

Older Worker Retention Strategies Application

May 23, 2008

**Issued by
Commonwealth Corporation**

**Deval L. Patrick, Governor
Timothy P. Murray, Lt. Governor
Suzanne M. Bump, Secretary, Executive Office of Labor and Workforce
Development
Nancy Snyder, President, Commonwealth Corporation**

Table of Contents

- Part A: Information about the Older Worker Retention Strategies Application
Intent of the Older Worker Retention Strategies Application
Eligible Applicants
Funding Availability
- Part B: Information about the Workforce Competitiveness Trust Fund
- Part C: Instructions and Requirements for Submission
Application Due Date
Award Date
- Part D: Required Components of the Application and the Procurement Process
Older Worker Retention Strategies Application Submission Requirements
Application Review and Selection
Miscellaneous Items
- Part E: ATTACHMENTS

Required Submission Forms for Applicants

- Attachment 1: Application Cover Form
Attachment 2: Application Narrative Form
Attachment 3: Budget Form/ Match Budget
Attachment 3a: Budget Narrative Form
Attachment 3b: Match Narrative Form
Attachment 4: Project Work Plan
Attachment 5: Spending Plan
Attachment 6: Standard Disclosure Affidavit
Attachment 7: MOA, Model Memorandum of Agreement*
Attachment: Union letter of support *(sample letter is not provided)

* If applicable

Part A. Information about Older Worker Retention Strategies Grants

Intent of the Older Worker Retention Strategies Application

Many industries in the Commonwealth are facing worker shortages and knowledge drain due to the current or impending retirement of skilled workers.

The intent of the **Older Worker Retention Strategies Application** is to:

- Support the Commonwealth's businesses in **designing strategies and tools** that will increase their ability to retain their older workers (over 50 years of age); and
- Support the sharing of the strategies developed through the design grants to increase our collective knowledge on methods for retaining older workers.

Funds from this grant may be used in support of Staff and or Consultant services for the purposes of:

- Assessment and planning phase for formation of the elements of a retention plan;
- Redesign of jobs or job descriptions;
- Design of improved scheduling, work flow and work environment changes that will impact retention of older workers;
- Design of employer based incentive programs targeted to increase the retention of workers over age 50. This could include changes in compensation and benefit programs;
- Development of employee support programs and services whose goal is to increase the retention of workers over age 50;
- Increasing employer's awareness of benefit and compensation program strategies that will eliminate barriers to retention of older workers;
- Design of phased retirement plans;
- Development and design of education/training services and curricula targeted to increase work options for employed older workers. This could include a needs assessment and development of a return-on-investment methodology;
- Research to determine the efficacy or benefit of equipment and/or technology purchases that would impact older workers' ability to remain on the job.

This list is not all inclusive. Applicants are encouraged to consider these and other strategies that should be customized to meet the needs of their employees.

As an outcome of this grant the grantee will prepare a **written retention plan** that describes how the grantee will address its organization's goal of retaining a targeted group of older workers for one or more businesses in the Commonwealth. Receipt of a grant under this Application does not imply the availability of public funds to help implement retention plans.

Employer needs should inform the design and direction of these projects. Employer leadership, partnership and/or input must be apparent in the application. ***If the Applicant***

does not employ the targeted employee group, the Applicant must partner with one or more employers whose employees are the target of these efforts.

1. Eligible Applicants include: Massachusetts based businesses, groups of businesses, employer or professional trade associations, union/employer partnerships, community based organizations, Workforce Investment Boards, Career Centers, colleges and universities.

If Applicant is not an employer of the targeted workers, one or more employers of targeted employees must be a part of the partnership.

2. Funding Availability: **Older Worker Retention Strategies Grants** will be funded for a period of up to one year. The maximum amount of funding is \$50,000 per grant. *Commonwealth Corporation plans to fund up to eight grants.*

Questions regarding the Older Worker Retention Strategies Application should be directed to:

Karen J. Shack
Commonwealth Corporation
The Schrafft Center
529 Main Street, Suite 110
Boston, MA 02129
617-727-8158 x 2250
kshack@commcorp.org

Part B. Information about the Workforce Competitiveness Trust Fund

The Workforce Competitiveness Trust Fund (WCTF) is a key component of the Workforce Solutions Act/Economic Stimulus Bill of 2006. The Massachusetts Legislature established the WCTF with two goals in mind:

- To improve the competitive stature of Massachusetts businesses by improving the skills of current and future workers, and
- To improve access to well-paying jobs and long-term career success for all residents of Massachusetts, especially those who experience structural, social, and educational barriers to employment success.

In constructing the WCTF, the Legislature sought to support the “development and implementation of employer and worker responsive programs to increase the quality and competitiveness of Massachusetts firms.” Workforce Competitiveness Trust Fund monies are funding the Older Worker Retention Strategies grants. Commonwealth Corporation

administers these grants on behalf of the Executive Office of Labor and Workforce Development.

Commonwealth Corporation is a quasi-public organization whose mission is to respond to employers' workforce needs and advance the skill development and labor force participation of youth and adults by creating educational and employment pathways to high demand jobs. For more information on Commonwealth Corporation please go to www.commcorp.org.

Part C: Instructions and Requirements for Application Submission

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

<p style="text-align: center;">Applications due to Commonwealth Corporation: August 1, 2008 Award decisions finalized on or after: September 19, 2008</p>

Application Due Date: Application package is due by 5pm on **Friday August 1, 2008** at the Commonwealth Corporation. The application package must consist of an original and four (4) copies. The original must contain the original signatures and job title of an individual who has the legal authority to enter into contractual agreements for your organization.

All responses must be fully completed and contain all required attachments.

Send or deliver application packages to:

Older Worker Application
Commonwealth Corporation
The Schrafft Center
529 Main Street, Suite 110
Boston, MA 02129

Additionally, an electronic word version must be sent to cwi@commcorp.org and received by **August 1, 2008** "Older Worker Application" must appear on the subject line.

Award date: Applicants will be notified of funding decisions on, or after **September 19, 2008**.

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

1. Older Worker Retention Strategies Application Submission Requirements:

The following documents constitute the required components for application 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. Application Narrative Form (Attachment 2)

Applicants must use this form to submit the narrative description of their project. Answer all the questions included on the Narrative form. If a question does not apply to you, write “not applicable” in the section. 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 eight (8) pages in a font of 11 points or higher, 1.5 spacing.

C. Budget and Match Budget; Narrative Forms (Attachments 3, 3a, and 3b)

In addition to the completed application narrative form, applicants must submit a budget using the provided form accompanied by a budget narrative. The budget will be used to evaluate the Application in terms of its cost reasonableness and its relationship to 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.

All Older Worker Retention Strategies grantees must provide a match contribution of 30%. Please complete attached match budget and match narrative describing your match contribution. Examples of match contributions may include: use of meeting space and meeting costs, staff time, printing costs.

D. Project Work Plan (Attachment 4)

In addition to the Application Narrative and budget, please complete and attach the Project Work Plan Form listing all proposed project activities.

E. Program Spending Plan (Attachment 5)

Please complete the form outlining how you anticipate your spending by quarter.

F. Standard Disclosure Affidavit (Attachment 6)

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 the Commonwealth Corporation to insure your organization is in compliance with the relevant MA laws and regulations so it can issue a contract if you are awarded funds.

Please contact Karen Shack if you would like assistance with this form.

G. Memoranda of Agreement (Attachment 7, Model of MOA)

If the Applicant organization has partnered with other employers or partners (unions, professional associations, Workforce Boards, 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.

A Memorandum of Agreement (MOA) or cooperative agreement is a document written between parties to cooperatively work together on an agreed upon project or meet an agreed upon objective. The purpose of an MOA is to have a written understanding of the agreement between parties. The MOA can also be a legal document that is binding and holds the parties responsible to their commitment or it can be just a partnership agreement.

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

Sample letter is not provided.

Facilities with collective bargaining agreements must include the union as a mandatory partner in its proposed **Older Worker Retention Strategies Application** and also include a letter of support from that union with the Application Package.

2. 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. Reviewers will score submissions based on the following:

- Responses on the Application Narrative Form questions **1-5** describing your organization, its current retention policies and concerns.
- Responses on the Application Narrative Form questions **6-10** describing your planned activities and staff and partnership.
- Review of your proposed work plan.
- An evaluation of the reasonableness of your budget and budget narrative and planned match contribution.
- Interviews may be conducted with finalists.

3. Miscellaneous

A. 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 WCTF program. Upon submission, all applications become the property of Commonwealth Corporation.

B. Appeals.

Appeals of the funding decision must be filed with:

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

Applications for appeals must be filed within fourteen days of the date of Commonwealth Corporation's notice to unsuccessful applicants. Commonwealth Corporation's President has final authority on any disputed claims.

C. Subcontracting, Staff Substitutions

No part of the work resulting from any agreement with Commonwealth Corporation covered by the terms of this Application may be subcontracted unless 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 contractor with regard to all contractual matters.

D. Contracting and Payment Schedules

Contracts will be negotiated with the applicant(s) recommended for funding. Contracts will include a Statement of Work with deliverables, a budget, budget narrative, project work plan, Memorandum of Agreement (if applicable), and Terms and Conditions.

Part E. Attachments: Required Submission Forms for Applicants

- Attachment 1: Application Cover Form
 - Attachment 2: Application Narrative Form
 - Attachment 3: Budget and Match Form
 - Attachment 3a: Budget Narrative Form
 - Attachment 3b: Match Narrative Form
 - Attachment 4: Project Work Plan
 - Attachment 5: Program Spending Plan
 - Attachment 6: Standard Disclosure Affidavit
 - Attachment 7: MOA * Memorandum of Agreement
 - Attachment: Union letter of support * (sample letter has not been provided)
- * If applicable

Attachment 1

APPLICATION COVER 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. 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 eight (8) pages, with a font no smaller than 11 points, spaced at 1.5 or higher, to complete the Application Narrative 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

APPLICATION NARRATIVE FORM

The objective of this Older Worker Retention Strategies grant is to support organizations in developing strategies and solutions to address retention of a targeted group of employed older workers.

1. What are your specific areas of concern that this grant is designed to address?
Examples might include but are not limited to: general or specific staffing challenges, staff turnover, staff retirement, knowledge drain, succession planning.
2. Briefly describe your business or organization, including any factors relevant to your older worker retention activities. This includes the number of employees or members, products or services, and other information as needed to give reviewers a general sense of your business or the focus of your organization. If you (the Applicant) are not the organization that employs the targeted workforce please list the business (es) that will be participating in this process.
3. Describe the target population for this Older Worker Retention Strategies Grant. Please include in this description the following information on the targeted workforce:
 - a. Occupation/Occupations
 - b. Number of targeted workers in these occupation/s who are age 50 or older at time of application.
 - c. Percent of targeted workers in these occupation/s who are age 50 or older at time of application.**Businesses may target for the purposes of this Application, any or all of their older workers.**
4. What do you know about your targeted older workers' plans for retirement and how do you know this information?
5. Describe any retention strategies that are currently being implemented within your organization/business for the purpose of retaining your targeted population of workers.
6. How are you planning to engage the targeted older workforce in the process of developing a plan to retain them?
7. How are you planning to engage the managers of the targeted older workers in the process of developing your plan to retain their staff?
8. Provide information on the organizations that will be participating in grant activities.
 - a. List all of the organizations/businesses, including the number of employees or members, products or services, and other information as needed to give reviewers a general sense of their businesses or the focus of their organizations.

- b. Describe how these organizations will work together to achieve the grant objectives.
- c. If there is a history of collaboration among the organizations, please provide a brief overview of the history.

9. Project Activities. Please complete a Work Plan (Attachment 4).

10. Project Staffing.

- a. List the key staff who will be working on this project. Include all key staff, not only those who will be paid through the grant funding.
- b. Provide the following information for each key staff member: name, job title, their role in this project, and their employer.

Final Product, Reporting, Knowledge Sharing, and Evaluation

Each grantee, as a condition of receiving grant funds, must develop and provide to Commonwealth Corporation, a written older worker retention plan that describes how the grantee will address its goal of retaining a targeted group of older workers for one or more businesses in the Commonwealth. The plan must be provided no later than one month following the end of the grant period and must include:

- goals,
- strategies,
- measurable objectives
- planned activities, tasks and timelines
- metrics to be used to measure progress toward achieving objectives, and
- projected implementation costs and a resource development strategy.

Grantees will be required to submit two written reports:

1. A mid-project report outlining:

- status of activities in relation to the project work plan,
- what the grantee has learned to date in the process, and
- the technical assistance, if any, that will be needed to move forward.

2. A final report will be due one month after the end of the grant period. This report will outline:

- status of activities in relation to the project work plan,
- issues/problems identified and addressed through the design process,
- internal and external resources utilized to help develop the retention plan,
- what was learned through the research and design process,
- anticipated barriers that must be addressed to successfully implement the retention plan, and
- if no further action will be taken, the reasons.

Each grantee must also commit to participating in sharing the knowledge they gained through the planning process. This may include posting project summaries and plans on the Commonwealth Corporation's web site and participating in presentations at seminars or meetings.

Post Grant Evaluation/Outcomes

Each grantee must also commit to participate in **evaluation** activities for up to one year following the end of the grant period. Post grant evaluation activities will focus on assessing the grantee's progress in implementing their retention plan, identifying implementation challenges, and assessing the impact/effectiveness of the grantee's plan in relation to their objectives.

Attachment 3

Attachment 3

BUDGET FORM

Complete the attached budget form. Budgets should be completed for the period beginning with the expected project start date (-----), and ending no later than -----. Check to be sure that all figures are correct.

Provide a line item narrative detailing the requested funds, as reflected in the budget. (Use Attachment 3a to do this)

Name of organization:

Date:

Description	Budget Request
Salary & Fringe:	\$ -
Other Costs	\$ -
Contract Services	\$ -
TOTAL BUDGET AMOUNT	\$ -

Description	Match @30%
Staff Salary	
Space	
Other	
Total Match Contribution	\$0.00

Older Worker Grant

Attachment 3a

BUDGET NARRATIVE FORM		
Name of Organization:		
Date:		
Category	Amount	Description of use of funds
Salary & Fringe		
Payroll: Internal Staff	\$ -	
Fringe: Internal Staff	\$ -	
Other Costs		
Travel	\$ -	
Postage	\$ -	
Publication/Print/Copying	\$ -	
Meeting Refreshments	\$ -	
Office Supplies	\$ -	
Marketing	\$ -	
Meeting Space	\$ -	
Other	\$ -	
Contracted Services		
Planning Consultants	\$ -	
	\$ -	
Total Budget Amount	\$ -	

Attachment 3b

MATCH NARRATIVE FORM

Name of Organization:

Date:

Category	Amount	Description of use of funds
<i>Salary & Fringe</i>		
Payroll: Internal Staff	\$ -	
Fringe: Internal Staff	\$ -	
<i>Other Costs</i>		
Travel	\$ -	
Postage	\$ -	
Publication/Print/Copying	\$ -	
Meeting Refreshments	\$ -	
Office Supplies	\$ -	
Marketing	\$ -	
Meeting Space	\$ -	
Other Costs	\$ -	
Total Budget Amount	\$ -	

Attachment 4

PROJECT WORK PLAN

Name of Grantee:

Date:

Please list each planning activity, who will be involved and who is responsible for that activity's completion. If necessary, insert rows into the chart to capture all of the activities you will be undertaking. Multiple activities can occur simultaneously, if desirable.

Planning Activity	Name/Title of those participating in this task	Start & End Dates (i.e.: 10/08– 1/09)	Who is the "lead" (responsible for completion)	Other comments or information

Attachment 5

PROGRAM SPENDING PLAN

A timeline by quarter of expected expenses. The information on this form should correspond to information on your Project Narrative and Budget.

Quarter Ending	Projected Expenses	Total
After first quarter		
After second quarter		
After third quarter		
After fourth quarter		
Project Total		

Attachment 6

STANDARD DISCLOSURE AFFIDAVIT

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

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

- | | |
|----------------------------------|---------------------------------------|
| _____ Corporation (Domestic) | _____ Limited Liability Company (LLC) |
| _____ Corporation (Foreign) | _____ Partnership |
| _____ Professional Corporation | _____ Limited Partnership |
| _____ Not-For-Profit Corporation | _____ 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.

<u>Name of Agent</u>	<u>Title</u>
_____	_____
_____	_____

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 Comm Corp)

<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 7

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 address the workforce development needs of 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 businesses/ organizations participating in your Partnership; remember 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

Each partner's representative must sign and date the MOA. All signatories must have contractual authority for their organization or business.

(name)

(date)