

WCTF FY26 Donnelly Application Questions

Applicants will be required to enter the following information in the WCTF FY26 Donnelly application form. This document is intended to help applicants prepare to submit their application. Use the following link to access the application:

<https://commcorp.formtitan.com/ftproject/wctfrfpapp>

Applications must be submitted by Monday, March 9, 2026, at 11:59 PM EST.

Section 2: Organizational Profile

Organization Details

- 1) Legal name of organization
- 2) DBA name (if applicable)
- 3) Organization Type:
 - For-Profit
 - Non-profit or community-based organization (CBO)
 - Secondary School (e.g., high school, career technical school)
 - Public 2-Year Education Institution
 - Private 2-Year Education Institution
 - Public 4-Year Education Institution
 - Private 4-Year Education Institution
 - MassHire Workforce Development Board
 - MassHire Career Center
 - State and/or Local Government Agency
 - Membership Associations/Consortium (including Labor Organizations)
 - Other
- 4) FEIN
- 5) Legal Address (as listed on W-9)
 - a. Mailing address (if different from legal address)

Section 3: Contact Information

The following details are needed for each of the 3 required contact roles: Primary Contact, Authorized Signatory, and Fiscal Contact

- 1) Full Name
- 2) Title
- 3) Phone Number
 - a. Extension (if applicable)
- 4) Email Address
- 5) Contact Role

Section 4: Program Goals

Target Occupations & Sector Alignment

- 1) Which program category are you applying to?
 - a. Training & Placement Program
 - b. Training & Advancement Program
 - c. Hybrid Training Program
- 2) Total Funds Requested
- 3) Preferred Grant Start and End Dates
- 4) Proposed Number of Enrollments, Completions, and Placements
- 5) Does your proposal contain any of the following elements? Check all that apply:
 - Historically Excluded Populations
 - Workers with Emerging Skills
 - Adult Education
 - Articulation Agreements with Community College
 - Digital Literacy
 - Work-Based Learning Components
- 6) Cities Served

Program Overview and Narrative

- 1) A brief description of your proposed program (400 words max)
- 2) Upload Your Program Narrative (Word doc)

Target Industry and Occupation Details

- 1) What is the primary industry(ies) your program/proposal is designed to serve or impact? (Use NAICS Codes & Industry Classification System)
- 2) What is the primary occupation(s) your program/proposal is designed to serve or impact? (Use SOC Codes – US Bureau of Labor Statistics)
 - a. Number of Current Vacancies
 - b. Number of Anticipated Openings

Section 5: Partnership Members

You must have at least **two (2) employer partners**. You will need a signed MOA from each employer partner to upload in Section 6.

In the application, the information entered on the Add Partner pop up page will not show up on the Partnership Members page once it is closed, but it will be saved in our system.

- 1) Partner Organization Name
- 2) Address
- 3) Phone Number
- 4) Website
- 5) Organization Type
 - For-Profit
 - Non-profit or community-based organization (CBO)
 - Secondary School (e.g., high school, career technical school)
 - Public 2-Year Education Institution
 - Private 2-Year Education Institution
 - Public 4-Year Education Institution
 - Private 4-Year Education Institution
 - MassHire Workforce Development Board
 - MassHire Career Center
 - State and/or Local Government Agency
 - Membership Associations/Consortium (including Labor Organizations)
 - Other
- 6) Organization/Partner Role

- Subgrantee
 - Temporary Worksite
 - Employer/Hiring Entity
 - Training Provider
 - Vendor
 - Other
 - Childcare Provider
 - Intermediary
- 7) Contact at Partner Organization
- a. Full Name
 - b. Phone number
 - i. Extension (if applicable)
 - c. Title
 - d. Email Address

Section 6: Supporting Documents

- Upload Budget Form
- Upload Partner MOAs
- Upload W-9 Form
- Upload DUA Certificate of Compliance
- Upload Certificate of Good Standing (COGS)

The required Narrative (upload in Section 4) and Budget templates, a sample MOA, and guidance for the DUA Certificate of Compliance and COGS can be found [here](#).

Section 7: Final Acknowledgement

Check Boxes for:

- Statement of Tax Compliance (M.G.L. c.62C, §49A)* I certify, under the pains and penalties of perjury, that the Applicant has filed all required state tax returns and paid all taxes as required by law.
- Certification of Compliance with Filing Requirements* I certify that the Applicant has filed with the appropriate town/city clerk or officer of the Commonwealth, paid all required fees, and is in compliance with applicable Massachusetts General Laws regarding partnerships and/or corporations doing business in the Commonwealth.

- **Certification of Accuracy & Authority*** I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge and belief, and that I am duly authorized and empowered to submit this application and sign contracts on behalf of the Applicant organization.
- **Application Completeness*** I confirm that all required fields have been completed, each section has been reviewed for accuracy, correct contact information has been provided, and all required documents have been uploaded in the specified formats.
- **Consent to Electronic Signature & Communication*** I agree that my electronic signature has the same legal effect as a handwritten signature and consent to receive application-related communications electronically.

Signature:

- Authorizing Official's First Name:
- Authorizing Official's Last Name:
- Authorizing Official's Title:
- Authorizing Official's Email:
- Authorizing Official's Signature