



**CITY OF BOSTON
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Good Jobs Metro Boston Coalition Wraparound Supports

Background: The Boston Mayor's Office of Workforce Development (OWD) received funding as a part of the EDA's FY2021 American Rescue Plan Act (ARPA) Good Jobs Challenge. These funds will be used to train and place 4,618 participants into quality jobs in the Metro Boston region over the course of a three year grant period spanning from September 1, 2022 to August 31, 2025.

The initiative, coined the Good Jobs Metro Boston Coalition, focuses on three industries of need: Healthcare, Clean Energy, and Child Care. Each targeted industry is led by a "Backbone Organization" that serves as a leader and convener within its respective industry. The Backbone Organization for Health Care is the MassHire Boston Workforce Board (Boston PIC), for Clean Energy, Franklin Cummings Tech (FCT), and for Child Care, the Community Advocates for Young Learners (CAYL) Institute.

OWD set aside approximately \$1M in administrative funding to provide financial wraparound supportive services to GJMBC participants. This funding is intended to serve approximately 40% of participants (1,847 participants). This funding could not address all of a person's needs; the aim is to apply the funding strategically to mitigate key unmet, training-related needs, acknowledging that these may vary.

With this in mind, the Metropolitan Area Planning Council and EDIC/OWD met with key coalition stakeholders to identify a "menu" of financial wraparound services that would be targeted with this funding. The idea is that should a participant demonstrate need, they would be able to choose the area(s) where they need the most support. This way, the funding could be tailored to participant needs. The seven (7) proposed "menu" items identified are as follows:

1. Transportation (MBTA monthly LinkPass, gas vouchers, etc.)
2. Childcare
3. Food
4. Clothing/Supplies
5. Communications
6. ESOL Services
7. Education Support Services

EDA funding has several restrictions as to the use of funds. We cannot use EDA funding to provide stipends, or direct participant wages. This limits what OWD will be able to do in providing the above services. For instance, we would not be able to pay for participant phone bills (Communications), or provide direct funding to participants to pay for groceries (Food).

In January 2024, OWD contracted with Unite USA, Inc. (Unite Us) to house requests for specific wraparound supportive services and backup documentation affirming the eligibility of those services to the Coalition. Six (6) GJMBC partner organizations have since signed on to use the platform for a total of \$388,500.

Purpose: The Unite Us platform has been live since April 2024. OWD and GJMBC partners have partnered with Unite Us to support the authorization and invoicing process of sending requests directly to programs under the Good Jobs Challenge grant. OWD wants to extend its wraparound support services through Unite Us to eligible high-quality job training programs in Greater Boston that are affiliated with BBOs. GJMBC BBOs have expressed that current partners not connected

with the GJC grant have program participants who demonstrated an additional need for wraparound support services to ensure their success in the job training programs.

City Department: Office of Workforce Development

Program Manager: Abigail Cross, (617) 918-5467, abigail.cross@boston.gov

Funding Source: FY2021 American Rescue Plan Act (ARPA) Good Jobs Challenge, Economic Development Administration

Total Amount Available for Grant Program: \$641,606

Award Amount per Grant per Organization: \$500 per participant served (not including allowable administrative costs)

Grant Eligibility: Organizations applying to this opportunity must have an established high-quality job training program in one of the three targeted sectors and engagement with one of the Backbone Organizations (BBOs). Training program participants have a demonstrated financial need for wraparound support services as determined by the organization. Wraparound services are not an entitlement. They are based on the unique financial and employment/training needs of each participant.

Scope of Work:

- **Attend all required Unite Us information sessions** The applicant must attend all Unite Us information sessions to use the system.
- **Utilize the Unite Us platform** To access the wraparound support funds the applicant must use the Unite Us system to add program participants, submit authorization requests, and provide backup documentation for each participant entered into the system.
- **Ensure wraparound support services do not exceed \$500 per participant** Each program participant is eligible to receive up to \$500 in wraparound support. The applicant must ensure that the participant does not exceed this funding limit. Should a participant need fewer than \$500 and another participant demonstrates needs exceeding the \$500 maximum, the program may allocate the underutilized funds to fulfill the demonstrated need.

Important Dates:

Grant Application Launch: Monday September 23, 2024

Bidders' Conference: Thursday October 10, 2024, register [here](#).

Application Deadline: Friday November 8, 2024

Awards Announced: Thursday November 21, 2024

All applications and required documents are due by the deadline. (No extensions will be granted.)

For the full list of application questions, please refer to this document.

Applicant Organization Information

Organization Name:

Organization Street Address:

Organization City:

Organization Zip Code:

Organization Annual Budget:

Number of Organization's Full-Time Equivalent (FTE) Employees

Name and Title of person completing this application/grant point of contact

Phone number of person completing this application:

Demographic Information on your Organization's Leadership:

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latinx
- Immigrant
- LGBTQI
- Living with a disability
- Male
- Older Adult (60+)
- Veteran
- Women
- White
- Youth
- Other (write-in below)

If you selected Other above, please provide more details below.

Is your organization a registered 501(c)(3) tax exempt non-profit?

- Yes
- No, we will be using a fiscal sponsor

Additional Organization Information

Organization EIN Number:

Please upload a copy of your organization's most recent Form 990 that was filed with the IRS. If your organization is not required to file a Form 990, 990-EZ, or 990-N (e-postcard) please upload your most recent audited financial statements or annual report.

Please provide a signed IRS Form W-9 from your organization.

*If needed, a blank IRS Form W-9 can be filled out at this link: [Form W-9 \(revised March 2024\)](#).

Please make sure it is signed before uploading.

Please enter your organization's City of Boston Supplier/Vendor ID

*You must have a valid Supplier/Vendor ID number to receive a grant from the City of Boston. This also enables you to sign up for direct deposit!

If you do not have a Supplier/Vendor ID yet, please enter "Pending".

Supplier/Vendor ID is NOT required to apply for a grant, but the Supplier/Vendor ID MUST be established before a grant is approved and a payment is processed. Detailed instructions for first-time or returning users who need help can be found here: [Supplier/Vendor ID Instructions](#).

Please email vendor.questions@boston.gov or call 617-961-1058 for additional assistance.

Fiscal Sponsor Information

Fiscal Sponsor Organization Name:

Fiscal Sponsor Organization Street Address:

Fiscal Sponsor Organization City:

Fiscal Sponsor Organization State:

Fiscal Sponsor Organization Zip Code:

Fiscal Sponsor Organization EIN#:

Please upload a copy of your fiscal sponsor's most recent Form 990 that was filed with the IRS. If your organization is not required to file a Form 990, 990-EZ, or 990-N (e-postcard) please upload your most recent audited financial statements or annual report.

Fiscal Sponsor Organization Contact Person Email Address:

Fiscal Sponsor Organization Contact Person Phone Number:

Please enter your fiscal sponsor's City of Boston Supplier/Vendor ID:

*Your fiscal sponsor must have a valid Supplier/Vendor ID number to receive a grant from the City of Boston. This also enables your fiscal sponsor to sign up for direct deposit if you are selected to receive a grant.

A Supplier/Vendor ID is NOT required to apply for this grant, but the ID MUST be established before a grant is approved and any payment is processed.

Follow the steps in the Vendor ID Instructions for City of Boston Grant Applicants (Non-Profits) in order to access the Supplier Portal, create a new vendor account, update existing vendor accounts, or create a User ID.

For additional assistance, please email vendor.questions@boston.gov or call 617-961-1058.

If your Fiscal Sponsor does not have a Supplier/Vendor ID, please enter "Pending" in your response below.

Program Proposal Section

Please upload your responses to the following questions in the form of a Google document, Word document, or PDF. **Responses to all questions should not exceed 15 pages, double-spaced, not including attachments.** You may use the [template linked here](#) for your response.

Agency Background and Organizational Capacity: Provide the current organizational mission

*Provide a brief description of the proposed program and describe relevant experience and history in providing the specific services proposed.

Agency Background and Organizational Capacity: Organizational Track Record

*Provide the organization's track record of success for the proposed job training program or for other training programs, including program completion rate, job placement rate, job retention rate, and average wage earned by participants upon job placement.

Statement of Need and Target Population: Target Population Overview

*Describe the target population of the proposed services including participant geographic location and demographics (age, race, gender, employment status).

Statement of Need and Target Population: Target Population Main Assets for and Barriers to Employment

*Describe this population's main assets for and barriers to employment.

Statement of Need and Target Population: Job Titles

*Describe the specific job title(s) with wages associated with those specific job title(s) that program participants might obtain upon successful completion of your program. Cite appropriate labor market information supporting your choice of targeted occupations.

Statement of Need and Target Population: Opportunities for Advancement

*Describe the specific job title(s) with wages associated with those specific job title(s) that program participants might obtain upon successful completion of your program. Cite appropriate labor market information supporting your choice of targeted occupations.

Participants Placed and Served

How many participants are expected to be served and placed into employment through this job training program?

Participants Served:

Participants Placed:

Participants Served and Placed: Impact of Wraparound Supports

*How will wraparound support services help the proposed program expand its reach to the target population?

Participants Served and Placed: Follow-up Support

*Describe follow-up support provided to participants post-placement.

Wraparound Supports Anticipated Benefits: Addressing Needs of Target Population

*Describe how wraparound support services will address the specific needs of the target population served through your proposed job training program.

Wraparound Supports Anticipated Benefits: Organizational Strategy

*a) Explain your organization's strategy to ensure that program participants are made aware of and can access the wraparound support services offered.

Wraparound Supports Anticipated Benefits: Impact

*Describe the long-term impact for participants who complete the job training program.

Staffing Plan: General

*Describe the staffing plan for the proposed training program.

*Identify by name the staff members responsible for administering the program and submitting requests for support through Unite Us, briefly describing their experience and qualifications, as well as their roles and responsibilities.

Staffing Plan: Experience

*Describe how the lived experience of the staff, volunteers, and/or leadership inform delivery of services for the target population.

Staffing Plan: Feedback

*How does your organization solicit feedback from participants or otherwise incorporate the voice of the individuals served by your program into the design and delivery of services?

Letter(s) of Support

A letter of support or documentation of engagement with the BBO of the sector(s) your program falls under is required. Proof of engagement could include documentation of or attestation to having a meeting(s) with the BBO. If you are attaching *documentation of engagement* rather than a letter of support, you must obtain a letter from the BBO upon being awarded funding. Letters of support from other key partners, particularly employers, are strongly encouraged but not required. Only attach letters of support attesting to partnerships and relationships with other organizations you plan to involve directly in your program model, as described in your proposal. Letters of support may be considered in proposal evaluation to the extent that they strengthen the sections of your proposal scored by evaluators, as described below.

Target Community

Please describe the communities that your project will primarily serve. If you focus on specific neighborhoods, please mention which. If your proposal aims to outreach to communities not primarily served by your organization, please outline your strategy to do so. (200 words max)

Neighborhoods Served

- Allston
- Brighton
- Charlestown
- Chinatown/Leather District/Bay Village
- Dorchester
- Downtown
- East Boston
- Back Bay/Fenway-Kenmore
- Hyde Park
- Jamaica Plain
- Mattapan
- Mission Hill
- North End/West End/Beacon Hill
- Roslindale
- Roxbury (including Mission Hill)
- South Boston/Seaport District
- South End
- West Roxbury
- Other

Neighborhoods Served - Other

*If you selected "Other" above, please provide additional details below.

Service Population

*Please select which populations your project will serve. Will your project primarily serve any of the following races?

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black or African American
- White

- Yes, but not listed here or Other (write-in below)
- No

Service Population - Other

*If you selected "Other" above, please provide additional details below.

Service Population

*Will your project primarily serve people who identify with any of the following Hispanic or Latinx/-a/-e/-o communities?

- Brazilian
- Colombian
- Cuban
- Dominican
- Mexican
- Puerto Rican
- Salvadorian
- Yes, but not listed above or Other (write-in below)
- No

Service Population - Other

*If you selected "Other" above, please provide additional details below.

Service Population

*Will your project primarily serve people of non-Hispanic and non-Latino ethnic groups common in Boston?

- Cape Verdean
- Chinese
- Haitian
- Indian (not American Indian or Alaska Native)
- Jamaican
- Middle Eastern or North African
- Vietnamese
- Yes, but not listed here
- No

Service Population - Other

*If you selected "Other" above, please provide additional details below.

Service Population

*Will your project primarily serve people of the following gender identities?

- Men
- Women
- Non-binary
- Yes, but not listed here or Other (write-in below)

No

Service Population - Other

*If you selected "Other" above, please provide additional details below.

Budget

For this project, what is the amount that you are requesting?

If you are requesting funds of \$100k or more, please review the attachment [Form B-1 FY25: Notice to Beneficiaries](#) from the Office of Labor Compliance and Worker Protections.

Please provide a budget narrative including details on how you plan to spend grant funds, how the budget will be allocated among your partners, and the rate and number of hours used in any personnel calculations.

Within the budget narrative, please also incorporate a detailed administrative and spending plan for the wraparound support delivery. This should include a month-to-month timeline of expenditures and participants served and placed.

Please attach a Project Budget

- Please download the budget template [at this link](#) and upload it to this Google Form application.
- Please include the grant timeline.
- Please only include this project's budget - you do not need to include your total organization's budget.
- Budget can include up to 10% for indirect/administrative costs or a fiscal sponsorship fee.
- Budget should not include gift cards, rent, utilities, alcoholic beverages, fundraising or lobbying activities, and/or salaries of staff not involved with directly delivering the program.
- Other budget language:
 - Allowable Uses of Grant funds
 - Salaries and associated benefits of staff delivering the program, this may include Executive Directors if they spend a certain percentage of their time on the grant funded program
 - Where applicable, please annotate what percentage of the salary and associated benefits you are seeking support for (i.e., 0.5 FTE)
 - Equipment, supplies and/or materials associated with the program
 - Temporary space fees and/or rental for the program
 - Transportation required for the program
 - Advertising and publicity expenses for the program
 - Local conference, seminar or training attendance related to the program
 - Program planning / evaluation
 - Technical assistance
 - Food and beverage for program participants
 - Other direct costs of the program
 - Up to 10% of the grant budget can be for indirect/administrative costs

- *Uses Not Allowed*
 - *Alcoholic beverages*
 - *Gift cards*
 - *Fundraising activities (This includes salaries or associated benefits for fundraising staff time)*
 - *Lobbying services*
 - *Rent and utilities for the non-profit*
 - *Salaries and associated benefits of staff not involved with directly delivering the program*
 - *Stipends*

Submission Certification

Grant Agreement and Terms

By submitting this application, I certify that I accept the terms of the grant program and the City of Boston's [CM-20 & CM-21 Standard Grant Agreement and Terms](#). I understand that if selected for an award, I will be required to have knowledge of this document and may be required to complete and sign it before receiving funding.

- I agree
 I disagree

Notice to Beneficiaries

By submitting this application, I certify that I accept the terms set forth in Form B-1 Notice to Beneficiaries. I understand that if selected for an award, I may be required to have knowledge of this form and may be required to take further action to comply with the Boston Jobs, Living Wage, and Prevailing Wage Ordinance before receiving funding.

- I agree
 I disagree

Nonprofit Standing

By submitting this application, I certify that the organization I represent, or the organization serving as a fiscal sponsor, is in good standing with both the Massachusetts Attorney General's Office and the IRS.

- I agree
 I disagree

Conflict of Interest

By submitting this Application, I certify that there is no conflict of interest within the meaning of the [Conflict of Interest Law, Ch. 268A](#) of the Massachusetts General Laws.

- I agree

I disagree