

**Request for Proposals
For
Health Care Workforce Transformation Fund
Planning Grant**

**Issued by
Commonwealth Corporation
Funded by the Health Care Workforce Transformation Fund**

RELEASED: July 24, 2013

RESPONSES DUE: October 1, 2013, 12:00 p.m.

E-mail electronic submission to: srs@commcorp.org
("Health Care Transformation Fund Proposal" must appear in
the e-mail subject line)

**OPTIONAL BIDDERS' WEBINAR:
TO REGISTER FOR WEBINAR** August 8, 2013 at 1:00 pm
<http://healthcarefund.eventbrite.com>

CONTACT: Karen J. Shack
Commonwealth Corporation
2 Oliver Street, 5th Floor
Boston, MA 02109
kshack@commcorp.org
617-717-6930

WEBSITE: www.commcorp.org

**Health Care Workforce Transformation Fund
Planning Grant**

REQUEST FOR PROPOSALS

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HEALTH CARE WORKFORCE TRANSFORMATION FUND REQUEST FOR PROPOSALS

SECTION ONE: OVERVIEW

- A. Purpose:** The Health Care Workforce Transformation Fund Planning Grant is designed to provide applicants with funds to support planning to address workforce challenges that occur as a result of the requirements of implementing Chapter 224.
- B. Program Sponsors:** This solicitation is offered by the Executive Office of Labor and Workforce Development. The grant program is funded by the Health Care Workforce Transformation Trust Fund and administered by Commonwealth Corporation.
- C. Funding Availability:** An initial allotment of one million is available. While additional funds may be made available at the discretion of the Secretary of Executive Office of Labor and Workforce Development, organizations are encouraged to submit applications as soon as possible in order to ensure availability of funds. Individual grant awards will begin at \$15,000 and will not exceed \$50,000 per grant.
- D. Match Requirement:** There is no match requirement.
- E. Duration of Contract(s):** Contracts will be issued for a maximum of 4 months.
- F. Application Deadline:** Applications will be accepted on a rolling schedule. See schedule table for due dates.
- G. Clarification:** Questions about the Health Care Workforce Transformation Fund Planning Grant Request for Proposals will be accepted in writing. Answers will be posted on a regular basis on the Commonwealth Corporation website. Please submit questions via e-mail to Karen Shack at kshack@commcorp.org.
- H. Schedule:**
Applications will be accepted on a rolling basis from October 1, 2013 through June 1, 2014 or when one million has been awarded, whichever occurs first.

Deadline for Submission	Decisions Announced	Contract Begins	Contract Ends
October 1, 2013	January 2014	February 2014	May 2014
December 1, 2013	February 2014	March 2014	June 2014
January 1, 2014	March 2014	April 2014	July 2014
February 1, 2014	April 2014	May 2014	August 2014
March 1, 2014	May 2014	June 2014	September 2014
April 1, 2014	June 2014	July 2014	October 2014
May 1, 2014	July 2014	August 2014	November 2014
June 1, 2014	August 2014	September 2014	December 2014

SECTION TWO: ELIGIBLE APPLICANTS & PARTNERS

A. *Eligible Lead Applicants:* Lead applicants must be one of the following organizations with operations in Massachusetts:

- Healthcare employers with operations in Massachusetts and that employ Massachusetts residents
- Health Care business or Industry Associations

OR

Intermediary organizations such as:

- Local workforce investment boards
- Labor organizations
- Joint Labor Management organizations
- Community-based organizations
- Institutions of higher education
- Vocational education institutions
- One-stop career centers
- Local workforce development entities
- Non-profit education, training and other service providers

B. *Lead Applicant Responsibilities:* Lead applicants must meet the following eligibility criteria:

- Have operational and fiscal capacity to manage public funds;
- Collect and report all required data.

C. *Required Partners:*

- If workers at a participating employer are covered by a collective bargaining agreement, the labor union representing those workers must be a signatory to the Memorandum of Agreement (MOA) and an active participant in the planning.
- If an applicant is not a healthcare employer, the applicant must have **EITHER** a signed Memorandum of Agreement (MOA) with at least one healthcare employer that articulates the shared goal of the planning grant and specific roles and responsibilities for each party. **OR** must, as part of the application, name one or more health care employers and identify the individuals at the organization(s) with whom they intend to engage in the planning activities.

SECTION THREE: PLANNING GRANT GOALS/ACTIVITIES

A. *About the Initiative:* In August 2012, through the collaborative efforts of the Massachusetts Legislature, Governor Patrick and Lieutenant Governor Murray, Massachusetts became the first state in the country to enact health care cost containment legislation (Chapter 224). The Health Care Workforce Transformation Fund was established as part of the law for the purpose of funding a wide spectrum of employee training and other programs within the health care industry. The Fund is administered by the Secretary of the Executive Office of Labor and Workforce Development (EOLWD). Chapter 224 established a set of proposed goals for fund expenditures. Those goals include:

- (1) support the development and implementation of programs to enhance health care worker retention rates;
- (2) address critical health care workforce shortages;
- (3) improve employment in the health care industry for low-income individuals and low-wage workers;
- (4) provide training, educational, or career ladder services for currently employed or unemployed health care workers who are seeking new positions or responsibilities within the health care industry;
- (5) provide training or educational services for health care workers in emerging fields of care delivery models.

B. *Goal of the Grant Program:* The purpose of the Health Care Workforce Transformation Fund Planning Grant is to provide applicants with funds to support planning to address workforce challenges that occur as a result of the requirements of implementing Chapter 224.

Fundable activities for the Planning Grant may include one or more of the following:

- Assessing the skill/competency level of current employees;
- Assessing the relevance, quantity and quality of existing training or education programs that serve as a source of workforce supply;
- Developing a plan to deliver the required training/education to current employees;
- Developing a plan to fill vacancies created by training current workers for higher level positions;
- Developing a plan to improve or create programs to supply future workers with required skills/competencies;
- Other activities required to develop a plan to address the expressed business need.

C. *Funding Availability & Grant Award Amount:* An initial allotment of one million is available. Individual grant awards will be given for grants from \$15,000 to \$50,000. Grants funds will continue to be expended until June 2014 or one million is awarded, whichever occurs first.

D. *Other funding Sources:* Applicants may not use these funds in place of other state funding.

SECTION FOUR: GRANTEE DELIVERABLES

A. *Program Deliverables and Reporting Requirements:* Applicants will be required to submit the following narrative reports using forms supplied by Commonwealth Corporation:

Mid-point Progress Report: This report will be due at the mid-point of the grant period and will include an update on the activity of the grant and progress toward, meeting the final grant goal of developing an implementation application. A format for the mid-point report will be provided.

Implementation Application or Final Report: A deliverable of this Planning Grant is a completed Implementation grant application. The format for this Implementation application will be provided during the contracting period for the Planning Grant. In the event that the applicant decides not to pursue an Implementation Grant, the applicant must submit a final report at the end of the contract period describing what was achieved through the Planning Grant and explaining why they have decided not to pursue an Implementation Grant at this time. A format will be provided for this final report. Implementation Grants will not exceed \$250,000 and will be for grant periods of no more than 2 years.

B. *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. Expend grant funds only for allowable activities.

To fulfill this responsibility, Commonwealth Corporation will periodically request and review grantee documentation to ensure the above listed conditions are met. Additional information will be provided after a contract is awarded.

C. *Technical Assistance:* Each applicant awarded funding will be assigned a Commonwealth Corporation Program Manager and must assign a main point of contact (Lead Applicant Program Manager) at their organization who will be accountable for the grant. The Commonwealth Corporation Program Manager 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 outcomes.

Commonwealth Corporation strives to be as timely, accurate and customer friendly as possible, while fulfilling its responsibility for the use of public funds. The following expectations are provided to set the foundation for a supportive and collaborative relationship between the Commonwealth Corporation Program Manager and the Lead Applicant Program Manager.

What Applicants Can Expect From the Commonwealth Corporation Program Manager:

- Availability and responsiveness to questions and concerns
- Sharing of resources and best practices
- Communicating information clearly
- Supporting project staff in problem solving
- Creating an environment of trust and support for continuous improvement and innovation

What the Commonwealth Corporation Program Manager Expects from the Lead Applicant Program Manager:

- Timely and open communication about the project's successes and challenges
- Sharing of resources and best practices
- Dedication to achieving and reporting progress benchmarks

D. *Payment:* Funds will be disbursed on a cost reimbursement basis. Grantees will be required to submit an invoice at the mid-point of the grant and a final invoice at the end of the grant period using an invoice template supplied by Commonwealth Corporation, to report project expenditures for the period. Grantees will only be reimbursed for expenses incurred during the period of the contract.

E. *Project Terms and Conditions:* Applicants awarded funding will be required to abide by Commonwealth Corporation's Standard Contract Terms and Conditions which will be provided during contract negotiation. Applicants may review these terms and conditions prior to submitting their application by contacting Karen Shack at kshack@commcorp.org to request a copy. In addition, all final contracts are subject to successful negotiation of a final statement of work.

SECTION FIVE: SUBMISSION SCHEDULE & INSTRUCTIONS FOR SUBMISSION

A. Submission Schedule

Deadline for Submission	Decisions Announced	Contract Begins	Contract Ends
October 1, 2013	January 2014	February 2014	May 2014
December 1, 2013	February 2014	March 2014	June 2014
January 1, 2014	March 2014	April 2014	July 2014
February 1, 2014	April 2014	May 2014	August 2014
March 1, 2014	May 2014	June 2014	September 2014
April 1, 2014	June 2014	July 2014	October 2014
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B. Optional Bidders' Webinar: An optional Bidders' Webinar will be held on August 8, 2013 at 1:00 p.m. All potential applicants interested in participating in the webinar must register by August 7, 2013 at 5pm. To register, please use this link. <http://healthcarefund.eventbrite.com> . If applicants have any questions about accessing the Webinar, please contact Angela Holley at 617-717-6911.

C. Clarification Period: Questions about the Health Care Workforce Transformation Fund will be accepted in writing. Please submit questions via e-mail to Karen Shack at kshack@commcorp.org. Commonwealth Corporation will respond to all questions and post them on our website at www.commcorp.org on an ongoing basis. Applicants are advised to check the Commonwealth Corporation's website periodically for additional information; however Commonwealth Corporation anticipates updating the website every Monday with responses to questions we received the previous week.

D. Application Submission Instructions: Grant Application Packages are due in an electronic format sent to srs@commcorp.org and received by Commonwealth Corporation no later than 12:00 noon on October 1, 2013 (for initial submission date).

- Applicants are requested to provide MS Word and Excel documents only. Please only submit PDF files of the signed Memorandum of Agreement, Certificates of Good Standing and the signed Certification. Please contact Karen Shack if you encounter issues including these items as PDF files.
- "Health Care Transformation Fund" must appear in the email subject line.

Failure to provide any of the required documents listed below by 12:00 noon on October 1, 2013 may result in the disqualification of the application.

E. Grant Application Package: The following parts make up the required components of the Grant Application Package. Please provide the following forms and documents in the order in which they are listed.

Part 1: Application Summary Form

This 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 title page of your Grant Application Package.

Part 2: Application Narrative Form

This form provides a list of questions that applicants must address in their 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. Application Narrative Forms may not be in a font size smaller than size 11 and must have at least one inch margins. Application Narratives must be limited to 10 pages.

Part 3 Staffing Plan

Complete the Staffing Plan form. Describe the role, responsibilities and qualifications of each individual who will be involved in the planning activities. If a position is not yet filled, please indicate this.

Part 4: Work Plan Form

Complete the Work Plan Form to include all proposed planning activities.

Part 5a and 5b Budget, Budget Narrative Forms.

These are included as a separate MS Excel Workbook labeled “Health Care Application Budget”. Applicants must submit a detailed budget request using the provided forms. 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.

Part 6: Memorandum of Agreement (MOA)

All partners in the project must sign the Memorandum of Agreement. Applicants should edit and make additions to the sample MOA provided here as appropriate. The MOA should detail specific partner roles and responsibilities. Submit one MOA signed by all partners.

If an application includes only a single employer as the lead with no additional partners, no MOA is required.

Part 7: Certificates of Good Standing

A Certificate of Good Standing must be submitted from all partners that will financially benefit from the Health Care Transformation funds. Please follow the instructions to determine which organizations must submit a Certificate of Good Standing.

Part 8: Certification

This form must be signed by an individual with signatory authority for the applicant.

SECTION SIX: SUBMISSION EVALUATION PROCESS AND CRITERIA

Submission Evaluation Process: Grants will be funded at the discretion of the Secretary of Labor and Workforce Development. The following factors will be used to make a determination about awarding a grant:

- The extent to which the applicant has identified a specific business need related to implementing the requirements of Chapter 224.
- The extent to which the project work plan identifies specific activities, timeframes, roles and responsibilities required to achieve the goals of the Planning Grant.
- The extent to which the budget is cost reasonable and relevant to the proposed activities.
- The capacity of the applicant and partners to complete the proposed activities within the grant period.

The submission 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 or non-conforming will not be considered.

Step 2: Compliance Screening: Commonwealth Corporation will conduct an analysis to ensure all lead applicants are in compliance with state and federal law. Applicants are encouraged to review these criteria and ensure both they and their partners who will financially benefit from the grant funds are in compliance prior to submitting an application. Commonwealth Corporation will conduct the following reviews to ensure compliance:

- Ensure all industry partners that will financially benefit from the funds are in good standing with the Commonwealth and have met all tax liabilities. Commonwealth Corporation will conduct this screening by reviewing Certificates of Good Standing (C.O.G.S) submitted in the Grant Application Package. Please follow the instructions (part 7) to determine which organizations must submit a Certificate of Good Standing.
- Ensure all applicants and partners are in full compliance with all obligations to the Department of Unemployment Assistance, and any other obligations to the Commonwealth of Massachusetts. Please follow the instructions to determine which partners must provide a Department of Unemployment Assistance and federal employer identification number. Commonwealth Corporation will work with the Department of Unemployment Assistance to conduct this review.

Step 3

All applicants in Round 1 will be notified of their award status by email by January 2014.

A. Additional Evaluation Notes: Commonwealth Corporation reserves the right to only 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 awards to 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 submission does not commit Commonwealth Corporation to award any contracts. Upon submission, all applications become the property of Commonwealth Corporation.

B. Appeals: Appeals of the funding decision may be filed with Nancy Snyder, President, Commonwealth Corporation, 2 Oliver Street, 5th Floor Boston, MA 02109. Appeals must be filed within fifteen days of the date of Commonwealth Corporation's notice to unsuccessful bidders. The President may decide to hold an informal review of the decision and upon the President's recommendation; the Secretary may decide to deny or approve the appeal and/or modify an award.

C. Audited Financial Statements and Verification of Fiscal Management Capacity: All applicants that are selected for an award will 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
 - Part 1: Application Summary Form
 - Part 2: Application Narrative Form
 - Part 3: Staffing Plan
 - Part 4: Work Plan Form
 - Part 5a, 5b: Budget & Budget Narrative Form
 - Part 6: Sample Memorandum of Agreement (MOA)
 - Part 7: Certificates of Good Standing
 - Part 8: Certification

Part 1-Application Summary Form

1. Project Profile					
Name of Lead Applicant Organization					
Department of Unemployment Assistance ID #		Federal Employer ID #			
Proposed Grant Start Date		Proposed Grant End Date			
Total Funds Requested					
2. Project Summary					
<p>In the space provided below, please provide a summary of your proposed project in 100 words or less. Please keep in mind that if this application is awarded funding, this is the project summary that will be used in public announcements.</p>					
3. Applicant Contact Information					
Role	Name	Title	Address	Phone	E-mail
Primary Contact Person (notified upon decision of grant award)					
Authorized Signatory (authorized to commit organization)					
Fiscal Agent for Project , if not bidder (fiscally responsible for project funds)					
Program Manager , if known (contact over the course of the project)					
4. Industry Partners (add rows as needed)					
Type/Role of Partner	Organization Name				
Employer Partner (If a healthcare employer or association is not the lead applicant, please provide name of primary employer partner with whom lead grantee will be working during planning activities)					
Labor Union, if workers at a participating employer are covered by a collective bargaining agreement (Required)					

PART 2-APPLICATION NARRATIVE FORM

Please describe your project by responding to the questions below. Do not exceed 10 pages, using a font 11 points or larger and with at least one inch margins. Tables, charts, figures, and appendixes are included in the page limit. The page limit does not include the other required parts of the Grant Application Package.

1. Lead Grantee Name
2. Name all organizations involved in project and list the primary role of each organization in the Planning Grant project.
3. What business problem do you need to address that could be improved by training?
4. How does this business need relate to Chapter 224?
5. Describe briefly what planning, if any, have you already done to address the challenge you plan to address with this Planning Grant?
6. How do you propose to use the Planning Grant funds to address the challenge?

In addition: Please complete the attached budget sheet and provide a narrative description of each line item.

Please complete the attached Staffing Plan: Describe the role, responsibilities and qualifications of each individual who will be involved in the planning activities. If a position is not yet filled, please indicate this (use attached Part 3 Staffing Plan Chart).

Please complete the Work Plan (Part 4 form provided).

PART 3-STAFFING PLAN

Name	Role	Job Title/Organization	Experience/Qualifications
<i>Example: Jane Doe</i>	<i>Coordinator/ Consultant to project</i>	<i>XXX Consulting Firm</i>	<i>10 yrs. project planning and human resource experience</i>

PART 4-WORK PLAN FORM

Please list each activity and note which staff and organization is responsible.

Start Date (Month /Year?)	End Date Month/ Year)	Activity	Who is Responsible; name and organization
<i>Example:</i>			
<i>1/2013</i>	<i>2/2014</i>	<i>Hire new Project Coordinator</i>	<i>Lead Grantee</i>

PART 5A: BUDGET, 5B BUDGET NARRATIVE FORMS

General Instructions: The proposed budget must be submitted using the following 2 attachments provided in MS Excel file format:

1. Budget Form (Part 5a)
2. Budget Request Narrative Form (Part 5b)

Budget Form (Part 5a): serves as a cover sheet to the Budget Request Narrative Forms. While it is formatted with formulas, please check all amounts for accuracy prior to submission.

Budget Request Narrative Form (Part 5b): outlines all of the project costs for which you are requesting grant funds. This budget should be based upon the entire requested grant duration (up to 4 months).

Each line item amount should have 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 plans describing the methodology used to arrive at any costs that will be charged on a cost allocation basis. Actual costs will need to be supported with appropriate back-up documentation along with invoices to Commonwealth Corporation.

- **Description of use of funds:** Please include a description to explain how funds will be used.

Category Instructions: Budget Request Narrative Form

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. List each staff person (name, if known and job title) on a separate line. List the actual rates of pay each staff person will receive for compensation in the column labeled "Rate/hour" and the quantity of hours each staff person will work on this grant in the column labeled "hours".

Fringe: Include the percentage used to calculate the actual dollar amount of employee benefits in the column labeled "fringe %". Provide detail about the benefits included in the rate and the rate associated with each benefit.

B. Other Program Costs

Travel: This category is for staff travel (lead applicant staff only) required to achieve the project goals. Include a description indicating the need for the proposed travel, destinations, and mode of travel. 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.

Space Rental: This category is for space rental related to project activity. 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 include the actual monthly cost of rent 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, 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 include the actual monthly cost of telephone & communications in the column labeled “rate” and the duration of your grant in the column labeled “unit.”

Postage & Mailings: This category is for postage and mailing related to project activity. Provide 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 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. Provide a description of the use of these funds. Include the total cost of publication, printing and copying in the column labeled “rate.” 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. Provide a description of the use of these funds. 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. Provide a description of 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 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. Provide a description of use of these funds. 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.”

C. Contracted Services

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

D. 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 through the use of an approved indirect cost rate or an approved cost allocation plan. Indirect costs should not exceed 10% of the sum of all project expenses, listed as the “Sub Total” line of the Budget Request Narrative Form, Part 5b.

PART 7: CERTIFICATES OF GOOD STANDING

Part 7 must include a Certificate of Good Standing (C.O.G.S.) from the Massachusetts Department of Revenue for each industry cluster partner that is financially benefiting from the funds. Please follow steps 1-2 to determine which organizations must submit a Certificate of Good Standing.

Step 1: Please list each organization for which you are proposing to allocate grant funds. This should include all allocations included in Budget Form (Part 5a). For each organization you list below, include the organization’s **Department of Unemployment Assistance Identification Number** and its **Federal Employer Identification Number**.

Organization Name	Department of Unemployment Assistance Identification Number	Federal Employer Identification Number	Certificate of Good Standing Included (Yes)

Step 2: Submit a Certificate of Good Standing (C.O.G.S) from the Massachusetts Department of Revenue for each partner listed in step 1.

Please follow this guidance when requesting and submitting Certificates of Good Standing:

- The Certificate of Good Standing is not the same and should not be confused with a Certificate of Incorporation.
- This is a link to a sample C.O.G.S: <http://www.mass.gov/lwd/docs/dcs/wtf/dor-cert-good-standing.pdf>.
- C.O.G.S. must be less than six months old.
- Please visit the Department of Revenue’s website (<http://www.mass.gov/dor/businesses/programs-and-services/certificate-of-good-standing.html>) 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 4-6 weeks to be processed.

PART 8: CERTIFICATION

Statement of Tax Compliance:

Pursuant to M.G.L., c62C, s.49A, I _____, signing on behalf of _____ certify that under the pains and penalties of perjury that the aforementioned business organization has filed all state tax returns and paid all taxes as required by law.

Certification of Compliance with Filing Requirements:

I, _____, on behalf of _____ aforementioned Lead Applicant, certify that said Lead Applicant has filed with the appropriate town or city clerk; or officer of the Commonwealth, and paid any required fees pursuant to the Massachusetts General Laws as regards partnerships and/or corporations doing business in the Commonwealth.

Certification:

I hereby certify that the information provided in this application is accurate and that I am duly authorized/empowered to sign contracts on behalf of this organization.

SIGNATURE: _____ DATE: _____

TYPE OR PRINT NAME: _____