Workforce Training Fund Program
EXPRESS PROGRAM

Important Announcement

The Workforce Training Fund Program (WTFP) has adjusted its grant-making policies to ensure the WTFP's longevity while considering an unprecedented surge in grant applications. **The following policies will be applied to all Express Program applications submitted on or after** July 10, 2023.

1. The maximum amount of Express Program reimbursement that a business may receive for approved training courses will **decrease from $30,000 to $20,000 per calendar year.**

2. Employers with **over 100** Massachusetts employees **will no longer be eligible** to receive Express Program grants and will be encouraged to submit General Program applications.

3. Employers can **only** take part in either the **Express or General Program** at any given moment.

We value your partnership and appreciate your understanding as we work to navigate these changes together

Click here to access additional information, FAQs, and to request support.

☐ I acknowledge that I have reviewed and understood the revised policies referenced above.

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The Express Program provides employers fast, simple access to grant-funded training, helping businesses in Massachusetts respond to emerging needs.

Please select your type of business: For-Profit ▾
*

For details on eligibility by business type, click here

Ready to apply? Please gather the following required materials:

Your organization's **Legal Name (and d.b.a. if applicable)**

Your organization's **Federal Employer Identification Number (FEIN)**

A signed copy of your business's **Form W-9** verifying your **full legal business name** and **FEIN**

A **Certificate of Good Standing** from the Massachusetts Department of Revenue (issued within the last six months)

Course ID from the Express Directory for all courses (the ID starts with a "C-" followed by 4 or 5 numerical digits)

Current **number of Massachusetts employees** in your organization (full-time & part-time)

Contact info of an individual in your organization authorized to sign a contract to accept a grant

Training start date for all courses (the earliest training start date must be at least 21 days and no later than 6 months in advance).

- **This application** should take between **15-30 minutes to complete.**
- Please plan to complete the application in one sitting. You will not be able to save and return to the application once you begin.
- You are limited to **one application per day**, unless you plan on applying for more than ten groups/courses.

☐ **I have gathered the required materials and am ready to begin the application**

For assistance with this form, please email Express@commcorp.org for support, and we will get back to you by the next business day.

Application History

Have you ever applied for a Workforce Training Fund grant, either for the Express Program or the General Program? *

○ Yes

○ No

○ I'm not sure/I don't know

Tell us about your company

What is your Federal Employer ID Number (FEIN)? *

| ##-####### |

This is also known as the Tax ID number.

Business Size Eligibility

How many W2 payroll employees do you have **in Massachusetts** (both full-time and part-time)? *

○ 100 or fewer Massachusetts employees (small business)

○ More than 100 Massachusetts employees (larger business)

☐ I'm not a robot

reCAPTCHA
Privacy - Terms

reCAPTCHA helps prevent automated form spam.

The submit button will be disabled until you complete the CAPTCHA.

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Organization Search

The "Organization Search" section will display information from our system linked to the FEIN you've provided. **It is NOT intended to be editable**. You will have the opportunity to make edits to existing organization data in the next section.

If any fields are pre-filled with text, this means that your company has previously applied for a Workforce Training Fund grant.

If all fields appear empty, this means that your company is **new** to the Workforce Training Fund. You'll have the opportunity to enter your organization's information in the following section by choosing the "All Fields are Empty" option.

Review the information below and make a selection:

All fields are empty ⌄

Organization Name

FEIN

Address

City

State

Zipcode

Business Phone number

[   ]

Business Size

How many W-2 payroll employees do you have in Massachusetts (including Full-Time and Part-Time)? *

[   ]

Organization Profile

Federal Employer ID Number (FEIN) *

[##-#######]

DUA ID

[   ]

Organization Legal Name *

[   ]

Doing Business As

[   ]

Business Phone Number *

[   ]

What is your *primary* industry? *

[Please select...   ⌄]

Where is the primary Massachusetts location?

Address *

City *   State *   Zip Code *

Upload Your Certificate of Good Standing

Massachusetts Department of Revenue Certificate of Good Standing *

| Choose File | No file chosen

Save as "YourOrgName_Express_COGS". The file name should not contain an ampersand (&) to ensure that the application is successfully processed.

Select the Notice Date from your COGS *

Only valid if dated within the past six months

If the document uploaded to this application is NOT a Certificate from the Massachusetts Department of Revenue, and it does not have a notice date within 6 months of today, **your application will be** rejected**, and you will have to reapply once you obtain the correct one.**
See example below of the correct version, and to find the Notice Date:

Commonwealth of Massachusetts
Department of Revenue
          Acting Commissioner

mass.gov/dor

Letter ID
Notice Date: January 7, 2020
Case ID

CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE

For technical support with your application, please email express@commcorp.org and we will get back to you within 1 business day.

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Upload W9-Form

Please upload a signed copy of your business's Form W-9 verifying your full legal business name and FEIN. *

[Choose File] No file chosen

Save as "YourOrgName_Express_W9". The file name should not contain an ampersand (&) to ensure that the application is successfully processed.

Business Diversity Certification

Is your business currently certified as a diverse business by the Massachusetts Supplier Diversity Office (SDO)? *

○ Yes
○ No

Is your business currently certified as a diverse business by any other certifying organizations? *

○ Yes
○ No

Even if your business is not officially certified, would you consider your business ownership to be diverse?

*

○ Yes
○ No

How did you hear about the Express program?

How did you hear about the Express Program? *

☐ Previously had an Express grant

☐ Search Engine

☐ Social media

☐ Email

☐ Radio

☐ TV

☐ Newspaper

☐ Word of mouth

☐ MassHire

☐ Referral by Training Provider

☐ Referral by Grantee

☐ Referral by Community Based Organization

☐ Other

Award Disclaimer & Course Selection

The nitty-gritty about how Express Program allocates grant funding:

1. Funding is individually allocated for each Group attending a training course.
2. A **"Group"** is one or more employees **attending the same course, at the same time and location (including virtual sessions).**
3. Grantees should request reimbursement as each Group completes each approved training
4. Unused funds from one group are not transferrable to other Groups or courses.

How to enter your training plan:

1. Choose a training start date. **All of training must begin on or after this date**.
2. Select one or more courses from the Express Directory to include in your grant application. **You may add up to 10 groups/courses in this application.**
3. The Training Plan section is divided into two parts: "Course Information" and "Course Request Details."

   - Under the Training Plan, please enter the training provider name for the course you are applying for. Once you enter the training provider name, under Course Information, please enter the C-record number as listed in the Express Course Directory. Please be advised that only courses that are listed in our Express Course Directory are eligible for funding through the Express Program. If you enter the C-record number, and "no results found" shows up, the course is not currently eligible for funding through the Express Program. In this case, we recommend you reach out to the training provider or the Express Team to confirm you have the correct course information and that the course is currently approved.

   - Under Course Request Details, you will be asked to enter the begin and end date of training, the number of trainees, if you are paying at a per trainee rate or group rate, and the course cost. If the amount that you're paying is less than the amount registered by the provider, you can indicate your actual cost of training in this section.

When would you like to begin training?

Choose a **Training Start Date** *(all training must begin on or after this date)* *

[   ]

You must select a date *at least 21 days and no later than 6 months* in advance of training..

If awarded, this date will also be your Express Service Agreement start date.

Training Plan

Please choose the Training Provider Name

[🔍   ]

The course provider name should match what's listed in our Express Course Directory. If the corresponding C-record doesn't appear, please verify that you selected the correct provider name.

Course Information

Please enter the **Course ID** as shown in the Express Directory. If you do not know your ID number (a "C-" followed by four or five digits), you may look it up in our directory following these instructions. *

[🔍   ]

If your course ID appears among the search options, please select it. If your entry yields "no results," this means that the course has been denied, remains under review, or requires edits from the provider.

Who is the **Training Provider** for this course? *

[   ]

Course Name *

[   ]

Course Cost(Per Group)

[0   ]

If the above amount is $0/Blank, the provider does not offer a group rate.

Course Cost(Per Trainee)

[0   ]

If the above amount is $0/Blank, the provider does not offer a per-person rate.

Course Capacity

[   ]

Please confirm that this is the course you intend to take *

☐ Confirmed

Course Request Details

When will this group **begin training**? *

[   ]

Training must begin on or after the selected training start date

When will this group **complete training**? *

[   ]

How many MA W-2 payroll trainees are in this group? *

[   ]

Please select whether you are paying for this course at a **group rate** OR **per trainee** rate *

[Please select...   ⌄]

The course cost type options for this course can be found in the "course information" section above.

Please enter the **price** you're paying per (trainee/group), **based on your selection above.** *

$ [   ]

If the amount indicated in this section is less than the amount shown in the Express Directory, we will consider it a discounted rate.

Total Cost of Training for this group *

$ [0.00   ]

Cost Per Trainee in this group

$ [error   ]

There was an error computing this field.

Would you like to ADD A SECOND GROUP/COURSE to your application ?
*

○ Yes   ○ No

Is this all the training that you are planning to apply for today? *

○ Yes   ○ No

For technical support with your application, please email express@commcorp.org and we will get back to you within 1 business day.

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Is this all the training that you are planning to apply for today? *

⦿ Yes ○ No

Before proceeding to the final page of the application, please ensure you have reviewed and acknowledged the following:

☐ **I acknowledge** that I have the option to include multiple courses in this application, with a maximum limit of ten courses..

☐ **I acknowledge** that I am restricted to one application per day unless I am applying for more than ten groups/courses.

☐ **I acknowledge** that unless I applied for more than ten courses in my initial application of the day, any subsequent applications on the same day will be closed.

☐ **I acknowledge** that I have the option to submit a reimbursement request after completing each course, and I am not required to wait until all courses in this application are completed to do so.

For technical support with your application, please email express@commcorp.org and we will get back to you within 1 business day.

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Application Summary

The projected total cost of all training in this application is: *

$ 2300

Grant Award Limits

Please review the following award parameters and check off each entry to confirm that you acknowledge and understand our program guidelines.

☐ **I acknowledge** that eligible businesses may be awarded up to $20,000 in Express funding, up to $3,000 per person per course, per calendar year. Effective July 10, 2023, only businesses in Massachusetts with 100 or fewer employees may be eligible to receive an Express Grant.

☐ **I acknowledge** that if the total cost of training indicated above equals a number greater than $20K, or if the cumulative amount of the total cost of training indicated above *plus* the award(s) that I've received in Express grants this calendar year exceed $20K, the Express team will reduce the total amount awarded for this application to keep my business compliant with program guidelines.

☐ **I acknowledge** that the use of Workforce Training Express grants is restricted to documented, Massachusetts-based employees who receive an IRS W-2 form from their employer. Use of these funds for any other non-qualifying person, such as, but not limited to, company owners who are not W-2 employees, or purpose is strictly prohibited, may be considered fraud and my employer may be liable for the misuse of state funding.

Relevant Personnel

The procurement of an Express Grant and the reimbursement process can involve different departments within a company. Thus, to ensure an expedient and efficient line of communication, applicants are asked to indicate a point of contact for each role.

Note: All contacts must be employees of the applicant organization, and one employee can serve as the contact for more than one role.

Please reference the definitions below when entering contact information in the sections that follow.

- **Primary Contact:** This person will be the initial point of contact for application inquiries, such as, but not limited to, course details, Certificate of Good Standing errors, compliance screenings and overall discrepancies. This person serves as a coordinator for the employer and is often the person completing the grant application.

- **Finance Contact:** This person will be the point of contact for reimbursement related inquiries. The person should submit a reimbursement request upon the completion of training and, if required, should be able to provide financial documentation such as payroll reports, proof of payment, course invoices, etc.

- **Alternative Contact (Optional):** This person will be contacted if we're unable to get in touch with the primary contact. Additionally, upon request, the person can be cc'ed in all correspondence related to the application and grant service agreement. They can also receive a copy of the *completed* DocuSign package containing the service agreement and reimbursement form.

- **Authorized Signatory:** This person will receive the grant service agreement and should be authorized to sign the agreement on behalf of the company. This person is often in upper management and authorized to sign contracts.

Primary Contact

First Name *

Last Name *

Phone Number *

(###) ###-####

Title *

Email *

Confirm Email *

Finance Contact

First Name *

Last Name *

Phone Number *

(###) ###-####

Title *

Email *

Confirm Email *

Would you like to add an alternative contact?

◉ Yes ○ No

If an alternative contact is not available, please answer "No" to collapse the fields below.

Alternative Contact

First Name *

Last Name *

Phone Number *

(###) ###-####

Title *

Email *

Confirm Email *

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. Live, synchronous, instructor-led virtual or remote training is permitted, but employees must attend training on paid time. Assignments or pre-work should also be completed on paid time.
4. The proposed training is job-related skills training.
5. The company is not legally mandated to provide the proposed training to employees.
6. 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.)
7. 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.
8. Training must be completed in 24 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.

9. 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.

Authorized Signatory

If your application is approved, who will sign to accept the grant award?

- The authorized signatory must be an employee of the applicant organization authorized to sign the Express Grant service agreement.
- Third parties such as training providers may not be the authorized signatory.
- Until the application is reviewed and an agreement is signed, the authorized signatory will receive all official communication related to this application.

First Name *

Last Name *

Title *

Email *

Confirm Email *

Phone Number *

(###) ###-####

For technical support with your application, please email express@commcorp.org and we will get back to you within 1 business day.

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