



## General Program Grant Application (In Progress ID: WTFPGP-A-050)

Required items are designated with an asterisk (\*). These items are required to be completed at the time that your application is submitted.

### 1. About Your Organization: General Information

<b>Legal Name</b> Sample Construction Company	<b>Doing Business As</b> Sample Company	<b>Federal Employer Identification Number</b> 00-123456	
<b>Massachusetts Department of Unemployment Assistance Employer Account Number (DUA EAN) *</b> 12-12121-2			
<b>Address *</b> 1 Sample Ave.	<b>City *</b> Anytown	<b>State *</b> MA	<b>ZIP Code *</b> 00011
<b>Phone *</b> 121-121-1212	<b>Website *</b> www.sample123.com		

### 2. About Your Organization: Description

<b>Type of Industry *</b> Construction	<b>Year Established *</b> 2002
<b>Description *</b> (Sample)... is a residential construction company focused on building energy efficient homes using the highest quality materials ... Since 2002 we have prided ourselves on commitment to quality and excellent customer service...etc. etc.	
<b>Non-Profit Organization *</b> No	
<b>Is your firm listed in the Supplier Diversity Office's Directory of Certified Businesses? *</b> Yes	
<b>SDO Client ID</b> Sample ID#	
<b>Business Type</b> Business Enterprise (for-profit)	
<b>Certification Type (select all that apply)</b> Women Business Enterprise (WBE)	
<b>Does your company have a diversity plan?</b> Yes	
<b>Diversity plan description</b> (Sample) We currently have a diversity plan that includes...etc.	

**Does your company have a supplier diversity plan?**

No

**Supplier diversity plan description**

**How many Board members does your company have?**

4

**How many Board members are non-white?**

1

**Percentage of Board members who are non-white**

25 %

**How many Board members are female?**

2

**Percentage of Board members who are female**

50 %

**How many senior managers (i.e., VP level or above) does your company have?**

5

How many senior managers (i.e., VP level or above) are non-white?      % of senior managers who are non-white  
2      40 %

How many senior managers (i.e., VP level or above) are female?      % of senior managers who are female  
2      40 %

Do You Have a Parent Company? \*  
No

### 3. About Your Organization: Workforce Information

	# Full-Time Employees +	# Part-Time Employees =	Total Employees
Massachusetts *	100	+ 0	= 100
World Wide * (including MA)	100	+ 0	= 100

#### Workforce Race, Ethnicity, and Gender

The Workforce Race, Ethnicity, and Gender section is optional, but requested. If your company submitted a Form EEO-1 to the U.S. Equal Employment Opportunity Commission (EEOC), enter the totals for the most recent reporting year from Section D - EMPLOYMENT DATA, line 10: Total. Please upload a copy of your Form EEO-1 in the Attachments section at the end of this application. If you do not have a recent EEO-1, enter the Massachusetts totals for each category below based on your company's records.

For definitions of race, ethnicity, and gender categories in the table below, follow [this link to the EEOC website](#) (Appendix section 4, approximately 2/3 of the way down the page).

**Are you entering the data below from your company's EEO-1 form?**

No

	Male	Female
<b>Hispanic or Latino</b>	A 6	B 6
<b>Not Hispanic or Latino</b>		
White	C 35	I 36
Black or African American	D 4	J 5
Native Hawaiian or Other Pacific Islander	E 0	K 0
Asian	F 2	L 4
American Indian or Alaska Native	G 0	M 0
Two or More Races	H 1	N 1
<b>Total Employees</b>	<b>100.00</b>	

**Has your company experienced any lay-offs in Massachusetts in the past two years? \***

No

**What is the net job growth/reduction in Massachusetts over the past two years? \***

(Sample) We have added two new full time jobs in the past two years...

### 4. About Your Organization: Primary Contact

**Name \*** Joan Doe    **Title \*** President    **Phone \*** 617-555-1212    **Phone Ext.**    **Email** joan@example.com

### 5. About Your Application: Prior Grant Information

**Is this a resubmission of a previous grant application that was not approved? \***

No

**Has your organization received a training grant from the Massachusetts Workforce Training Fund General Program in the last five years? \***

No

### 6. About Your Application: Consortium Partners

Not A Consortium

## 7. Training Plan: Plan Development

**Training Plan Summary:**

(Sample)...The training plan includes Project Management, Presentation skills, and Customer Service training ...

**Objective: \* What are the business problems or opportunities to be addressed by training?**

(Sample)...The demand for eco-friendly housing has grown (x)% over the past ten years, and although we are growing, we are failing to meet on-time completion goals for projects. Our Project Managers are not accurately projecting timeline and costs on new builds...This has led to several problems..... 1.) Lower profit margins 2.) Customer complaints about projects running late and over budget 3.) Managers are "putting out fires" with existing projects instead of out meeting with new clients...etc.

**How did you assess your training needs?**

(Sample) We surveyed customers, suppliers, subcontractors...Compiled results from annual performance reviews...Sent a survey to employees...Onsite assessment by consultants...etc.

**Have you sufficiently considered the English language proficiency and Adult Basic Education levels of trainees? \***

Yes

**In what ways were trainees involved in the development of the proposed training plan? \***

(Sample) Survey of employees...Participation in onsite assessment by consultants...Held a focus group with employees and supervisors on proposed plan...etc.

**Describe your company's on-going training activities and explain how the proposed training is different from, and will enhance, rather than replace those activities:**

(Sample) We have an annual training budget of \$X...The company's ongoing training includes...Safety training...New hire loading...Technical skills training on new technology and materials...

**Describe your company's commitment to provide significant private investment in training after the grant has expired in order to sustain the newly developed capabilities resulting from this grant: \***

(Sample) After the grant we expect to provide...Project Management and Customer Service training for new hires (paid out of pocket)...etc.

## 8. Training Plan: Training Participants

**Average Cost of Benefits (% of Wages) \***

28%

**What is the total number of unduplicated trainees by category group? For consortium grant applications, please be sure to include all trainees from all partner employers. Please ensure all fields are filled out.**

	Total Unduplicated Trainees *	Average Hourly Wage *	+ Cost of Benefits per Hour *	= Hourly Average	# Below \$17.35/hr *
Managers & Executives	8	\$45.00	\$12.60	\$57.60	0
Professional & Technical	0	\$0.00	\$0.00	\$0.00	0
Sales & Marketing	4	\$28.00	\$7.84	\$35.84	0
Production/Construction	25	\$30.00	\$8.40	\$38.40	0
Service	0	\$0.00	\$0.00	\$0.00	0
Administrative Support & Clerical	4	\$16.50	\$4.62	\$21.12	4

**Total Unduplicated Trainees \*      41**

**Average Trainee Wage Expense (Including Benefits): \$40.21**

**Total Trainees Earning Less than \$17.35 Per Hour: 4.00**

Are any trainees union members? \*

Yes

<b>Union Name &amp; Local #</b> Local XYZ Union	<b>How many members of this union will participate in training?</b> 10
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<b>Union Name &amp; Local #</b>	<b>How many members of this union will participate in training?</b>
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### 9. Training Plan: Training Providers

<b>Provider Name</b>	<b>Provider Type</b>
Sample XYZ Training Co.	Third-party training provider

<b>Address *</b>	<b>City *</b>	<b>State *</b>	<b>ZIP Code *</b>
123 Sample Ave.	Anytown	Massachusetts	00000

<b>Phone *</b>	<b>Phone Ext. *</b>	<b>Email *</b>	<b>Web Address *</b>
617-555-5555		jt@sampletraining.com	SampleWebAdress.com

#### Selection of Provider

We were referred to Sample XYZ because of their work with one of our subcontractors...We solicited bids from 3 training providers for each topic area...etc.

#### Qualifications of Provider

Sample XYZ specializes in Project Management and Customer Service for the construction business...

#### Is this provider an SDO-certified vendor?

Yes

<b>SDO Client ID</b>	<b>Business Type</b>	<b>Certification Type (select all that apply)</b>
XXXXXX	Business Enterprise (for-profit)	Minority Business Enterprise (MBE)

<b>Provider Name</b>	<b>Provider Type</b>
Sample ABC Provider	Third-party training provider

<b>Address *</b>	<b>City *</b>	<b>State *</b>	<b>ZIP Code *</b>
123 Sample Circle	Anytown	Massachusetts	00011

<b>Phone *</b>	<b>Phone Ext. *</b>	<b>Email *</b>	<b>Web Address *</b>
617-999-9999		susansample@sampleabc.com	SampleABC.com

#### Selection of Provider

We searched online and interviewed several trainers who specialize in Presentation Skills...

#### Qualifications of Provider

Sample ABC has a strong track record of working with....etc.

#### Is this provider an SDO-certified vendor?

No

### 10. Budget and Training Plan Outline

**Total Funds Requested for This Grant (Summary of All Modules and Courses)**

This represents the total budget for your grant application.

	<b>Grant Funds (\$)</b>	<b>Matching Funds (\$)</b>
<b>Trainee Wages</b>	\$ 0.00	\$ 63,610.88
<b>Course Materials</b>	\$ 1,500.00	\$ 0.00
<b>Grant Management</b>	\$ 0.00	\$ 0.00
<b>Cost of Instruction</b>	\$ 53,800.00	\$ 5,200.00
<b>Other</b>	\$ 0.00	\$ 0.00
<b>Total</b>	<b>\$ 55,300.00</b>	<b>\$ 68,810.88</b>

**Training Module: Project Management**

Module Number	Name of Module *	Training Subject *
1	Project Management	Process Improvement & Quality Assurance Systems

**Module Objective \***

(Sample Objective) The Project Management training will help project managers and internal support staff to better manage projects, anticipate and adapt to changes, so that projects are on time, within budget....etc.

**Key Performance Indicators \***

(Sample KPIs) This training will help us to reduce average time to bid by 25%, from X #of weeks to Y# of weeks... It will increase the percentage of "on-time" projects by 20%, from 60% to 72%... Improve conformity to design specifications from 92% to 98%...Increase annual profitability from an average of 4% to 5%...etc.

**Total Funds Requested for This Module (Summary of All Courses)**

	Grant Funds (\$)	Matching Funds (\$)
Trainee Wages	\$ 0.00	\$ 48,768.00
Course Materials	\$ 1,500.00	\$ 0.00
Grant Management	\$ 0.00	\$ 0.00
Cost of Instruction	\$ 41,100.00	\$ 0.00
Other	\$ 0.00	\$ 0.00
<b>Total Funds</b>	<b>\$ 42,600.00</b>	<b>\$ 48,768.00</b>

**Courses for Module #1 : Project Management**

**Training Course Title: Intro to Project Management**

Who is providing this training? *	Course Number
Sample XYZ Training Co.	1.1

**Type of Training to be Offered \***

Group Training; Instructor Led Training; Private Training Course; On-Site at Company

Course Hours *	Times Held *	Hours of Instruction
24	3	72.00

**Grant Funds For This Course**

	Amount (\$)	Explanation
Instruction *	\$ 21,600.00	24 hours x \$300 per hour x 3 cohorts
Course Materials *	\$ 1,500.00	Workbook and DVD for 30 people (\$50 each)
Grant Management	\$ 0.00	
Other *	\$ 0.00	
<b>Total Grant Funds</b>	<b>\$ 23,100.00</b>	

**Cost to Grant per Hour of Training** \$ 320.83

**Confirm that none of the grant funds requested above include unallowable expenses such as fees for application development, consulting services or travel expenses.**

Yes

**Please Note:** In most cases, requests for grant funds for instructor-led group training should not exceed \$350 per hour of instruction (including materials). Please review [Program Guidelines](#) for more information.



**Matching Funds For This Course**

**Course Participants**

	Number Participants	Number of Training Hours	Average Hourly Wage (\$)	Cost of Benefits (%)	Total Trainee Wage Expense (Including Benefits) (\$)
Managers & Administrators *	2	24	\$ 45.00	28%	\$ 2,764.80
Professional & Technical *	0	24	\$ 0.00	28%	\$ 0.00
Sales & Marketing *	2	24	\$ 28.00	28%	\$ 1,720.32
Production/Construction *	25	24	\$ 30.00	28%	\$ 23,040.00
Service *	0	24	\$ 0.00	28%	\$ 0.00
Administrative Support & Clerical *	1	24	\$ 16.50	28%	\$ 506.88
<b>Total</b>	<b>30</b>				<b>\$ 28,032.00</b>

**Total Funds Requested for this Course** \$ 23,100.00  
**Total Trainee Wages for this Course** \$ 28,032.00

	Amount (\$)	Explanation
Trainee Wages	\$ 28,032.00	
Instruction	\$ 0.00	
Course Materials	\$ 0.00	
Grant Management	\$ 0.00	
Other	\$ 0.00	
<b>Total Matching Funds</b>	<b>\$ 28,032.00</b>	

**Training Course Title: Intermediate Project Management**

**Who is providing this training? \*** Sample XYZ Training Co.  
**Course Number** 1.2

**Type of Training to be Offered \***  
 Group Training; Classroom Training; Instructor Led Training; Private Training Course; On-Site at Company

**Course Hours \*** 30  
**Times Held \*** 2  
**Hours of Instruction** 60.00

**Grant Funds For This Course**

	Amount (\$)	Explanation
Instruction *	\$ 19,500.00	30 hours x \$325 per hour x 2 cohorts
Course Materials *	\$ 0.00	
Grant Management	\$ 0.00	
Other *	\$ 0.00	
<b>Total Grant Funds</b>	<b>\$ 19,500.00</b>	

**Cost to Grant per Hour of Training** \$ 325.00

Confirm that none of the grant funds requested above include unallowable expenses such as fees for application development, consulting services or travel expenses.

Yes

**Please Note:** In most cases, requests for grant funds for instructor-led group training should not exceed \$350 per hour of instruction (including materials). Please review [Program Guidelines](#) for more information.

**Matching Funds For This Course**

**Course Participants**

	Number Participants	Number of Training Hours	Average Hourly Wage (\$)	Cost of Benefits (%)	Total Trainee Wage Expense (Including Benefits) (\$)
Managers & Administrators *	2	30	\$ 45.00	28%	\$ 3,456.00
Professional & Technical *	0	30	\$ 0.00	28%	\$ 0.00
Sales & Marketing *	0	30	\$ 28.00	28%	\$ 0.00
Production/Construction *	15	30	\$ 30.00	28%	\$ 17,280.00
Service *	0	30	\$ 0.00	28%	\$ 0.00
Administrative Support & Clerical *	0	30	\$ 16.50	28%	\$ 0.00
<b>Total</b>	<b>17</b>				<b>\$ 20,736.00</b>

**Total Funds Requested for this Course**  
\$ 19,500.00

**Total Trainee Wages for this Course**  
\$ 20,736.00

	Amount (\$)	Explanation
Trainee Wages	\$ 20,736.00	
Instruction	\$ 0.00	
Course Materials	\$ 0.00	
Grant Management	\$ 0.00	
Other	\$ 0.00	
<b>Total Matching Funds</b>	<b>\$ 20,736.00</b>	

**Training Module: Presentation Skills**

<b>Module Number</b>	<b>Name of Module *</b>	<b>Training Subject *</b>
2	Presentation Skills	Sales & Customer Service

**Module Objective \***  
 (Sample Objective)It is critical to our growth to increase the number of projects underway...The Presentation Skills training will improve the skills of client facing and internal staff in order to ....etc.

**Key Performance Indicators \***  
 (Sample KPIs) Increase the "win" ratio from 50% to 60% of all bids, Generate more qualified leads from 20 per month to 25 per month..Reduce average time to bid by 25% from X # of weeks to Y # of weeks..etc.

**Total Funds Requested for This Module (Summary of All Courses)**

	<b>Grant Funds (\$)</b>	<b>Matching Funds (\$)</b>
<b>Trainee Wages</b>	\$ 0.00	\$ 12,395.52
<b>Course Materials</b>	\$ 0.00	\$ 0.00
<b>Grant Management</b>	\$ 0.00	\$ 0.00
<b>Cost of Instruction</b>	\$ 9,900.00	\$ 0.00
<b>Other</b>	\$ 0.00	\$ 0.00
<b>Total Funds</b>	<b>\$ 9,900.00</b>	<b>\$ 12,395.52</b>

**Courses for Module #2 : Presentation Skills**

**Training Course Title: Perfect Your Pitch**

<b>Who is providing this training? *</b>	<b>Course Number</b>
Sample ABC Provider	2.1

**Type of Training to be Offered \***  
 Group Training; Classroom Training; Instructor Led Training; Private Training Course; On-Site at Company

<b>Course Hours *</b>	<b>Times Held *</b>	<b>Hours of Instruction</b>
18	2	36.00

**Grant Funds For This Course**

	<b>Amount (\$)</b>	<b>Explanation</b>
<b>Instruction *</b>	\$ 9,900.00	18 hours x \$275 per hour X 2 cohorts
<b>Course Materials *</b>	\$ 0.00	
<b>Grant Management</b>	\$ 0.00	
<b>Other *</b>	\$ 0.00	
<b>Total Grant Funds</b>	<b>\$ 9,900.00</b>	

**Cost to Grant per Hour of Training** \$ 275.00

**Confirm that none of the grant funds requested above include unallowable expenses such as fees for application development, consulting services or travel expenses.**  
 Yes

**Please Note:** In most cases, requests for grant funds for instructor-led group training should not exceed \$350 per hour of instruction (including materials). Please review [Program Guidelines](#) for more information.

**Matching Funds For This Course**

**Course Participants**

	<b>Number Participants</b>	<b>Number of Training Hours</b>	<b>Average Hourly Wage (\$)</b>	<b>Cost of Benefits (%)</b>	<b>Total Trainee Wage Expense (Including Benefits) (\$)</b>
<b>Managers &amp; Administrators *</b>	4	18	\$ 45.00	28%	\$ 4,147.20
<b>Professional &amp; Technical *</b>	0	18	\$ 0.00	28%	\$ 0.00
<b>Sales &amp; Marketing *</b>	4	18	\$ 28.00	28%	\$ 2,580.48
<b>Production/Construction *</b>	6	18	\$ 30.00	28%	\$ 4,147.20
<b>Service *</b>	0	18	\$ 0.00	28%	\$ 0.00
<b>Administrative Support &amp; Clerical *</b>	4	18	\$ 16.50	28%	\$ 1,520.64
<b>Total</b>	<b>18</b>				<b>\$ 12,395.52</b>

<b>Total Funds Requested for this Course</b>	<b>Total Trainee Wages for this Course</b>
\$ 9,900.00	\$ 12,395.52

	<b>Amount (\$)</b>	<b>Explanation</b>
<b>Trainee Wages</b>	\$ 12,395.52	
<b>Instruction</b>	\$ 0.00	
<b>Course Materials</b>	\$ 0.00	
<b>Grant Management</b>	\$ 0.00	
<b>Other</b>	\$ 0.00	
<b>Total Matching Funds</b>	\$ 12,395.52	

**Training Module: Customer Service**

<b>Module Number</b>	<b>Name of Module *</b>	<b>Training Subject *</b>
3	Customer Service	Sales & Customer Service

**Module Objective \***  
 (Sample Objective) The Customer Service Training will help us to...etc.

**Key Performance Indicators \***  
 (Sample KPIs) Reduce the # of customer complaints by 30% from 10 to 7 per quarter...Increase conformity to design specifications from 92% to 98%... Increase the # of client referrals from 2 per month to 3 per month...Increase average customer service satisfaction 10% from 3.94 to 4.44 (measured using customer satisfaction survey w/ scale of 1 to 5).

**Total Funds Requested for This Module (Summary of All Courses)**

	<b>Grant Funds (\$)</b>	<b>Matching Funds (\$)</b>
<b>Trainee Wages</b>	\$ 0.00	\$ 2,447.36
<b>Course Materials</b>	\$ 0.00	\$ 0.00
<b>Grant Management</b>	\$ 0.00	\$ 0.00
<b>Cost of Instruction</b>	\$ 2,800.00	\$ 5,200.00
<b>Other</b>	\$ 0.00	\$ 0.00
<b>Total Funds</b>	<b>\$ 2,800.00</b>	<b>\$ 7,647.36</b>

**Courses for Module #3 : Customer Service**

**Training Course Title: Customer Service 101**

<b>Who is providing this training? *</b>	<b>Course Number</b>
Sample XYZ Training Co.	3.1

**Type of Training to be Offered \***  
 Off-Site Location; Public Training/Seminar

<b>Course Hours *</b>	<b>Times Held *</b>	<b>Hours of Instruction</b>
8	1	8.00

**Grant Funds For This Course**

	<b>Amount (\$)</b>	<b>Explanation</b>
<b>Instruction *</b>	\$ 2,800.00	We are sending these 8 employees to an all day (8 hour seminar.) The cost is \$1,000 per person X 8 people =\$8,000. Since WTFP limits training to \$350 per training hour, we are requesting \$2,800 in grant funds and will pay the difference (see matching funds).
<b>Course Materials *</b>	\$ 0.00	
<b>Grant Management</b>	\$ 0.00	
<b>Other *</b>	\$ 0.00	
<b>Total Grant Funds</b>	<b>\$ 2,800.00</b>	

**Cost to Grant per Hour of Training** \$ 350.00

**Confirm that none of the grant funds requested above include unallowable expenses such as fees for application development, consulting services or travel expenses.**  
 Yes

**Please Note:** In most cases, requests for grant funds for instructor-led group training should not exceed \$350 per hour of instruction (including materials). Please review [Program Guidelines](#) for more information.

**Matching Funds For This Course**

**Course Participants**

	Number Participants	Number of Training Hours	Average Hourly Wage (\$)	Cost of Benefits (%)	Total Trainee Wage Expense (Including Benefits) (\$)
Managers & Administrators *	2	8	\$ 45.00	28%	\$ 921.60
Professional & Technical *	0	8	\$ 0.00	28%	\$ 0.00
Sales & Marketing *	2	8	\$ 28.00	28%	\$ 573.44
Production/Construction *	2	8	\$ 30.00	28%	\$ 614.40
Service *	0	8	\$ 0.00	28%	\$ 0.00
Administrative Support & Clerical *	2	8	\$ 16.50	28%	\$ 337.92
<b>Total</b>	<b>8</b>				<b>\$ 2,447.36</b>

**Total Funds Requested for this Course**      **Total Trainee Wages for this Course**  
 \$ 2,800.00      \$ 2,447.36

	Amount (\$)	Explanation
Trainee Wages	\$ 2,447.36	
Instruction	\$ 5,200.00	The 8 hour seminar is \$1,000 per person X 8 people =\$8,000. Since WTFP limits training to \$350 per hour, we are requesting \$2,800 in grant funds and will pay the difference.
Course Materials	\$ 0.00	
Grant Management	\$ 0.00	
Other	\$ 0.00	
<b>Total Matching Funds</b>	<b>\$ 7,647.36</b>	

**11. Planned Outcomes: Job Creation**

**Does your company expect to add any additional jobs (i.e. net employment growth) in Massachusetts over the next two years? \***  
 Yes

**Please explain your answer above by providing the rationale on which you base this expectation and describe how a training grant would impact job growth. \***  
 (Sample) We expect that the addition of (X number) of new projects per year will result in four new full time jobs. Seven of these will be in the Production /Construction category, and we will hire one new manager.

**Estimated Jobs Created \* 4      Estimated Wages \* \$ 39.00      Hourly or Annually? \*      Hourly**

**Will the proposed training preserve jobs that would otherwise be lost in the absence of training? \***  
 No

**12. Planned Outcomes: Wage Impact**

**Will the proposed training lead to wage increases for employees to be trained by the end of the grant? \***  
 Yes

**Explanation \***

All of the employees that complete one or more course will receive an annual wage increase that is 1.5% greater than average (3.5% per year vs. 2% per year)

**Number of Employees \* 41    Estimated Increase \*    3.50%    Historical Increase \* (%) 2.00%**

**13. Attachments**

<b>Cover Letter</b>	<b>File Name</b> SAMPLE Cover Letter.docx	<b>Description</b>
<b>Certificate of Good Standing</b>	<b>File Name</b> Sample dor-cert-good-standing.pdf	<b>Description</b>
<b>Training Course Description</b>	<b>File Name</b> Customer Service 101 (Sample).docx	<b>Description</b>
<b>Training Course Description</b>	<b>File Name</b> Intermediate Project Mgmt. (Sample).docx	<b>Description</b>
<b>Training Course Description</b>	<b>File Name</b> Intro to Project Mgmt. (Sample).docx	<b>Description</b>
<b>Training Course Description</b>	<b>File Name</b> Perfect your Pitch.docx	<b>Description</b>
<b>Union Letter of Support</b>	<b>File Name</b> Sample Union Letter LOCAL XYZ UNION.docx	<b>Description</b>

**14. Authorize and Submit Your Application**

I certify that all information contained in this application is true and accurate and understand that falsification of information may be cause for application nonreview, award revocation and/or debarment. If selected, I agree to meet the matching obligations outlined in this application. In addition, I certify the following:

· I / We, the undersigned, do hereby certify that my business has complied with all laws of the Commonwealth of Massachusetts relating to: taxes, reporting of employees and contractors, and withholding and remittance of child support (M.G.L. c. 62C, § 49A(a)); unemployment insurance contributions (M.G.L. c. 151A, § 19A); workers' compensation insurance (M.G.L. c. 152, § 25A and 25C(6)); and classification of employees (M.G.L. c. 149, § 148B). I understand that compliance with these laws may be verified by multiple government entities and that false attestation of compliance may be considered just cause of denial of application and other penalties.

- I certify that prior to authorizing this application I performed due diligence by thoroughly reviewing the content of the application.
- I certify that this application is not being authorized by anyone else on my behalf.
- I agree to meet the requirements of the Massachusetts Workforce Training Fund Program if selected for a grant award
- I understand that a valid [Certificate of Good Standing from the Commonwealth of Massachusetts Department of Revenue](#) must be provided with the application. The Certificate of Good Standing for the purpose of the Workforce Training Fund Program is valid for 6 months.
- I understand that no payments will be made until all conditions set by Commonwealth Corporation and other stated 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's Name** Joan Doe **Title** President

**Submission Status:** Online Submission **Date:**