



EXPRESS PROGRAM

Thank you for your interest in the Massachusetts Workforce Training Fund: [Express Program](#). In order to be considered for funding, please confirm your eligibility below and fill out the grant application. Proposals are reviewed on a rolling basis.

Prior to starting the application, please ensure that you have access to all of the required information listed below. For your convenience, if your organization has previously applied and been approved for a grant, some of your company information may auto-populate in the application form. Please update any pre-populated info that is no longer accurate. Kindly note that applications with unanswered questions will be considered incomplete.

Please do not start your application until you have all of the following information:

- Federal Employer Identification Number (FEIN)
- Massachusetts Department of Unemployment Assistance (DUA) Identification Number
- A [Certificate of Good Standing](#) from the Massachusetts Department of Revenue
- The course(s) information from our [Express Course Directory](#)
- Contact Information
- Current # of Employees Working in Massachusetts (total includes Full-Time and Part-Time)
- A List of All Employees to be Trained
- Training Start Date (must be at least 4 weeks after an application is submitted)

Eligibility Criteria

In order to be eligible for Express Program funding, you must meet ALL of the following eligibility criteria. Please confirm that each of the following statements is true before proceeding. If any of the statements are not true, under penalty of perjury and subject to audit, you are not eligible to apply.

1. The company has 100 or fewer employees working in Massachusetts.
2. The total amount of funding requested does not exceed \$30,000.
3. The amount of funding requested per trainee per course does not exceed \$3,000.
4. The company agrees to pay for at least half of the total cost of the approved training.
5. All of the employees to be trained using grant funding are payroll employees who work in Massachusetts.
6. The proposed training is job-related skills training.
7. The company is not legally mandated to provide the proposed training to employees.

I affirm that I have read the above statements carefully and confirmed that the above information is accurate. In addition, I affirm that the organization is eligible to apply to the Express Program on the basis of meeting all seven of the criteria listed above.

Yes, the organization is eligible to apply No, the organization does not meet the criteria listed above

Form Completed By

Full Name * Title * Organization *

Email Address * Phone Number *

###-###-####

For assistance with this form, please contact the MTE Coordinator for the Express Program at 617-717-6943 or via email at Express@commcorp.org.

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WTFP EXPRESS Program: Application Page 2 of 3



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Please enter the Organization's Name and Federal Employer Identification Number (FEIN) below to continue to the next step of the application process.

As a reminder, please do not start your application until you have all of the following information:

- Federal Employer Identification Number (FEIN)
- Massachusetts Department of Unemployment Assistance (DUA) Identification Number
- A [Certificate of Good Standing](#) from the Massachusetts Department of Revenue
- The course(s) information from our [Express Course Directory](#)
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Organization Information

Federal Employer ID Number (FEIN) *

Enter your unique organization FEIN (9 digits). Failure to do so may result in a delay in processing your application.

Organization Name *

Enter the legal name of your business or organization.

Eligibility Criteria - For Your Reference

You agreed to the following eligibility criteria on the previous page: *

- ✓ 1. The company has 100 or fewer employees working in Massachusetts.
- ✓ 2. The total amount of funding requested does not exceed \$30,000.
- ✓ 3. The amount of funding requested per trainee per course does not exceed \$3,000.
- ✓ 4. The company agrees to pay for at least half of the total cost of the approved training.
- ✓ 5. All of the employees to be trained using grant funding are payroll employees who work in Massachusetts.
- ✓ 6. The proposed training is job-related skills training.
- ✓ 7. The company is not legally mandated to provide the proposed training to employees.

All boxes must be checked affirmatively in order to submit an application.

Confirmation of Eligibility

- ✓ Yes, the company is eligible to apply

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In order to complete your application, you will need to complete all required items that are designated with a red asterisk (*). Without these required items, you will not be able to submit your application.

All pre-populated data appearing in these fields represent information about your organization as it appears in our records. If the data needs to be updated, simply click on the field and re-enter the information.

**Please review all components for accuracy and completion prior to submission.
Incomplete or inaccurate information may delay the review of your application.**

Organization Profile

Federal Employer ID Number (FEIN) *

Please confirm that the FEIN for your business or organization is accurate.

DUA ID *

Please confirm your DUA ID# or enter it here if currently blank.

Organization Legal Name *

Enter the legal name of your business or organization.

Doing Business As

Enter the DBA names(s) of your business or organization.

Address *

City *

State *

Zip Code *

Phone Number *

###-###-####

Primary Contact Information

The primary contact must be an employee of the applicant organization.
Third parties such as training providers may not be the primary contact.

Primary Contact First Name * **Primary Contact Last Name *** **Phone Number ***
###-###-####

Business Title * **Email ***

Is the Primary Contact's address the same as the Business address? *

Yes No

Primary Contact Mailing Information (Same Address)

Address

0

City

0

State

Massachusetts

Zip Code

Additional Employer Information

Type of Industry *

Please select an industry that best represents the work of your organization. If involved in more than one, please select one that would be considered the primary industry.

Please list your total # of Massachusetts Employees (Including Full-Time and Part-Time) *

Massachusetts Only - Total #MA should 100 or fewer

Organizations with more than 100 employees in Massachusetts are not eligible for Express grants. To learn about other Workforce Training Fund Program training grants for business of any size, visit www.workforcetrainingfund.org.

Training Course Information

Please provide details about your course below. You have the option to include additional courses if needed. You are encouraged to use our [training directory](#) to assist your course search.

Only courses pre-approved in our directory are eligible for Express funding.

If a training provider has been previously approved for a course, they should ensure that their end date of approval has not since expired. Furthermore, if there is a training provider outside of our directory that you would like to work with, please refer them to our [course registration portal](#).

Course ID *

1114567

Please review your course ID # for accuracy.

Course Provider *

Course Title *

Please include only the course name from the training directory. No description is needed here.

Course Start Date *

Please enter the start date for this specific course.

Course End Date *

Please enter the end date for this specific course.

Cost Per Course *

\$ _____

Flat Rate Course (Y/N) *

Yes No

The cost of a flat rate course is based on a fixed amount.
This means that the total cost of the course is the same regardless of the number of employees attending the course.

Number of Trainees (#) *

Please list the names of the employees to be trained *

If your response exceeds the character limit above, email a complete list to Express@commcorp.org.

Total Cost of Training *

\$ 0

If a flat-rate course, there is no per-trainee consideration. However, if on a per-person basis, the total amount will reflect the total number of trainees multiplied by the cost of training for one person.

Employer Cash Match *

\$ _____

Total Grant Funds Requested *

\$: _____

Match contribution must be at least 50% of training. May not exceed \$3K /trainee /course or \$30K in total annually.

Calculated Cost Per Trainee *

\$ error

May not exceed \$3K /trainee /course or \$30K in total annually.

[Add Another Course](#)

Total Amount of Funding Requested _____

Grand Total Cost of Training (All Courses) *

\$ 0

Grand Total Employer Cash Match (All Courses) *

\$ 0

Cash Match Percentage

error %

Grand Total Funds Requested (All Courses) *

\$ 0

Contract Information _____

Contract Start Date *

If more than one training is taking place, please choose the earliest date among them.

Please note that we cannot guarantee contract start dates within 4 weeks of application submission.
In addition, unless otherwise stated, the start date above WILL be the award date on your contract.

Note: Please DO NOT start training without a contract in place as we cannot retroactively fund courses.

File Uploads for Attachments _____

Certificate of Good Standing *

No file chosen

Save as "YourOrgName_Express_COGS"

Authorization

Acceptance of Key Terms:

I agree, under penalty of perjury, that grant funds will not be used to pay for services provided by a member of immediate family of any company owner, investor, or employee. Immediate family includes: spouse, parents and grandparents, children and grandchildren, siblings, mother in law and father in law, brothers in law and sisters in law, daughters in law and sons in law, and step members.

Furthermore, by submitting this application, the company acknowledges and agrees to the following requirements:

1. All trainees must be W2 payroll employees of participating companies that are employed in Massachusetts. (They are not required to live in Massachusetts.) Contractors or employees of other firms (e.g. temps) are not eligible to participate.
2. All trainees must be paid at their regular pay rates during all training hours.
3. Only organizations that contribute to the Workforce Training Fund are eligible to take part in WTFP grant programs. (Please Note: All private, for-profit employers that are required to contribute to the Unemployment Insurance Trust Fund in Massachusetts contribute to the Workforce Training Fund as do some non-profits. Non-profits that select the [contributory method](#) to finance Unemployment Insurance are eligible. Non-profits that select the [reimbursable method](#) are paying a discounted rate that does not include contribution to the WTFP and therefore are not eligible. No federal, state, or local government entities contribute and therefore are not eligible to take part in any grant-funded training.)
4. Applicants must also be 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.
5. Training must be completed in 12 months or less. Grant funds may be only used to pay for approved training expenses that take place during the designated period. Expenses incurred before or after the designated contract period may not be paid for using grant funds.
6. Grant recipients are subject to audit. Companies receiving grants must provide access to related records upon request by Workforce Training Fund administrators or designees. Records requested may include, but are not limited to, participant-level information / interviews, on-site observation of training, payroll records, and other relevant financial records.

Authorization: *

By checking this box, I affirm that I am authorized to submit this application on behalf of the organization and agree that the information provided is accurate.

Authorizing Official's Name *

An authorizing official is an employee of the company or a third party authorized on behalf of the organization.

Authorizing Official's Business Title *

Please abbreviate if title will exceed 50 characters (e.g. VP instead of Vice President).

If you have any questions about your application, please contact the MTE Coordinator for the Express Program at 617-717-6943 or via email at Express@commcorp.org.

Cancel

[Click Here to Review Your Application](#)

[Contact Information](#)