### Step 1.

### ← → C ③ web.detma.org/WTF/Express/ep1.asp

Please fill out the following questionnaire to determine your company's eligibility to apply for the Express Program.

The company must be in good standing<sup>1</sup> with the Massachusetts Department of Revenue. If the application is approved, you must provide a valid Massachusetts Department of Revenue Certificate of Good Standing with the contract packet. It is highly recommended that you request the Certificate of Good Standing now, making it available upon application approval. For the purposes of the Workforce Training Fund Program, the Certificate of Good Standing is only valid for 6 months. Sample of certificate

### Eligibility Questionnaire

Does the company have 100 or fewer employees? OR Is the company a labor organization?	O Ye	es 🤇	No
Is the company a non-governmental entity?	O Ye	es 🤇	No
Is the maximum amount of grant being requested \$30,000 or less?	O Ye	es 🤇	No
Is the cost per trainee paid with grant funds \$3,000 or less?	O Ye	es 🤇	No
Will the company pay for at least half of the total cost of training?	O Ye	as 🤇	No
Are all trainees employed in Massachusetts?	O Ye	es 🤇	No
Does the company pay into the Workforce Training Fund?	O Ye	as 🤇	No
Is the company current with unemployment insurance benefits?	O Ye	es 🤇	No
Will training start within 6 months of grant award?	O Ye	es 🤇	No
Will individual training components last for 12 months or less?	O Ye	es 🤇	No
Training has not commenced yet and will not for at least six weeks from today's date.	O Ye	es 🤇	No
Is training job related?	O Ye	əs 🤅	No

Cancel Submit

### Footnotes:

<sup>1</sup> Up-to-date with all business taxes for which the company is subject.

For assistance, you may contact the Workforce Training Fund Info. Line at 617-717-6943. Privacy Policy | Home | Mass.gov | CommCorp Answer each question; then hit submit.

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# Step 2.

← → C 🗎 Secure   https://web.detma.org/WTF/Express/ep2.asp	☆ :	
Massachusetts Department of Development Massachusetts Department of Workforce Development		
Applications       Training Provider Directory       Information       Questions       Contact Us		
he Federal Employer Identification Number (FEIN) you entered is not currently in our database. If you are sure you have entered the correct FEIN for your organization, please press the submit utton again. If you have not correctly entered your organization's FEIN, please enter the correct FEIN and press submit.		
lease type in your organization's Federal Employer ID Number to check if your organization already exists in our database. If so, your company information will automatically be populated on the population.		
Federal Employer ID Number : 39 - 4532948		
Re-enter Federal Employer ID Number : 39 - 4532948		
Cancel Submit		
lease note that approval of your application may be delayed if your company has more than one FEIN number. To avoid any delays, we suggest that you verify that the FEIN number and corresponding company name that the Unemployment Insurance Division has on file is correct before you apply for this program.		
or assistance, you may contact the Workforce Training Fund Info. Line at 617-717-6943. Privacy Policy   Home   Mass.gov   CommCorp		
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Enter your Federal Employer ID Number; then hit submit. Step 3.

### Enter in the DUA #

← → C	org/WTF/Express/ep3.asp?sid=935BBCCC692C436	CAC7FA4418#ctablecalculate	☆ :	
Company Information				
Federal Employer ID Number:	39-4532948			
DUA Identification Number:*	0000000			
YTD Express Program Amount Awarded to Applicant:	\$0.00			
Applicant has Received Funding from WTF in the Past:	No			
Type of Applicant :*	Employer •			
	Profit •			
	Privately-held			
Applicant Organization Legal Name :*	Commonwealth Corporation	Spell out in full. Use only "Co., Inc., & L.L.P." as abbreviations.		
Doing Business As :	CommCorp	Enter if different from Legal Name.		Entar in the business'
Street Address 1 :*	42 Wallaby Lane			Enter in the business
Street Address 2 :				address
City :*	Boston			audress.
State :	Massachusetts - MA			
Zip/Postal Code :*	00000 -			
Phone Number :*	617 - 727 8158			
Fax Number :				
Web Address :	http://workforcetrainingfund.org/apply/exp	Use format http://www.domain.com		
Contact Information				Entar in the contact
Title :*	Ms.			Enter in the contact
First Name :*	Jane			information of the
M.I. :				information of the
Last Name :*	Doe			person who will be the
Business Title :*	Program Coordiantor			person who will be the
Phone Number :*	617 - 727 8158 Ext. 6903			main point of contact
Fax Number :				
Email Address :	express@commcorp.org			for the Express Grant.
			-	· ·
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Ste	ep 4.					Ch fro	oose th m the d	ne type drop de	e of in own l	dust ist.	ry	
← → C I Proposal Summar	Secure https://web.detma.org/WTF/Ex y Type of Industry:* [Public Total no. of MA employees to be trained: Managerial & Administrative.** [ Professional & Technical.** [ Sales & Marketing:** [ Clerical & Admin. Support.** [ Production/Construction.** [ F assigned ID number of the course you wish to to to the following course table automatically. To define to the following course table automatically. To define Sales & Marketing:** [ Production/Construction.** [ Total course table automatically. To define Sales & Marketing:** [ Production/Construction.** [	press/ep3.asp?sid=9358BCCC692C436883C1C2DCAC7FA44 Administration ke, please enter it in the Course ID field. Otherwise, you may search the tet a course, check the Delete box and click the Submit button.	184#ctablecalcula	nvolved in mo cludes top and his includes of database for o	ore than one, p d mid-level ma ffice managers eligible course	please select one anagers. and supervisors and providers b	that would be consid overseeing clerical y selecting the Search	dered the primary in work. h button below Cou	Q Idustry.	<u>☆</u> :^		Enter in the number of employees who will be trained based on their roles in the company.
WTF Course ID 1112620	Course Provider Massachusetts Bankers Association	Search Course Title Women in Banking Professional Development Program	Cost Per Course (\$) \$250.00	Flat Rate Course**       No	No. of Trainees           1	Total Cost of Training (\$) \$250.00	Employer Cash Match (\$)° 125	Grant Funds Requested (\$) \$125.00	Delete Course			Insert the course ID #s of the courses you wish to take part in. Next put in the number of employees that will be trained in this course. Then put in half or less of the cost of the course.
ToTAL Note: Do not use of **The cost of a fla I have verified to I have verified to	commas or dollar signs when entering currency t rate course is based on a flat fee, regardless the above information with the training provider to (D) = É	values. Please enter numbers only.         of the number of employees attending the course.         ensure that the information for the courses that I selected is current         Image: I	and accurate. *	Clie	ck the Calculat	\$250.00	\$125.00 late your totals in the	\$125.00 Course Table.	alculate	8:54 AM 4/13/2017		Hit calculate, and the information should populate itself.

Step 5.

Put in the proposed start date of the training. Please note that this is not a guaranteed start date.

← → C	/WTF/Express/ep3.asp?sid=9358P	436883C1C2DCAC7FA441&#ctablecalculate</th><th>९ ☆ :</th><th></th></tr><tr><td>When will the first employee to be trained begin training?* When will the last employee to be trained finish training?*</td><td>Sep V 1 V 2017 Sep V 2 V 2017</td><th>Cannot start less than six weeks or more than six months from submission date.</th><td>^</td><td></td></tr><tr><td>Please briefly describe how you expect the training will be (Maximum 250 characters~50 words)</td><td>beneficial to your organization: *</td><th></th><td></td><td></td></tr><tr><td>Please list the names of the employees to be trained and h (Maximum 250 characters~50 words)</td><td>ow this training will benefit them: *</td><th></th><td></td><td></td></tr><tr><td>Applicant Background Information</td><td>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</td><th></th><td></td><td>Fill in this information.</td></tr><tr><td>Describe the nature of the organization's business, includii (Maximum 250 characters~50 words)</td><td>ng the type of products and services provide</td><th>E *</th><td></td><td></td></tr><tr><td>Number of current employees (required if applicant is an em</td><td>ployer):</td><th></th><td></td><td></td></tr><tr><td>Parent Company:</td><td></td><th>Must be 100 or less.</th><td></td><td></td></tr><tr><td>Massachusetts:</td><td></td><th></th><td></td><td>Fill in this information.</td></tr><tr><td>How many years has the organization been in business (required if applicant is an employer)?</td><td></td><th>Enter zero (0) if company has been in business for less than one year.</th><td></td><td></td></tr><tr><td>Please provide revenue information for the applicant comp an employer):</td><td>any for the following periods. This information</td><th>n is shielded from public inquiry by law and will be used for informational purposes only. It will not affect funding decisions (required if applicant i</th><td>is</td><td></td></tr><tr><td>2014</td><td>\$1 Million - \$2 Million ▼</td><th></th><td></td><td></td></tr><tr><td>2015 2016</td><td>\$1 Million - \$2 Million ▼ \$1 Million - \$2 Million ▼</td><th></th><td></td><td>Fill in this information.</td></tr><tr><td>Will this training be provided to unionized employees? * ( If yes, has the union been involved in the decision to provi</td><td>) Yes ● No de this training? ○ Yes ○ No</td><th></th><td></td><td>,</td></tr><tr><td>If yes, please provide the name and title of the union official Name of Union Official</td><td>l.</td><th></th><td></td><td></td></tr><tr><td>Tit</td><td>e</td><th></th><td></td><td>Till in this information if any linchia</td></tr><tr><td>Organizatio</td><td>n</td><th></th><td></td><td>Fill in this information if applicable</td></tr><tr><td>Telephone Numb</td><td>er –</td><th></th><td></td><td>to your grapt</td></tr><tr><td>Did the company receive assistance from any of the follow</td><td>ng organizations in developing this grant ap</td><th>plication? *</th><td>-</td><td>to your grant.</td></tr><tr><td>📲 O 💷 📄 🚔 🤤 🍕</td><td>) 🧿 🖬 🖬 📴</td><th></th><td>8:55 AM 4/13/2017</td><td></td></tr></tbody></table>		



$\angle \rightarrow \bigcirc$ Secure https://web.detma.org/WTE/Express/ap3.scp2cid=03586			
C Secure   https://web.detma.org/wrr/cxpress/eps.asprsid=55586	CCC052C450005CTC2DCAC/FA441&#ctablecalculate</th><th>× ۲</th><th></th></tr><tr><th>Massachusetts:</th><th></th><th>A</th><th></th></tr><tr><th>Applicant Locality:</th><th></th><th></th><th></th></tr><tr><th>How many years has the organization been in business (required if applicant is an employer)?</th><th>Enter zero (0) if company has been in business for less the</th><th>han one year.</th><th></th></tr><tr><td>Please provide revenue information for the applicant company for the following periods. This info an employer):</td><td>rmation is shielded from public inquiry by law and will be used for informational purposes only. It will not affect fun</td><td>nding decisions (required if applicant is</td><td></td></tr><tr><td>2014 \$1 Million - \$2 Million ▼</td><td></td><td></td><td></td></tr><tr><td>2015 \$1 Million - \$2 Million V</td><td></td><td></td><td></td></tr><tr><td>2016 \$1 Million - \$2 Million ▼</td><td></td><td></td><td></td></tr><tr><td>Will this training be provided to unionized employees? *  <ul>  <li>Yes</li>  <li>No</li> </ul> </ul></td><td></td><td></td><td></td></tr><tr><td>If yes, has the union been involved in the decision to provide this training? 💿 Yes 💿 No</td><td></td><td></td><td></td></tr><tr><td>If yes, please provide the name and title of the union official.</td><td></td><td></td><td></td></tr><tr><td>Name of Union Official</td><td></td><td></td><td></td></tr><tr><td>Title</td><td></td><td></td><td></td></tr><tr><td>Organization</td><td></td><td></td><td></td></tr><tr><td>Telephone Number</td><td></td><td></td><td></td></tr><tr><td>Did the company receive assistance from any of the following organizations in developing this or</td><td>ant application? *</td><td></td><td></td></tr><tr><td>Workforce Investment Board</td><td></td><td></td><td>Lick any that apply</td></tr><tr><td>MA Office of Business Development</td><td></td><td></td><td></td></tr><tr><td>Division of Employment and Training</td><td>1</td><td></td><td>the husiness</td></tr><tr><td>Commonwealth Corp. (formerly Corr.)</td><td>). for Business, Work and Learning)</td><td></td><td>the business.</td></tr><tr><td>Other:</td><td></td><td></td><td></td></tr><tr><td>None None</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>How much time did it take to complete this application? *</td><td></td><td></td><td>Tick which option</td></tr><tr><td>U Less Than 30 Minutes</td><td></td><td></td><td></td></tr><tr><td>1/2 Hour To 1 Hour</td><td></td><td></td><td></td></tr><tr><td>0 1 To 2 Hours</td><td></td><td></td><td>applied to you.</td></tr><tr><td>2 To 4 Hours</td><td></td><td></td><td>applica to your</td></tr><tr><td>More Than 4 Hours</td><td></td><td></td><td></td></tr><tr><td>By clicking the Submit but</td><td>on, you will be able to preview your completed application prior to final submission.</td><td></td><td></td></tr><tr><td></td><td>Submit Cancel</td><td></td><td>Hit Submit</td></tr><tr><td>* Required fields to complete the application.</td><td></td><td></td><td></td></tr><tr><td>For assistance, you may contact the Workforce Training Fund Info. Line at 617-717-6943. Privacy Policy   Home   Mass.gov   CommCorp</td><td></td><td></td><td></td></tr><tr><td>= O 🗆 🚍 🖨 ڪ 🥥 💷 🗷 😰</td><td></td><td>8:56 AM 4/13/2017</td><td></td></tr></tbody></table>		

## Step 7.

Request your Certificate of Good Standing (COGS) from MassTaxConnect (<u>https://mtc.dor.state.ma.us/mtc/\_/</u>).

Do not request any documents from the Secretary of the Commonwealth's site.

This Certificate can take several weeks to be made available to you so please request this at least two months before the proposed start date.