, and providing post-placement support that leads to professional skills attainment, employment retention.
- Evidence of effective partnerships with employers that engage them in program design and delivery and have resulted in placements and retained unsubsidized paid employment of young adults with disabilities in targeted occupations at the employers' workplaces.

This state-funded initiative is administered by the Commonwealth Corporation on behalf of the Executive Office of Labor and Workforce Development.

B. *Funding Availability & Grant Award Amount:* Approximately \$1,250,000 is available for this grant program. Anticipated grant award can range between \$10,000 to \$200,000 based on a competitive proposal process.

C. *Allowable Costs:* Funds may be used for costs associated with delivering training and placement activities, and other services to prepare participants for success in the targeted occupation(s), to optimize opportunities for participant learning and career development, and to achieve placement for participants. Specifically, funds may be used to support the following:

- Outreach, recruitment, assessment, and selection
- Support services needed to ensure participants' success, such as transportation, childcare, textbooks, uniforms and tools
- Training delivery, including classroom and formal on-the-job training
- Stipends for participating in training and work experience
- Staff time for partnership and program coordination, job development, case management and data entry

SECTION TWO: ELIGIBLE LEAD APPLICANTS & PARTNERS

- A. **Eligible Applicants:** The eligible lead applicants are community-based organizations¹ with:
- Demonstrated success and expertise in preparing young adults with disabilities for employment, providing them with occupationally specific skills training, placing them in unsubsidized paid positions, and providing post-placement support that leads to employment retention and,
 - Evidence of effective partnerships with employers that engages them in program design and delivery and has resulted in placements and retained unsubsidized paid employment of young adults with disabilities in targeted occupations at the employers' workplaces.
- B. **Required Partnership Members:** Collectively, the members of the partnership must have demonstrated experience, success, and current capacity in providing occupationally focused training and placement programs for the target population, including support services, education, training, and employment services. The Grant Application Package must include signed letters of support or a signed Memorandum of Agreement demonstrating the commitment and role of each of the partnership members. **The partnership must at a minimum include three businesses with operations in Massachusetts that employ Massachusetts residents in the target occupation(s).** These business partners must provide information about current vacancies for the target occupation(s) and commit to consider applicants from the proposed program to fill their vacancies.

¹ The term "community-based organization" means a private nonprofit organization (which may include a faith-based organization), that is representative of a community or a significant segment of a community and that has demonstrated expertise and effectiveness in addressing the employment, training, or education needs of individuals with barriers to employment.

SECTION THREE: TRAINING PROGRAM DESIGN REQUIREMENTS

- A. *Target Populations:*** Applicants must propose to serve young adults with disabilities as described by the following criteria:
- Unemployed or underemployed and,
 - Have a diagnosed disability and,
 - Between 18 and 35 years old and,
 - Not enrolled in high school as of program start (may or may not have previously earned a high school diploma or HiSET/GED)
 - Applicants may propose to serve a target population that, while inclusive of the criteria listed above, has additional characteristics. Applicants should be as specific as possible when describing their target population and the applicant’s history and competence in working with the targeted population.
- B. *Target Occupations:*** Applicants must provide training and placement services that prepare individuals to meet regional businesses skill and work readiness requirements for in demand occupation(s). Applicants should identify a specific occupation to be targeted and propose a training program that prepares individuals for that specific occupation. We recognize that there are occupations with identical required skills and credentials for entry. Applicants may propose to train individuals for multiple target occupations if the required skills and credentials are identical and can be attained through participation in the same training program.
- C. *Program Design Requirements:*** Applicants must include the following components in their proposed program:
- Career and work readiness training
 - Occupational skills training directly related to demand occupations identified by the employer partners
 - Work experience (such as internships)
 - Job development and placement in unsubsidized, paid positions
 - Post-placement support
 - Coaching and case management
 - Support services and resources as needed to participate in training and transition to work
- D. *Outcome Expectations:*** Commonwealth Corporation has established a projected placement rate of 65% of enrollees based on findings from the report, “[The 2021 Youth Transition Report: Outcomes for Youth and Young Adults with Disabilities](#)” published by the Institute for Educational Leadership. Applicants may propose a different placement rate along with an explanation. This explanation should cite specific performance rates documented for a similar program design serving a similar population.

SECTION FOUR: ADMINISTRATIVE REQUIREMENTS

A. *Participant Level Data Reporting Requirements:* Grantees will be required to enter participant-level data into a web-based data reporting system hosted by Commonwealth Corporation. Data elements will include contact information, demographics, work history, services received, and outcomes achieved. Grantees will be required to enter data on participants as soon as data becomes available; timeliness and completeness of data will be assessed by Commonwealth Corporation staff, and discussed at quarterly check-ins with the Commonwealth Corporation Program Manager.

B. *Program Progress Reporting Requirements:* Grantees will be required to submit the following reports using templates supplied by Commonwealth Corporation:

Narrative Report: This report will be due no more frequently than monthly and will include an update and reflection on progress in meeting performance measures and reporting the project's successes and challenges.

Reversion Report: This report will be due no more than 45 days before the contract end date. This report will reflect any anticipated funds that will be unspent by contract close out.

Final Report: This report will be submitted within 30 days of the contract period's end date and will document what was achieved through the investment of these funds. This report will inform future funding practices and provide information that could be used more generally among organizations doing similar work. The format for this report will be provided to grantees after a contract is awarded.

C. *Program & Fiscal Monitoring:* Commonwealth Corporation is responsible for ensuring that organizations receiving grant funds:

1. Have the fiscal and program systems needed to meet all relevant federal and state requirements
2. Meet the terms of the grant award outlined in the contract with Commonwealth Corporation
3. Provide quality services to program participants
4. Expend grant funds only for allowable activities

To fulfill this responsibility, Commonwealth Corporation will require at least one in-person site visit per contract year. This will include the review of documentation related to the grantee organization, grant expenses and activities, as well as access to meet with program participants. Additional information will be provided after a contract is awarded.

- D. *Payment: Funds*** will be disbursed on a cost reimbursement basis. Grantees will submit invoices monthly using an invoice template, supplied by Commonwealth Corporation. Grantees will only be reimbursed for expenses incurred during the period of the contract. Grantees are required to maintain and submit, upon request, back-up documentation for expenses.
- E. *Technical Assistance***: Each grantee will be assigned a Commonwealth Corporation program staff who will provide technical assistance, in turn each grantee must assign a main point of contact at their organization who is accountable for the grant. The Commonwealth Corporation program staff will be available to support grantees through the duration of the grant, answering questions about operational issues as well as providing technical assistance to ensure grantees meet their performance outcomes. This includes quarterly community of practice meetings, one site visit per contract period, and technical assistance consultations as needed.
- F. *Project Terms and Conditions***: Grantees will be required to abide by the Commonwealth Corporation's Standard Contract Terms and Conditions which will be provided during contract negotiation. Applicants may review these terms and conditions prior to applying by contacting yawd@commcorp.org to request a copy. In addition, all final contracts are subject to negotiation of a final statement of work.

SECTION FIVE: SUBMISSION SCHEDULE & INSTRUCTIONS FOR SUBMISSION

A. Submission Schedule

Activity	Date
Request for Proposals Released	October 9, 2024
Deadline to Submit Written Questions	October 18, 2024
All Answers to Written Questions Posted on Website	October 23, 2024
Applications Due No Later Than	November 8, 2024, by 5:00 PM EST
Applicants Notified of Status	December 2024
Anticipated Contract Start Date	January 2, 2025 (tentative)
Contract End Date	December 31, 2025

Clarification Period: Questions about this grant program will be accepted in writing from October 18, 2024. Please submit questions via the following link: <https://commcorp.tfaforms.net/329152>. All questions will be responded to and posted on Commonwealth Corporation’s website at www.commcorp.org. Applicants can sign up at <https://commcorp.tfaforms.net/329153> to receive email notifications when new responses are posted. However, all potential applicants are advised to check the Commonwealth Corporation’s website periodically for additional information and updates until submissions are due.

B. Application Submission Instructions: Grant Application Packages are due on November 8, 2024, by 5:00 PM EST. Please upload your submission electronically to the following link: <https://commcorp.tfaforms.net/329152>. In order to upload your submission, you will need to complete a form that provides the following information: (1) the **Name** of the lead applicant organization, (2) the lead applicant organization’s **Federal Employer ID Number**, (3) the lead applicant organization’s **Department of Unemployment Assistance ID Number**, (4) the **Total Program Funds Requested**, and (5) the lead applicant organization’s **Primary Contact Person** (to be notified upon decision of grant award).

Applicants should review all components prior to uploading to ensure they have completed all the required information. The Application Summary Form and Program Application Narrative Form must be submitted together as a single PDF. The Budget and Outcome Form must be submitted together as a single MS Excel file. Signed Memoranda of Agreement or letters of commitment must be scanned and submitted in the form of a single PDF file. Should you encounter any submission issues, please email yawd@commcorp.org.

C. The following documents make up the required components of the Grant Application Package. Failure to provide any of the documents or materials listed below may result in the disqualification of the application.

Upload 1 – A single PDF consisting of the **Application Summary Form (Attachment 1)** and the **Program Application Narrative Form (Attachment 2)**.

Attachment 1: Application Summary Form provides Commonwealth Corporation with summary level information about the proposed program. You may adjust the spacing as needed to accommodate your answers. This form should be the first page of the PDF

Attachment 2: Program Application Narrative Form provides a list of questions that you must address in your application. Answer all the questions included on the Narrative Form. Do not change the order of the questions/sections. You may adjust the spacing in each section of the Narrative Form to accommodate your answers. Do not use a font size smaller than size 11 and margins less than one inch. The page limit for the Program Application Narrative Form is seven (7) pages.

Upload 2 – A single MS Excel Workbook labeled “**PY’25 Employment Program for Young Adults with Disabilities Application Budget**”. This workbook has three worksheets the **Budget & Budget Narrative Forms (Attachment 3a, 3b) and Outcome Chart (Attachment 4)**. Complete all three (3) worksheets.

Attachment 3a, 3b: Budget & Budget Narrative Forms are separate MS Excel Worksheets in the “PY25 Employment Program for Youth Adults with Disabilities Application Budget” MS Excel Workbook. You must submit a detailed budget request using the forms provided. The budget will also become the financial basis for any grant award, and for making cost reimbursement payments over the course of the project. Commonwealth Corporation reserves the right to modify application budgets prior to and/or after grant award.

Attachment 4: Outcome Chart is a Worksheet within the “PY25 Employment Program for Youth Adults with Disabilities Application Budget” MS Excel Workbook. Complete the Outcomes Form with goals for enrollment, completion, and job placement measured at 30 days retention. These outcomes will be contract deliverables. Please note the guidelines for minimum outcome benchmarks.

Upload 3 – A single PDF file labeled **Attachment 5: Memorandum of Agreement (MOA) or Letters of Commitment**. You must provide signed letters of commitment or a signed Memorandum of Agreement demonstrating the commitment and role of each of the partnership members that are listed in your Attachment 1: Application Summary Form and **Attachment 2: Program Application Narrative form**; we will accept copies of emails as evidence of partnership commitment. **The partnership must, at a minimum, include three (3) businesses with operations in Massachusetts that employ Massachusetts residents in the target occupation(s)**. Businesses must provide information about current vacancies for the target occupation(s) and must commit to consider applicants from the proposed program.

Upload 4 – A PDF file labeled **Attachment 6: Certificate of Good Standing from the Massachusetts Department of Revenue**. All lead applicants must submit a Certificate of Good Standing from the Massachusetts Department of Revenue. Must be dated within the last six months.

SECTION SIX: PROPOSAL EVALUATION PROCESS AND CRITERIA

- A. Proposal Evaluation Process:** Proposals submitted in response to this solicitation will be evaluated by the Commonwealth Corporation. Representatives of the Executive Office of Labor and Workforce Development may participate in this process.

The review process will consist of the following steps:

Step 1: Threshold Criteria Screening

Submissions will be screened for completeness, conformity to the program requirements and timeliness of response. Submissions that are incomplete, non-conforming, or late may not be considered.

Step 2: Compliance Screening

The Commonwealth Corporation will conduct an analysis to ensure all applicants are following state and federal law. Applicants are encouraged to review these criteria and ensure they are complying prior to applying. Commonwealth Corporation will conduct the following reviews to ensure compliance:

- Ensure applicants are in good standing with the Massachusetts Department of Revenue. The Commonwealth Corporation will conduct this screening by reviewing the Certificate of Good Standing (C.O.G.S.) submitted in the Grant Application Package.
- Please follow this guidance when requesting and submitting a Certificate of Good Standing from the Department of Revenue:
 - The **Certificate of Good Standing from the Department of Revenue** is **NOT** the same and should not be confused with a **Certificate of Incorporation from the Secretary of State**
 - This is a link to a sample C.O.G.S.: <https://www.mass.gov/doc/sample-ma-certificate-of-good-standing-1/download>
 - C.O.G.S. must be less than six months old
 - Please visit the Department of Revenue's website (<https://www.mass.gov/info-details/faqs-dor-certificate-of-good-standing-or-corporate-tax-lien-waiver>) for more information about the C.O.G.S and to complete an online application to obtain a Certificate
 - Applications for a C.O.G.S. can take up to 4-6 weeks to be processed

- Ensure applicant are in full compliance with all obligations to the Department of Unemployment Assistance, Department of Industrial Accidents, and any other obligations to the Commonwealth of Massachusetts. Commonwealth Corporation will work with the Department of Unemployment Assistance to conduct this review.

Step 3: Review Committee

A review committee will review and score all eligible submissions. Review results will be documented. EOLWD and Commonwealth Corporation reserve the right to request additional information from any applicant to ensure that the review committee has a complete understanding of the program concept.

Category	Point Value
Track record of success and qualifications/capacity of applicant and partner organizations to ensure a sufficient number of appropriate individuals are recruited and that participants are provided with the supports and services to prepare and place them into unsubsidized paid employment	30
Job placement strategy that is likely to result in placement and retention for a majority of program completers	30
MOA or letters of commitment detailing each partner's commitment and role, including strong commitments from employers that indicate a strong likelihood that employers will hire program completers.	20
Budget aligns with the proposed program design and the proposed enrollments and outcomes are appropriate given the expenses of the program and proposed implementation timeline.	20

Step 4: Notification of Grant Award Status

All applicants will be notified of their award status by email.

B. Additional Terms: In addition to the scoring system outlined above, Commonwealth Corporation reserves the right to consider submissions that, in our sole judgment, are complete and responsive to the solicitation's requirements and include all required application components. Additionally, Commonwealth Corporation and the Executive Office of Labor and Workforce Development reserve the right to consider other criteria in making competitive awards among comparably qualified applicants. Commonwealth Corporation reserves the right to reject any and all applications, or to accept any and all applications, in whole or in part, if deemed to be in the interest of the Commonwealth Corporation or the Commonwealth of Massachusetts to do so. This Request for Proposals (RFP) does not commit Commonwealth Corporation to award any contracts. Upon submission, all applications become the property of Commonwealth Corporation. Commonwealth Corporation is not responsible for electronic submissions that are not received by Commonwealth Corporation. Commonwealth Corporation also reserves the right to renew and extend the contract beyond the initial contract period if funding is available in future years.

C. Appeals: Appeals of funding decisions may be filed with Molly Jacobson, President and CEO, Commonwealth Corporation, 33 Harrison Avenue, 3rd Floor, Boston, MA 02111. Appeals must be filed within fifteen days of the date of Commonwealth Corporation's notice to unsuccessful bidders. The President and CEO, and Administration may decide to hold an informal review of the decision, and may decide to grant an appeal, deny an appeal, or modify an award based on information provided during the informal review.

D. Audited Financial Statements and Verification of Fiscal Management Capacity: Applicants that are selected for an award may be required to submit a copy of the organization's most recent audited financial statement prior to the execution of a final contract. In addition, prior to the grant award, Commonwealth Corporation staff may review an organization's fiscal systems and internal controls to verify that the organization has the capacity to manage public grant funds and administer the program.

SECTION SEVEN: SUMMARY OF ATTACHMENTS

Grant Application Package

Attachment 1: Application Summary Form

Attachment 2: Program Application Narrative Form

Attachment 3a & 3b: Budget and Budget Narrative Forms

Attachment 4: Outcome Chart

Attachment 5: Memorandum of Agreement or Letters of Commitment

Attachment 6: Certificate of Good Standing from the Massachusetts Department of Revenue

ATTACHMENT 1: APPLICATION SUMMARY FORM

Respond to all questions on the Application Summary Form. You may adjust the spacing in each section to accommodate your answers. Please note: This symbol ^ identifies information which you will also need to enter on the online submission form (see Section FIVE for Submission Instructions).

Project Profile: PY'25 Employment Program for Young Adults with Disabilities Program				
Name of Lead Applicant Organization ^				
Applicant Type: Please confirm that the lead applicant is a Community-Based Organization by selecting (x). _ Community-Based Organization				
Department of Unemployment Assistance ID Number ^			Federal Employer ID Number ^	
Lead Applicant Contact Information				
Role	Name / Title	Address	Phone	Email
Primary Contact Person ^ (notified upon decision of grant award)				
Project Manager ^ , if known (contact over the course of the project)				
Authorized Signatory ^ (authorized to commit organization)				
Fiscal Contact ^ (fiscally responsible for project funds and submitting invoices)				
Project Summary				
In the space provided below, please provide a summary of your proposed project in 400 words or less. Please keep in mind that if your organization is awarded funding, this is the project summary that will be used in public announcements.				

Partners Contact Information				
Please list the organizations and contact information for each of your partners. You may add extra lines.				
Organization Type	Organization Name	Address	Contact Name / Title	Phone / Email
Business Partner 1				
Business Partner 2				
Business Partner 3				
Other Partner				

ATTACHMENT 2: PROGRAM APPLICATION NARRATIVE FORM

Use this form to describe your proposed program. Answer all of the questions; do not change the order of the questions. Do not exceed 7 pages, using a font 11 points or larger and with at least one-inch margins. Tables, charts, figures, and appendices are included in the page limit. The page limit does not include the other required components of the Grant Application Package (Attachments 1, 3a, 3b, 4, 5 and 6).

1. **Partners:** Provide the role of each partner in the partnership and demonstrate that collectively, the partners, including the lead applicant, have the required experience, capacity and expertise to accomplish the goals of the program. Please note: each partner listed here must also be listed in Attachment 1: Application Summary Form. Each partner listed here must also be included in Attachment 5: Memorandum of Agreement or Letters of Commitment.

2. **Need for Project:** Please explain the demand for the target occupation(s) in your region, including:
 - A. What is the geographic area you are proposing to serve?
 - B. List the target occupation(s) your project will prepare participants to work in.
 - C. Is there funding currently available to deliver this same program over the same period covered by this grant program (approx. January 2025 – December 2025) If so, what is the source of the funding?
 - D. How did your partnership determine that there are and will be enough vacancies in these occupations to meet your proposed placement goals?
 - E. Using the table below, provide evidence that there will be sufficient job vacancies in the targeted occupation(s) among your partner employer(s) when participants are prepared for placement. You may add rows to the table for additional occupations and employers as needed.

Employer	Occupation	# of Current Vacancies in Occupation	# of Anticipated Job Openings During Grant Period	Skills Required for Entry in the Occupation	Credentials Required for Entry in the Occupation	Average Hourly Wage At Entry
Employer Partner 1 (provide employer name)						

Employer	Occupation	# of Current Vacancies in Occupation	# of Anticipated Job Openings During Grant Period	Skills Required for Entry in the Occupation	Credentials Required for Entry in the Occupation	Average Hourly Wage At Entry
Employer Partner 2 (provide employer name)						
Employer Partner 3 (provide employer name)						

3. Target Population:

- A. Describe the specific target population you plan to serve.
- B. Provide an explanation of why the population is an appropriate fit with the proposed target occupation(s) you described in your response to Question 2. Need for Project.

4. Past Performance:

- C. Have you delivered this or a similar program before? If so, please provide information about the funding source, dates provided and outcomes in the chart below.
- D. In reviewing the data provided in the chart below, did you consider your program successful? If so, why? If not, why and what will you do to address it in this program?

Program Name and Funding Source *Please indicate whether these performance data are for delivery of the same program or a similar program.	How many times have you offered this program and over what period of time (provide the dates and the # of years)?	How many individuals have you enrolled to date?	How many individuals have completed to date?	How many individuals have been placed in paid unsubsidized employment to date?

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5. Recruitment, Assessment & Selection:

- A. Describe your recruitment strategy for the target population, including a list of any organizations that will refer individuals to your program and the methods that will be used to recruit participants.
- B. Describe the selection and assessment process. What criteria will you use to determine applicant readiness and fit with the proposed services?

6. Program Design:

- A. Describe the training program you propose to deliver with this funding.
- B. How will these activities prepare participants for successful placement in the proposed target occupation(s)?
- C. How will remote learning opportunities be structured, as applicable, to complement or replace in-person experiences including work experience?

7. Participants Supports:

- A. Describe your approach to providing support services and coaching.
- B. What barriers to employment are your participants likely to have in their background and/or are they likely to experience during the program? How will you work with participants to address these barriers?

8. Job Placement: Describe your planned job search, job development and job placement activities. What will be the responsibilities of participants and of staff in these services? What activities will the job developer conduct to identify unsubsidized jobs and place program graduates into them?

9. Staffing: Describe your staffing structure, including the staff name, title, role, FTE and organization of each staff member that will be directly involved in the program.

10. Workplace Inclusion: Describe how your organization and/or partnership seeks to promote inclusion in the workplace and foster an environment of success for people with disabilities.

ATTACHMENT 3A & 3B: BUDGET & BUDGET NARRATIVE FORMS

General Instructions: The proposed budget must be submitted using the following attachments provided in MS Excel file format:

1. Budget Form (Attachment 3a)
2. Budget Request Narrative Form (Attachment 3b)

Budget Form (Attachment 3a): serves as a cover sheet to the Budget Request Narrative Form. While it is formatted with formulas, please check all amounts for accuracy prior to submission.

Budget Request Narrative Form (Attachment 3b): outlines all the project costs for which you are requesting grant funds. This budget should be based upon the entire requested grant duration (up to December 30, 2025).

Each line-item amount should have a clear and sufficient cost rationale. Applicants must complete the following columns for each line item for which they are requesting funds.

- ***Actual Cost (AC) or Cost Allocation (CA):*** Please identify whether these expenses will be charged based upon actual costs or a cost allocation plan. Please note: Applicants awarded funding will be required to provide a copy of their cost allocation plan during contract negotiations. If the cost allocation plan does not include sufficient detail or is updated on a monthly or ongoing basis, this updated information must be included along with other required back-up during specified monthly invoices. Any changes to this plan must be submitted to Commonwealth Corporation for the duration of the grant.
- ***Description of use of funds:*** Please include a description to explain how funds will be used.
- ***Calculations:*** To reduce calculation errors, please use these two columns to include the rate and unit of measurement used to calculate each line item. Instructions for specific line items are included below in the Category Instructions. Applicants may include additional detail in the ***description of use of funds*** column to explain any expenses that do not conform to the standard unit of measurement @ rate calculation format.

Please follow the Category Instructions below for completing the Budget Request Narrative Form and remember to *check all amounts* for accuracy prior to submission.

A. Salary & Fringe

Salary: This category is for project costs related to staff that will be performing project-related functions and will be on the payroll of the lead applicant only.

The budget should include:

- Each staff person (name, if known and job title) on a separate line
- Actual rates of pay each staff person will receive for compensation in the column labeled “Rate/hour”
- The quantity of hours each staff person will work on this grant in the column labeled “hours”

Grantees may not invoice Commonwealth Corporation for staff roles that are not included in the budget and in the contract. Grantees may charge a higher hourly rate than the rates listed in the budget in the contract. However, grantees are responsible for ensuring that the staffing structure outlined in the contract is maintained. The Commonwealth Corporation will not approve a modification to add additional funds to staffing for the grantee to maintain the staffing structure included in the contract. Therefore, we encourage all grantees to review any significant staff changes with the Commonwealth Corporation prior to making the change to ensure an adequate staffing structure is maintained. Applicants should factor in any proposed increases over the grant period into the average hourly rate.

Fringe: This line item is for fringe benefits for internal staff. The budget should include the percentage used to calculate the actual budgeted dollar amount. The budget should also include details about the benefits included in the rate and the rate associated with each benefit.

B. Other Program Costs

Travel: This category is for lead applicant staff travel required to achieve the project goals. The budget should include a description indicating the need for the proposed travel, destinations, and mode of travel. For requests related to mileage costs, the budget should include the mileage rate in the column labeled “rate” and the total number of miles in the column labeled “unit.” Mileage will not be reimbursed beyond the current federally approved rates. For requests related to other costs, such as public transportation or parking, the budget should include the cost per trip in the column labeled “rate” and the total number of trips in the column labeled “unit.”

Space Rental: This category is for space rental related to project activity. If funds will be allocated on a cost allocation basis, the average monthly cost should be included in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be charged on an actual cost basis the actual monthly cost of rent should be included in the column labeled “rate” and the duration of your grant in the column labeled “unit.”

Telephone & Communications: This category is for telephone and other communication costs related to project activity. If funds will be allocated on a cost allocation basis, the average monthly cost should be included in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be charged on an actual cost basis the

budget should include the actual monthly cost of telephone & communications in the column labeled “rate” and the duration of your grant in the column labeled “unit.”

Equipment Rental & Lease: This category is for rental or lease of office equipment necessary for implementation of the project. The budget should include a list of items to be leased. If funds will be allocated on a cost allocation basis, the average monthly cost should be included in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be charged on an actual cost basis include the actual monthly cost of equipment rentals in the column labeled “rate” and the duration of your grant in the column labeled “unit.”

Equipment Purchase: This category is for equipment purchases. The budget should include a list of items to be purchased. The budget should include the cost of the item in the column labeled “rate” and the total number of units that will be purchased in the column labeled “unit.”

Postage & Mailings: This category is for postage and mailing related to project activity. The budget should include a description of the use of these funds. If funds will be allocated on a cost allocation basis, the budget should include an average monthly cost in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be charged on an actual cost basis over the duration of the grant, the budget should include the total cost of postage in the column labeled “rate” and fill in a number “1” in the column labeled “unit.”

Publication/Print/Copying: This category is for publication, printing and copying related to project activity. The budget should include a description of the use of these funds. If funds will be allocated on a cost allocation basis, include an average monthly cost in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be allocated on an actual cost basis over the duration of the grant, include the total cost of publication, printing and copying in the column labeled “rate” and fill in a number “1” in the column labeled “unit.”

Meeting Expenses: This category is for meeting expenses related to project activity. The budget should include a description of the use of these funds. The budget should include a meeting cost rate in the column labeled “rate” and the total number of meetings that will be held over the duration of your grant in the column labeled “unit.”

Office Supplies & Materials: This category is for office supplies related to project activity. The budget should include a description of use of these funds. If funds will be allocated on a cost allocation basis, the budget should include an average monthly cost in the column labeled “rate” and the duration of your grant in the column labeled “unit.” If costs will be charged on an actual cost basis over the duration of the grant, the budget should include the total cost of office supplies & materials in the column labeled “rate” and fill in a number “1” in the column labeled “unit.”

Marketing & Advertising: This category is for marketing and advertising related to project activity. The budget should include a description of use of these funds. The budget should include the cost of the advertisement in the column labeled “rate” and the number of times you plan to run the advertisement in the column labeled “unit.”

Training Materials: This category is for expenses related to the purchase of training materials related to project activity. The budget should include a description of the training materials. The budget should include the cost per unit of the training materials in the column labeled “rate” and the cost per unit in the column labeled “unit.”

C. Support Services

Training Stipend: This category is for stipends paid to participants during their participation in classroom training. The budget should include the amount of the stipend in the column labeled “rate” and the total number of participants anticipated to receive the stipend in the column labeled “unit.”

Work Experience: This category is for wages and stipends paid to participants or wage subsidies paid to employers during work experience, including on-the-job training. The budget should include a description of the type of compensation (stipend, hourly wage for internship, wages for on-the-job training) and the number of weeks of employment. The budget should include the total maximum compensation that will be paid to or in the case of a wage subsidy, on behalf of each participant under the column labeled “rate” and the total number of participants anticipated to receive the stipend in the column labeled “unit.”

Transportation: This category is for transportation expenses related to the support of participants during training. The budget should include a description of the use of funds. The budget should include the average amount that will be provided per participant in the column labeled “rate” and the total participants in the column labeled “unit.”

Participant Tuition & Fees: This category is for tuition and fees associated with training slots for one or more participants. The budget should include the cost per participant in the column labeled “rate” and the total number of participants in the column labeled “unit.” Any costs that the applicant will contractually agree to pay a training provider for group instruction should not be included in this line item and should be included in the Training Contractors line item.

Other: This category is for other expenses related to the support of participants during training. The budget should include a description of the use of funds. The budget should include the average cost per participant in the column labeled “rate” and the total number of participants in the column labeled “unit.”

D. Contracted Services

Training Contractors: This category is for project costs related to training services provided to the grantee on a contract basis by individuals, organizations or companies that are subcontractors or consultants to the grantee.

If the cost of the course is negotiated at an hourly rate, the budget should include the hourly rate in the column labeled “rate” and the total number of instructional and preparation hours in the column labeled “unit.” If the cost of the course is negotiated at a course-based rate, the budget should include the total cost of the course in the column labeled “unit” and the number of times the course will be offered in the column labeled “rate.” If rates vary by course, each course should be listed in a separate row. At a minimum each training provider should be listed on a separate line.

Curriculum Development Contractors: This category is for project costs related to the development of curricula. The budget should include a description of the use of funds including the name of the organization or individual that will be contracted to develop the curricula and the new courses that will be developed. The budget should include the hourly rate in the column labeled “rate” and the number of hours that will be spent developing the curricula in the column labeled “unit.”

Other Contractors: This category is for expenses related to other contracted services, including any contracted services to fulfill required staffing roles. The budget should include a description of the use of funds including the name of the organization or individual that will be contracted to perform this service. The budget should include the hourly rate in the column labeled “rate” and the quantity of hours each task will require in the column labeled “unit.” Each contractor should be listed on a separate line.

E. Indirect Costs This category is for indirect costs. Indirect costs are costs incurred for common or joint objectives that are not easily identifiable to a single grant and benefit multiple programs. Grantees must apply indirect costs using an approved indirect cost rate or an approved cost allocation plan. A copy of the cost allocation plan must be supplied during contract negotiations. Any changes to this plan must be submitted to the Commonwealth Corporation for the duration of the grant.

ATTACHMENT 4: OUTCOME CHART

General Instructions: The outcome chart must be submitted using Attachment 4 provided in the MS Excel file format. This form summarizes the key anticipated outcomes for the proposed project. These outcomes will be incorporated into the final contract. In addition to the outcomes listed here, grantees will be required to collect other information about participant demographics, wages, and other project results.

Please enter goals under the column labeled “goal.” Then show the anticipated distribution of goals by quarter by entering the cumulative goal per quarter under each corresponding quarter. We have programmed formulas that will automatically calculate the performance rates under the column labeled “rate” for each performance measure.

Section I: Enrollment & Completion Goals:

1. *Number of participants enrolled in training program:* Please enter the total number of participants that will be enrolled in the proposed training program and the anticipated cumulative total number by quarter.
2. *Number of participants completing training program:* Please enter the total number of participants that will complete the proposed training program and the anticipated cumulative total number by quarter.
3. *Number of participants earning an industry recognized credential as a result of training:* Please enter the total number of participants that will earn an industry recognized credential as a result of training and the anticipated cumulative total number by quarter. If the industry does not recognize or require an industry recognized credential and the proposed program design does not result in an industry recognized credential leave this field blank.

Section II: New Employment Goals:

4. *Number of participants placed in unsubsidized paid employment and retained in employment for at least 30 days:* For this question, enter the number of un/underemployed participants that will obtain a paid job and retain it for at least 30 days during the period of the grant and the anticipated cumulative total by quarter.
5. *Average Hourly Wage at Placement:* Please enter the anticipated starting hourly wage at placement for participants that will be placed in training-related unsubsidized paid employment.

Section III: Explanation (If Applicable):

If the placement rate calculated as a result of your proposed enrollment and placement goals is lower than 65%, please provide an explanation in Section III. This explanation should cite specific performance rates documented for a similar program design serving a similar population.

ATTACHMENT 5: MEMORANDUM OF AGREEMENT OR LETTERS OF COMMITMENT

The Grant Application Package must include signed letters of commitment or a signed Memorandum of Agreement demonstrating the commitment and role of each of the partnership members who are listed in Attachment 1: Application Summary Form and Attachment 2: Program Narrative Form. **The partnership must at a minimum include three businesses with operations in Massachusetts that employ Massachusetts residents in the target occupation(s).** Businesses must provide information about current vacancies for the target occupation(s) and must commit to consider applicants from the proposed program. Please see SECTION TWO for more information about required partnership members.

ATTACHMENT 6: CERTIFICATE OF GOOD STANDING FROM MASSACHUSETTS DEPARTMENT OF REVENUE

All lead applicants must submit a Certificate of Good Standing from the Massachusetts Department of Revenue. This should be included in your Grant Application Package and labeled Attachment 6.



Employment Programs for Young Adults with Disabilities