

Part 1: Application Summary Form

1. PARTNERSHIP PROFILE				
<i>Please complete each question on the Program Profile and Contact Information forms. (All questions are required.)</i>				
Name of Lead Applicant Organization:		Department of Unemployment Assistance ID Number:		
Federal Employer ID Number (FEIN):				
Applicant Type:				
☐ Community-Based Organization, including Adult Basic Education Providers ☐ Employer ☐ Employer Association	☐ Higher Education Institution ☐ Labor Organization	☐ Local Workforce Development Entity ☐ Local Workforce Board	☐ Nonprofit Education, Training, or Other Service Provider ☐ One-Stop Career Center ☐ Vocational Education Institution	
Please indicate the blueprint region represented by the lead MassHire Workforce Board:		Program Name and/or Partnership:		
Which Program Categories Are You Applying To:				
☐ Option A: Training and PLACEMENT Program ☐ Option B: Training and ADVANCEMENT Program ☐ Option C: Hybrid Training Program				
Target Industry / Occupation(s):		Proposed Duration of this WCTF-Funded Program:		
		☐ (2 yr.) Two-Year Grant ☐ (3 yr.) Three-Year Grant		
Preferred Grant Start Date:		Preferred Grant End Date:		
Total Implementation Funds Requested:		Proposed # People Enrolled:		
Please indicate targeted outcomes: (Option C requires <u>both</u> # of Placements and # of Wage Increases be proposed.)		Proposed # Completions:		
		Proposed # Placements (Option A/C) :		
		Proposed # Wage Increases (Option B/C):		

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2. PROGRAM SUMMARY

In the space provided below, please provide a brief description of your proposal in 400 words or fewer.

(Please keep in mind that if your organization is awarded funding, this is the program summary that will be used in public announcements.)

3. LEAD APPLICANT CONTACT INFORMATION

Please list the contact information for key staff members.

Role	Name & Title	Address	Phone	Email Address
Primary Contact Person: (notified upon decision of grant award)				
Authorized Signatory: (authorized to commit organization)				
Fiscal Contact: (fiscally responsible for project funds and submitting invoices)				
Project Manager: (primary contact over the course of the project)				

4. PARTNERSHIP MEMBERS AND CONTACT INFORMATION

Please list the organizations and contact information for all required and additional partners.*

(All required partners listed below must be included on a MOA or on a signed letter unless otherwise noted. At least two employers with operations in Massachusetts that employ Massachusetts residents in the targeted occupation are required.

You may add rows as needed to represent your partnership.)

Organization Type	Organization Name	Address	Contact Name/Title	Contact Email
Employer Partner*				
Employer Partner*				
MassHire Workforce Board				
MassHire Career Center				
Training Provider				
<i>Example: Education/Training Provider, Community -Based Org</i>				
<i>Example: Community -Based Org.</i>				
<i>Example: Local Office of Public Agency</i>				