

**Extended Care Career Ladder Initiative
Program Enrichment Grant Application**

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Issued by

Commonwealth Corporation

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Extended Care Career Ladder Initiative (ECCLI) Program Enrichment Grant Application

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Part A: Information about the Extended Care Career Ladder Initiative (ECCLI)

The Extended Care Career Ladder Initiative (ECCLI) was established by the State Legislature in 2000, as part of the Commonwealth's Nursing Home Quality Initiative. The objective is to enhance the skills of entry-level workers and in turn the quality of long-term care in Massachusetts. ECCLI grants to long-term care and home care employers support the development of career ladders for entry-level workers, education, and skills training designed to support improved patient care and employee retention and career growth.

The quality of service for seniors and disabled individuals is affected by high employee turnover and chronic worker shortages. Certified Nursing Assistants (CNAs) and home health care staff have demanding careers that are vital to the long-term care sector, but they frequently move on to other jobs because they have few opportunities for professional, economic, or educational advancement.

ECCLI addresses the recruitment and retention of nursing staff by providing them with flexible educational opportunities and incentives. It creates education, training and other supports customized to meet the needs of the industry's employers, incumbent workers and the underemployed. Since 2000, ECCLI has helped more than 160 nursing homes and home health agencies train over 7,500 individuals. ECCLI sites report improved worker retention rates and reductions in the cost of doing business, while improving the quality of patient care.

The Commonwealth Corporation (www.commcorp.org), a quasi-public organization within the Executive Office of Labor and Workforce Development, is charged with administering the Extended Care Career Ladder Initiative. The Commonwealth Corporation's mission is to build upward mobility pathways for Massachusetts youth and adults to prepare for high demand career, in concert with state and regional partners. An advisory group comprised of industry and education experts assists the Commonwealth Corporation in developing grant opportunities that meet the needs of the long-term care sector and the workforce and in assessing the impact of ECCLI investments. Commonwealth Corporation staff assists long-term care employers in designing and implementing programs and support peer learning about effective workforce development practices for the industry.

*The legislation that established the Extended Care Career Ladder Initiative **requires that businesses provide a pay increase to each worker who successfully completes the following types of training courses funded by ECCLI: a clinical skills training; an advanced level CNA/HHA training or training that advances staff (housekeeping, dietary or maintenance) one level from their current position.** This is compensation for the additional knowledge and skills that they bring to caring for their residents or consumers. The legislation does not prescribe the wage increase amount required.*

ECCLI PROGRAM OPTIONS

Through the Extended Care Career Ladder Initiative, there are four program options that are currently available to MA nursing homes, home care organizations and long-term care labor management partnerships and their partners. **This is the application for Program Enrichment grants, shown in bold in the chart below.** See chart for details on the other three grant opportunities. Information about monthly deadlines can be found at our website www.commcorp.org. (Application Due Dates through December 2008).

Option	Purpose	Eligible Applicants	Review Cycle	Duration	Grant Amount
<i>Planning Grants</i>	<i>To support needs analysis, career ladder development, program design, and employee interest and skills assessment (literacy, numeracy, Accuplacer, ESOL)</i>	<i>Nursing homes, home care organizations, labor-management partnerships</i>	<i>Monthly</i>	<i>Up to 6 months</i>	<i>Up to \$25,000</i>
<i>Clinical Skills Training Grants</i> <i>Must provide 50% paid release time and pay increase upon completion of training</i>	<i>To support clinical skills training such as Alzheimer's care, rehabilitative care, etc.</i>	<i>Nursing homes, home care organizations, labor-management partnerships</i>	<i>Monthly</i>	<i>Up to 1 year</i>	<i>Up to \$50,000</i>

Option	Purpose	Eligible Applicants	Review Cycle	Duration	Grant Amount
<i>Career Pathway Grants</i> <i>Must provide 50% paid release time and pay increase upon completion of a career ladder stage</i>	<i>To support career coaching plus any one or more of the following: clinical skills training, ESOL, pre-GED, GED, literacy, numeracy, bridge to LPN, or LPN training</i>	<i>Nursing homes, home care organizations, labor-management partnerships</i>	<i>Monthly</i>	<i>Up to 3 years</i>	<i>Up to \$250,000</i>
Program Enrichment Grants Must provide 50% paid release time and pay increase upon completion of training (see page 3 for pay increase requirements)	To support creative projects that advance career ladder training and/or culture change	Nursing homes and home care organizations that have been recipients of ECCLI funds	Monthly	Up to 1 year	Up to \$50,000

PROGRAM ENRICHMENT GRANT APPLICATIONS ARE ACCEPTED MONTHLY. (See www.commcorp.org for specific due dates.) TECHNICAL ASSISTANCE WILL BE AVAILABLE ON AN ONGOING BASIS, AND AWARD NOTIFICATIONS WILL BE MADE TWO WEEKS AFTER SUBMISSION DATE.

Creating a new ECCLI project for your organization or partnership is an exciting opportunity.

Analysis of ECCLI projects to date shows that in addition to offering clinical skills training, the most successful programs:

- engage in a thorough needs assessment of the organization and the workers;
- recognize and address the English language skill and/or academic remediation needs of workers;
- provide career coaching and support services; and,
- require appropriate training for supervisors and managers that enhance their capacity to fully utilize and support the new skills of workers participating in training.

Past experience as an ECCLI grantee may have shown you how other areas of your organization could benefit from an innovative approach to training and culture change. Although a Program Enrichment grant cannot be used to continue a program that already exists (or had been implemented previously), it can be used to augment the results of a prior or current program by instituting a complementary element or set of elements that additionally support the upgrading of skills for entry-level workers.

Technical Assistance

A variety of technical assistance resources are available to help strengthen your proposal, project design and to provide connections to local resources. Should your proposal receive funding, technical assistance will be available to you during the grant implementation period as well. Questions about the ECCLI Application for Program Enrichment grant funding and requests for technical assistance should be addressed to:

Carol Kapolka or Pat Caron
Commonwealth Corporation
The Schrafft Center, 529 Main St., Suite 110
Boston, MA 02129
(617) 727-8158 x2230
ckapolka@commcorp.org
pcaron@commcorp.org

We encourage applicants to visit the ECCLI Virtual Library at:

www.commcorp.org/eccli/virtuallibrary.html

On this site, you will find:

- Full Applications and Individual Application Forms Available for Downloading
- Updated Questions and Answers, additional information about the ECCLI program
- Resources about career ladders, career coaching, choosing training providers, program management, needs assessment and more

Part B: Information about the Program Enrichment Grant

Addressing the workplace challenges of nursing homes and home care environments requires a long-term commitment on the part of participating organizations. In recognition of this, Commonwealth Corporation is supporting organizations looking to continue their efforts in front-line worker training and organizational culture change with the goal of improving patient care and career advancement opportunities for entry-level employees.

This ECCLI Program Enrichment grant application provides nursing homes, home care organizations and long-term care labor management partnerships **who have already implemented an ECCLI project** with the opportunity to build upon past work and/or take on a new project by implementing **innovative approaches** to providing basic skills training, clinical skills training, Bridge to LPN and LPN training for entry-level workers, or other types of training or education for employees, possibly with integrated support services or culture change activities.

The objectives of ECCLI grants in general are to:

- Enhance the skills of entry-level workers to in turn improve the quality of long-term care in Massachusetts;
- Support long-term care and home care organizations in upgrading the skills of their entry-level workforce to improve employee retention and career growth.

The objectives of Program Enrichment grants, in the context of ECCLI, are to:

- Support long-term care and home care organizations in developing innovative or unique approaches to providing their front-line workers with additional knowledge and skills. This may include non-traditional methods of training or education;
- Encourage long-term care and home care organizations to engage in creative problem-solving around their workforce issues with a project that may not fit the parameters of any other ECCLI grant opportunity. For example, this may include new partnerships for training or new ways of using technology, or more inclusive approaches to upgrading the skills of their entry-level workforce to improve employee retention and career growth.

Projects funded under this grant must be new, not a repeat or expansion of a previous program. As an example, consider a previous ECCLI project at your site provided ESOL classes to improve the English language skills of entry-level workers, and those workers are now ready for career advancement through Clinical Skills or other training. If the approaches to that new training are to be non-traditional in nature e.g., using flexible work hours or on-line curriculum, that would qualify for a Program Enrichment proposal. If you want to continue the same type of training that was previously funded but with a new cohort of employees, that would NOT qualify for this grant. (If you want to advance the skills of workers through traditional means, you may want to explore applying for a Career Pathway grant, shown on the chart on page 5.

As another example, if Clinical Skills training had improved the knowledge and skills of Certified Nurse Aides (CNAs) or Home Health Aides (HHAs) in your organization and they were now ready to move on to a certificate or degree program but due to life circumstance needed unusual accommodation (job sharing, on-line or contextualized curriculum, peer support), that may also qualify for a Program Enrichment proposal. For technical assistance in thinking through your ideas, please contact Commonwealth Corporation staff as shown on page 6.

Some examples of possible projects or approaches to training may include **(but are not limited to)**:

- New collaborations or partnerships for training that promote sustainability of career pathway and front-line worker advancement;
- Expanded role(s) for entry-level workers such as CNAs/HHAs in helping to develop and implement education and training models or that take on a new level of responsibility;
- When integrated with a training program, efforts to improve workplace practices or the work environment in ways that support front-line workers, resulting in better care for patients;
- Implementing the use of on-line or other non-traditional approaches to education and training that take into account and respond to the life limitations that entry level workers may face;
- Upgrading the technology skills of entry-level workers to prepare them in using new technology in the delivery of patient care;
- Developing new tools or materials that support your organization's efforts to improve your workforce, possibly to be shared with other long-term care and home-care organizations;
- Identifying populations within your organization who have not yet benefited from education or training, such as dietary staff, housekeeping or environmental staff;
- Introducing the use of career coaches or peer mentors with your training program, or having "graduates" of past ECCLI training help new trainees adjust and succeed;
- Linking ESOL to a college prep component with life supports or mentoring;
- Engaging in supervisory training as part of an innovative approach to training that benefits the front-line staff and patients.

Commonwealth Corporation is very open to creative ideas under this Program Enrichment grant opportunity; Applicants should feel free to propose innovative ideas and solutions to their workplace dilemmas. If you have interest in including systemic change of workplace practices or culture change as a part of your proposal, refer to Appendix A for some ideas and guidance. If you have questions about the viability of your proposed project or want technical assistance in preparing your application, please contact the Commonwealth Corporation staff as indicated on page 6.

Successful bidders under the Program Enrichment grants will be expected to share tools or materials that are developed as a result of their project, or report out on successful environment/culture change program elements or employee skills gains and/or career

advancement. This may take the form of convening a forum to share information with other organizations, or the development of materials or on-line resources to help others implement similar approaches to education or training.

Eligible Applicants

Eligible applicants are as follows:

- Massachusetts licensed skilled nursing facilities, described alternately as extended care facilities or nursing homes (which includes charitable and/or for-profit enterprises, the primary business of which is to provide skilled nursing services) who have already received at least one ECCLI grant,
- home care agencies who have already received at least one ECCLI grant, and
- long-term care labor management workforce partnerships, at least one partner of which has already received at least one ECCLI grant.

Organizations may apply singly or in groups. Applicant organizations may partner with other employers in the long-term care sector, including other nursing homes, home based care providers and assisted living residences. Facilities with collective bargaining agreements must include the union as a partner and must also include a letter of support from that union with the Application Package.

Funding Availability

Program Enrichment grants will be funded for up to one year, with maximum funding of \$50,000 per grant.

Part C: Guidelines for Proposal Submission and Participation in ECCLI

Parties interested in responding to this Application should read this entire document carefully.

1. Application Due Date: Applications are accepted on a rolling basis; Applications will be considered within the funding cycle following their submission. The Application Package must consist of an original and four (4) copies. The original must contain an original signature of an individual who has the legal authority to enter into contractual agreements on behalf of your organization. All application responses must be fully completed and contain the required attachments. Additionally, an electronic copy should be submitted to cwi@commcorp.org at the same time as the submission of hard copies. "ECCLI Program Enrichment Grant Application" should appear on the email subject line. Send or deliver hard copy application packages to:

ECCLI – Application for Program Enrichment Grant
Commonwealth Corporation
The Schrafft Center
529 Main Street, Suite 110
Boston, MA 02129

2. Award Date and Project Start Date: Applicants will be notified of funding decisions no later than two weeks from Application Due Date. Projects will begin after negotiations are completed.

3. Requirements for ECCLI Participation:

A. Wage Matching and Wage Increase Requirements

Applicants seeking funding for training under ECCLI must provide paid leave time to each worker participating in any training course paid for by the ECCLI program. Paid leave must be equal to or greater than 50% of that worker's hourly wages. Participating organizations are encouraged to provide 100% paid release time. Each advancement opportunity must be accompanied by a pay increase.

B. Reporting Requirements

Applicants must agree to report to Commonwealth Corporation on the progress of their ECCLI project. Reports may include, but not be limited to, the employees served by the project, demographic information about each employee, her/ his career progression in the career ladder, wage information, and the employer's recruitment and retention data. Participant progress data include certificates, degrees, or professional status attained and compensation increases for successful completion of each career advancement step. ECCLI grantees are responsible for collecting all relevant data and submitting it to the Commonwealth Corporation. Experience shows that a portion of the budget should be dedicated to data collection and reporting efforts.

C. Shared Learning

In addition to the requirements above, the selected organizations must agree to:

- a) Participate in technical assistance activities and quarterly Project Coordinator meetings provided through Commonwealth Corporation;
- b) Participate in both process and outcome evaluations of ECCLI. The process evaluation will consist of Commonwealth Corporation or a contracted evaluator gathering data on key aspects of program operations and procedures. The purpose of this evaluation is to analyze processes and determine those most and least effective, as well as to inform future projects. The outcome evaluation is designed to measure the achievement of the objectives of the project;

- c) Share all materials used in the implementation of the project for evaluation purposes, and other uses, such as the promising practices initiative, as the parties shall agree to. Training materials developed with ECCLI funds shall become the property of Commonwealth Corporation.

Part D: Required Components of the Application and the Procurement Process

I. REQUIRED COMPONENTS OF THE APPLICATION SUBMISSION

Applications can be submitted to Commonwealth Corporation at any time; Applications are considered within the funding cycle following their submission. The following documents constitute the required components of a Application Package submission. **Each Application Package must contain all of the following forms and materials in the order in which they are numbered.**

A. Application Cover Sheet – (Attachment 1)

B. Program Summary Form – (Attachment 2)

C. Application Narrative Form – (Attachment 3)

Attachment 3 is the **Application Narrative Form**. Applicants **must** use this form to submit the narrative description of their project. Answer all of the questions included on the Narrative Form. If a question does not apply to your organization, write “Not Applicable” in the section. Please do not change the order or the numbering of the questions/sections. You may adjust the spacing in each section of the Application Narrative Form to accommodate your answers.

The Application Narrative Form (the narrative description of your project) should not exceed ten (10) pages in a font 11 points or higher, 1.5 spacing.

D. Budget and Budget Narrative Forms – (Attachments 4 & 4a)

Attachments 4 and 4a are the **Budget and Budget Narrative Forms**. Applicants must submit a **budget** using the provided form accompanied by a **narrative that provides detail on the specific budget items and the basis for calculating the cost of each item**. The budget will be used to evaluate the Application in terms of cost reasonableness and its relationship to the program design. The budget also becomes the basis for the contract and for paying the costs incurred over the course of the project. Commonwealth Corporation reserves the right to modify Application budgets, prior to and/or after grants awards. (Please refer to the website for Budget Narrative Description for Fund Use).

E. Project Spending Form – Please complete this form carefully, as it will be used to disperse cash advance payments to the lead organization for project work (Attachment 5).

F. Plan for Training Activity – Please use Attachment 6 to list each training session that will be offered.

G. Standard Disclosure Affidavit – (Attachment 7)

Please complete and include this form in your Application Submission Package. This form is used to collect and record business information about your organization and is required by Commonwealth Corporation to ensure that your organization is in

compliance with the relevant MA laws and regulations so it can issue a contract if you are awarded funds.

H. Memorandum of Agreement

If the Applicant organization/facility has partnered with other employers in the long-term care industry (other nursing homes, assisted living facilities, labor management partnerships, etc.) in the design and submission of their project, all partners must complete and sign a Memorandum of Agreement, a copy of which must be included with the Application Package. (See Attachment 8 for a model MOA.)

I. Letter from Local Collective Bargaining Unit (if applicable)

Facilities with collective bargaining agreements must include the union as a partner in your proposed ECCLI project. You must also include a letter of support from that union with the Application Package.

II. APPLICATION REVIEW AND SELECTION

Applications will be evaluated by a review committee that will individually score each submission using a pre-determined assignment of points developed by Commonwealth Corporation - NOT against other applicants. Reviewers will score each submission based on the following:

Application Narrative	
• Training Needs Assessment	15 points
• Program Design & Implementation Plan	40 points
• Project Management	15 points
• Employer Co-Investment	10 points
• Plan for Training Activity	10 points
Budget and Budget Narrative	10 points

After averaging all readers' scores together, the results will be: a score of 80 points or higher will allow the Commonwealth Corporation to immediately award a grant and enter into negotiations for a contract; a score between 65-79 points will signal the need to provide additional technical assistance to an applicant to improve their submission; applicants with a score below 65 will be provided technical assistance to reapply in a subsequent funding cycle (opportunities are available on a monthly basis).

Additionally, applicants may be asked to respond to questions to clarify proposals or to participate in site visits or interviews with members of the review team.

Once an application is awarded a grant under the Program Enrichment grant opportunity, proposals, reports and results of a previous ECCLI grant will be considered in negotiations for final program design and contract terms for the new grant.

MISCELLANEOUS

A. Appeals

Appeals of the funding decision may be filed with:

President
Commonwealth Corporation
The Schrafft Center
529 Main Street, Suite 110
Boston, MA 02129

Appeals must be filed within fourteen days of the date of Commonwealth Corporation's notice to unsuccessful bidders. Commonwealth Corporation's president has final authority on any disputed claim.

B. Rejection of Submissions

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 Commonwealth Corporation or the Commonwealth to do so. This Application for Funding does not commit Commonwealth Corporation to award any contracts. Funding of applications is contingent upon Commonwealth Corporation receiving funds for the ECCLI program. Upon submission, all applications become the property of Commonwealth Corporation.

C. Subcontracting, Staff Substitutions

No part of the work resulting from an agreement with Commonwealth Corporation covered by the terms of this Application may be subcontracted unless such subcontract is approved in writing in advance by Commonwealth Corporation or is specifically detailed in the Application.

All contract terms and conditions required by Commonwealth Corporation from the contractor will be required of a subcontractor. The contractor will be required to assume the sole responsibility for the complete effort under this Application. Commonwealth Corporation will consider the contractor to be the sole contact with regard to all contractual matters.

D. Contracting and Payment Schedules

Upon grant award, contracts will be negotiated with the lead applicant. Contracts will include a Statement of Work with deliverables, a budget, budget narrative, plan for training activities, project spending plan, Memorandum Of Agreement (if applicable) and Terms and Conditions. Funds will be distributed to grantees using a cash advance system based on their project spending plan if they are in compliance with contract terms and conditions. Awardees are expected to submit monthly fiscal status reports which detail expenses and monthly narrative reports that detail what specific tasks have been completed.

ATTACHMENTS

Required Submission Forms for Applicants

Attachment 1	Application Cover Form
Attachment 2	Program Summary Form
Attachment 3	Application Narrative Form
Attachment 4	Budget Form
Attachment 4a	Budget Narrative Form
Attachment 5	Project Spending Form
Attachment 6	Plan for Training Activities
Attachment 7	Standard Disclosure Form
Attachment 8	Model Memorandum of Agreement (MOA)*

*If applicable

Attachment 1

Program Enrichment Grant Application

APPLICATION COVER FORM

Name of Applicant Agency/Organization:

Street/City/State/Zip of Applicant Agency/Organization:

Contact Person Name:

Title:

Contact Person Phone/Fax:

Contact Person Email Address:

Amount of Funds Requested: \$_____

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

POSITION/TITLE

Attachment 2

Program Enrichment Grant Application

PROGRAM SUMMARY FORM

Name of organization:

Date:

Name of Project:	
Total Grant Amount Requested:	
Total Match Amount:	
Total Number of <u>Unduplicated</u> Participants the Project will serve:	
Total number of Participants Receiving a Wage Increase	
Average Hourly Wage Increase	
Describe other Program Elements/Outcomes	
Describe other Program Elements/Outcomes	
Describe other Program Elements/Outcomes	
Describe other Program Elements/Outcomes	

Attachment 3

ECCLI Program Enrichment Grant

APPLICATION NARRATIVE FORM

Applicants must answer all of the questions/sections below. If a question/section does not apply to your organization, write "Not Applicable" in the section. Read all questions before answering any to avoid duplication of answers. Please do not skip any questions or change the order of the questions. You may adjust the spacing in each section on this application to accommodate your answers. Please do not exceed ten (10) pages, with a font no smaller than 11 points, spaced at 1.5 or higher, to complete the Application Narrative Form.

1. Needs Assessment

- a. Briefly describe your facility/agency, including number of employees, number of residents/clients, and any other issues relevant to the project, such as resident/client characteristics, nature of care, average length of stay, etc.
- b. Describe any major changes that have occurred within your organization in the last three years, e.g., changes in administration or ownership, additions to facilities, significant changes in service delivery or number of patients/clients. (*These changes may or may not directly relate to your request for further funding from ECCLI*).
- c. How did you determine that your organization could benefit from an additional ECCLI project? What types of individuals (employees, managers, resources outside your organization) were involved in the process of assessing this? What methods did you use?
- d. What did you learn from the assessment? Please describe the needs and issues you feel can be addressed through a Program Enrichment grant.

2. Previous ECCLI Experience

- a. Describe your previous ECCLI program and the problems it was designed to address. Include dates of programming.
- b. List the outcomes and impacts resulting from your previous ECCLI project. Explain how the outcomes and impacts were integrated and sustained within your organization.
- c. List who was involved in the planning and implementation of your previous ECCLI project, and any differences in your current approach.

3. Program Design and Implementation Plan

- A. **Identify the employee population that will benefit from the proposed project.** Explain how this responds to the needs identified in question 1.
- B. **How will you recruit and select employees to participate in this project?** What staff members or organizational partners will be engaged in this effort?
- C. **Based on your findings described in question number 1, please describe the training or other needs you plan to address with this grant.** Please articulate the overall objectives and

describe each component of the program. Please include information about instructional or service delivery methods. **Take care to describe the innovative nature of the tactics, methods or approaches you are proposing.** Complete Attachment 6, Plan for Training Activities. [If what you are proposing does not fall into categories listed here, describe what you are proposing to do in your own words.]

- **If you are offering basic skills training**, please describe how this relates to future advancement opportunities at your organization. What additional opportunities will be afforded to these participating workers? What will next steps include?
 - **If you are offering any clinical skills training**, will soft skills training be part of your program design? If so, which will be most helpful based on your needs assessment and strategy? What criteria and process will you use to select workers to participate in these training programs? How will you assess whether they have the literacy or numeracy skills required to succeed?
 - **If you are offering supervisory training**, explain if your supervisors have the essential skills needed to promote a supportive work environment for entry-level workers, and why you feel training could be beneficial. For example, how will supervisors work with the newly trained workers so that they are able to use their skills?
 - **If you are planning organizational or culture change training or activities**, please describe your organizations readiness to embark on this effort. What aspects of change does it make sense to tackle first? Have you taken on this type of work in the past? If so, what work have you done and what were the results?
- D. **What are the expected, measurable outcomes of your Program Enrichment project?** Include a description of measures for all relevant outcomes such as wage increases, gains in skills, credentials or other educational milestones, overall number of employees with upgraded skills, projected improvement in retention rates over the specified period, and changes in workplace practices.
- E. **What are the names and roles of external providers of training services and other supports or services?** Name specific entities where possible, and the services they will provide. State whether the external provider has an existing relationship with nursing home or home care agency and if so, the nature of that relationship.

4. Project Management

How will the ECCLI project be managed? What is the ongoing involvement of senior level management? Who will provide day-to day coordination? Who will be responsible for collecting data? Who will be responsible for preparing and submitting required reports? Please include a chart to illustrate the project management plan.

5. Employer Co-Investment

Please provide detail on the salary to be paid (required to be at least 50% of training time) to employees participating in training funded by ECCLI, plus any other incentives that encourage employee participation. **Please provide detail on the salary increases** (required as a condition of ECCLI grant award) that will be awarded to employees and explain what program elements must be completed prior to a wage increase being earned.

Attachment 4

Budget Form

There are two budget forms: Budget Form (Attachment 4) and a Budget Narrative Form (Attachment 4A). Both of these forms include a grant budget request column and a cash/in-kind contribution column.

Complete the attached budget forms. Budgets should be completed for the period beginning with the expected project start date and ending no later than twelve months later. Please check to be sure that all figures are correct.

With the Budget Form, you will provide the overall summary for your ECCLI budget. With the Budget Narrative Form, you will provide the detailed information to back up the Budget Form.

Match contributions must include a minimum of 50% paid training time for employees participating in training activities. This is considered required match and should be listed in the cash/in-kind contribution column. Additionally, there are two types of non-required contributions that should be listed in this column. The two types include:

- **Cash contribution** – actual money contributed/paid such as salaries, training cost, etc. and
- **In-kind** – which are other types of contributions such as space, office supplies, telephone that are paid for with funds that are not from your ECCLI budget.

Please Note: ECCLI funds may not be used to support employee release and/or down time, wage increases, or any backfilling of assignments while employees are engaged in ECCLI activities.

- Wages for employees while attending training are not allowed in the “budget request” column. However, pro-rated wages for employees who are also instructors may be included here.
- Use whole dollar amounts only.

Name of Organization:

Date:

Description	Budget Request	Cash/In-Kind Contribution	Total Program Costs
Salary & Fringe:			
Internal Staff			\$ -
Employee Release Time			\$ -
Other Program Costs			\$ -
Support Services			\$ -
Contracted Services Training			\$ -
TOTAL BUDGET AMOUNT	\$ -	\$ -	\$ -

Attachment 4a

Page 1 of 2

Budget Narrative Form

Name of Organization:

Date:

Category	Amount	Description of use of funds
Payroll: Internal Staff		
Fringe: Internal Staff		
Other Program Costs		
Travel		
Space Rental		
Telephone		
Equipment Rental & Lease		
Equipment Purchase		
Computer		
Postage		
Publication/Print/ Copying		
Meeting Refreshments		
Office Supplies		
Marketing		
Training Materials		
Support Services		
Child Care		
Transportation		
Contracted Services-Training		
Training Consultants		
Training Service Providers		
Total Budget Amount	\$ -	

Attachment 4a

Page 2 of 2

Budget Narrative Form

Name of Organization:

Date:

MATCH: Cash and In-Kind Contributions

Category	Amount	Contribution Description
Payroll:		
Internal Staff		
Employee Release Time		
Fringe:		
Internal Staff		
Employee Release Time		
Other Program Costs		
Travel		
Space Rental		
Telephone		
Equipment Rental & Lease		
Equipment Purchase		
Computer		
Postage		
Publication/Print/ Copying		
Meeting Refreshments		
Office Supplies		
Marketing		
Training Materials		
Support Services		
Child Care		
Transportation		
Contracted Services-Training		
Training Consultants		
Training Service Providers		
Total Budget Amount	\$ -	

Attachment 5

Project Spending Form

Please project a timeline (by quarter) of your expected expenses and match contributions for a twelve-month period. The information on this form should correspond with information on your Project Narrative, Budget, and Plan of Training Activities.

Name of Organization:

Date:

Quarter Ending	Projected Expenses	Projected Match Contributions	Total
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -
Project Total	\$ -	\$ -	\$ -

Attachment 6

Plan for Training Activities

Name of organization:

Date:

Please list each training session that will be offered. If necessary, insert rows into the chart to capture all of the sessions that you will be implementing. Training activities can occur simultaneously.

Course Category/Training Course Name	Who will be responsible for training or activity?	Activity Start and End Date (Month/Year)	Number of participants	Number of Hours engaged in activities	Wage Increase/# of participants
Basic Skills Training (ESOL, Pre-GED, ABE, GED, literacy, numeracy)					
Clinical Skills Training (Please list focus: Basic CNA for incumbent workers, Home Care Aide training, Alzheimer's care, rehabilitative care, hospice care, palliative care and psychiatric care, other)					

Course Category/Training Course Name	What organization will provide the training?	Course Start and End Date (Month/Year)	Number of participants to be trained	Number of Training Hours	Wage Increase/# of participants
Bridge to Nursing/ LPN Training					
Organizational (Supervisor/Management Training, Culture Change Training/Activity, Workplace Practices)					
Other: Describe					

Attachment 7

STANDARD DISCLOSURE AFFIDAVIT

1. **Name of Business Organization:** _____
with principal offices at: _____

2. **Type of Business Organization** defined by Massachusetts General laws (CHOOSE ONE):

- | | |
|---|--|
| <input type="checkbox"/> Corporation (Domestic) | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Corporation (Foreign) | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Not-For-Profit Corporation | <input type="checkbox"/> Sole Proprietorship |

If the Business Organization is a partnership, the names and addresses and interests of all partners must be listed on an Appendix and attached to this Standard Disclosure Affidavit for Contracts.

3. **Status of Business Organization** (CHECK WHERE APPROPRIATE):

- A. Non profit as defined by Internal Revenue Service
 Non Profit with more than 51% minority membership on the Board of Directors
- B. For Profit as defined by Internal Revenue Service
 For Profit with more than 51% minority membership on the Board of Directors
- C. Business Organization certified by the State Office of Minority and Women Business, SOMBA, 425 CMR 2
- D. Non-Massachusetts Corporation registered with the Secretary of State to do business in Massachusetts.
Attach a copy of such authorization
- E. Limited Partnership or Limited Liability Company in compliance with the filing requirements under Massachusetts General Laws

4. **Authorization for Signature**

A Business Organization may authorize an agent to enter into contracts on behalf of the Organization. A Copy of the statement expressly authorizing the agent(s) to make contracts must be attached to this affidavit. In addition, the names of agents who may contract for the aforementioned Business Organization must be listed below. The requisite authorization(s) must be notarized.

Name of Agent

Title

The Person(s) authorized to sign contracts is/are the only person(s) who can sign on behalf of the aforementioned Business Organization.

5. Disclosure Statement

Pursuant to M.G.L. c. 29, s.29A, the following represents all income due or to become due me for services rendered to the Commonwealth, or any political subdivisions thereof, or any public authority therein, during the period of this contract.

A. From the Commonwealth of Massachusetts: (meaning state agencies, etc., Do not include Medicaid reimbursements in this section)

<u>Unit</u>	<u>Amounts of Funding</u>	<u>Type of Service</u>
-------------	---------------------------	------------------------

B. From a Political Subdivision: (meaning County, City or Town, etc.)

<u>Unit</u>	<u>Amounts of Funding</u>	<u>Type of Service</u>
-------------	---------------------------	------------------------

C. From a Public Authority: (meaning quasi-public entities such as CommCorp)

<u>Unit</u>	<u>Amounts of Funding</u>	<u>Type of Service</u>
-------------	---------------------------	------------------------

6. 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. The Business Organization Social Security Number or Federal Identification Number is: _____

7. Certification of Compliance with Filing Requirements

I, _____, on behalf of _____ aforementioned Business Organization, certify that said Business Organization 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.

SIGNED UNDER THE PENALTIES OF PERJURY THIS ____ day of ____ 20__.

(Signature)

Attachment 8

MODEL MEMORANDUM OF AGREEMENT

(Name of Partnership)

I. Purpose of This Memorandum

This Memorandum of Agreement (MOA) outlines the agreement between the partners listed below to develop and implement a project funded by the Workforce Competitiveness Trust Fund. The overall purpose of the program is to help Partnerships address the workforce development needs of their businesses.

II. Term

This MOA shall be in effect from _____ and shall end on _____. This MOA may be terminated prior to the effective end date upon the full written approval of all the partners.

III. Partners

(List the names of the facilities participating in your Partnership; don't forget to include the unions, if necessary to the success of your project)

IV. Roles and Expectations of Partners

(Outline the specific roles and expectations of each partner. Pay particular attention to the lead partner's responsibilities)

V. General Terms & Conditions

(Outline the general terms and conditions all partners must comply with as a partner in the project, e.g., "Each partner will have a representative attend and participate in Advisory Board meetings" or "The terms and conditions of this MOA may be revised or modified at any time during the effective period of the MOA, upon written consent of all of the partners")

VI. Signatures

Have each partner's representative sign and date the MOA. Make sure the signatories have contractual authority for their facility.

(name)

(date)

Appendix A

Ideas of activities that training could support related to workplace practices and culture change

Examples of Activities that Support Workplace Practices

- Codification of job descriptions, career pathways, wage gains, skills needed, and other efforts to institutionalize advancement opportunities for entry-level workers
- Training for supervisors and managers in coaching, mentoring, team-building and other supportive management practices, including training in diversity and cultural competencies
- New management and organizational systems designs to support employee retention
- Work re-organization and restructuring projects
- Worker and care-giver assessments, including reviewing work patterns and skills associated with different services

Examples of Activities that Promote Culture Change/Person Centered Care

- Establish relationships as the number one organizational priority
- Support necessary changes and adjustments that will allow relationships to flourish personally, organizationally, and environmentally
- Include elders, caregivers, and families in developing avenues for relationship building, feedback, and inclusion in community
- Implement consistent assignment
- Implement peer mentoring
- Use learning circles
- Establish communities/neighborhoods
- Establish ways of welcoming new families, staff, and residents
- Implement self managed work teams
- Provide opportunities for leadership development among front-line staff (CNAs)
- Establish a sense of mission shared by all staff
- Follow a philosophy of being a learning organization sharing the wealth and value of education by sending staff to internal and external conferences and workshops
- Adopt scheduling that reflects resident and staff needs