

# Step 1.

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?  Yes  No

Is the company a non-governmental entity?  Yes  No

Is the maximum amount of grant being requested \$30,000 or less?  Yes  No

Is the cost per trainee paid with grant funds \$3,000 or less?  Yes  No

Will the company pay for at least half of the total cost of training?  Yes  No

Are all trainees employed in Massachusetts?  Yes  No

Does the company pay into the Workforce Training Fund?  Yes  No

Is the company current with unemployment insurance benefits?  Yes  No

Will training start within 6 months of grant award?  Yes  No

Will individual training components last for 12 months or less?  Yes  No

Training has not commenced yet and will not for at least six weeks from today's date.  Yes  No

Is training job related?  Yes  No

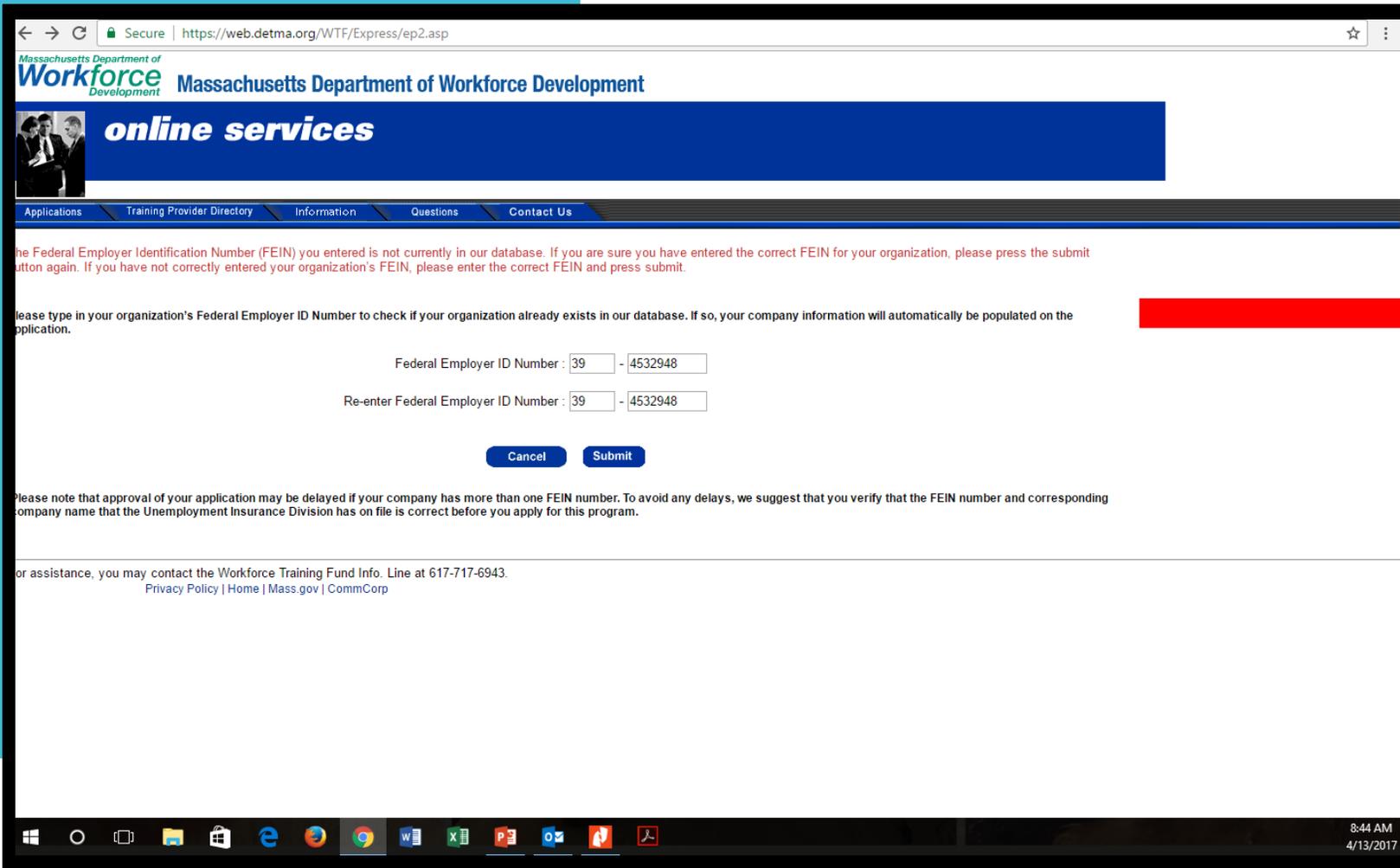
Footnotes:  
<sup>1</sup> Up-to-date with all business taxes for which the company is subject.

For assistance, you may contact the Workforce Training Fund Info. Line at 617-717-6943.  
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Answer each question; then hit submit.

# Step 2.



Secure | https://web.detma.org/WTF/Express/ep2.asp

Massachusetts Department of Workforce Development  
**online services**

Applications Training Provider Directory Information Questions Contact Us

The 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 button again. If you have not correctly entered your organization's FEIN, please enter the correct FEIN and press submit.

Please 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 application.

Federal Employer ID Number :  -

Re-enter Federal Employer ID Number :  -

Please 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.

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8:44 AM  
4/13/2017

Enter your Federal Employer ID Number; then hit submit.

# Step 3.

Enter in the DUA #

The screenshot shows a web browser window with a form titled "Company Information" and "Contact Information". The form is for a company named "Commonwealth Corporation" located at "42 Wallaby Lane, Boston, Massachusetts". The form includes fields for Federal Employer ID Number, DUA Identification Number, YTD Express Program Amount, Applicant type, and contact details for a person named Jane Doe. Red arrows point to the DUA Identification Number field, the Street Address 1 field, and the Business Title field.

Company Information	
Federal Employer ID Number:	39-4532948
DUA Identification Number:*	00000000
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
Doing Business As :	CommCorp
Street Address 1 :*	42 Wallaby Lane
Street Address 2 :	
City :*	Boston
State :	Massachusetts - MA
Zip/Postal Code :*	00000 -
Phone Number :*	617 - 727 8158
Fax Number :	
Web Address :	http://workforcetrainingfund.org/apply/exp
Contact Information	
Title :*	Ms.
First Name :*	Jane
M.I. :	
Last Name :*	Doe
Business Title :*	Program Coordinantor
Phone Number :*	617 - 727 8158 Ext. 6903
Fax Number :	
Email Address :	express@commcorp.org

Enter in the business's address.

Enter in the contact information of the person who will be the main point of contact for the Express Grant.



# Step 5.

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

The screenshot shows a web browser window with a URL starting with 'https://web.detma.org/WTF/Express/ep3.asp?sid=9358...'. The form contains several sections:

- When will the first employee to be trained begin training?\*** (Dropdown: Sep, 1, 2017)
- When will the last employee to be trained finish training?\*** (Dropdown: Sep, 2, 2017)
- Please briefly describe how you expect the training will be beneficial to your organization:\*** (Text area)
- Please list the names of the employees to be trained and how this training will benefit them:\*** (Text area)
- Applicant Background Information** (Section header)
- Describe the nature of the organization's business, including the type of products and services provided:\*** (Text area)
- Number of current employees (required if applicant is an employer):**
  - Parent Company: [Text area]
  - Massachusetts: [Text area]
  - Applicant Locality: [Text area]
  - How many years has the organization been in business (required if applicant is an employer)? [Text area]
- Please provide revenue information for the applicant company for the following periods. This information is shielded from public inquiry by law and will be used for informational purposes only. It will not affect funding decisions (required if applicant is an employer):**
  - 2014: [\$1 Million - \$2 Million]
  - 2015: [\$1 Million - \$2 Million]
  - 2016: [\$1 Million - \$2 Million]
- Will this training be provided to unionized employees?\*** (Radio buttons: Yes, No)
- If yes, has the union been involved in the decision to provide this training?\*** (Radio buttons: Yes, No)
- If yes, please provide the name and title of the union official.**
  - Name of Union Official: [Text area]
  - Title: [Text area]
  - Organization: [Text area]
  - Telephone Number: [Text area]
- Did the company receive assistance from any of the following organizations in developing this grant application?\***

At the bottom right of the browser window, the time is 8:55 AM and the date is 4/13/2017.

Fill in this information.

Fill in this information.

Fill in this information.

Fill in this information if applicable to your grant.

# Step 6.

Parent Company:

Massachusetts:

Applicant Locality:

How many years has the organization been in business (required if applicant is an employer)?  Enter zero (0) if company has been in business for less than one year.

Please provide revenue information for the applicant company for the following periods. This information is shielded from public inquiry by law and will be used for informational purposes only. It will not affect funding decisions (required if applicant is an employer):

2014

2015

2016

Will this training be provided to unionized employees? \*  Yes  No

If yes, has the union been involved in the decision to provide this training?  Yes  No

If yes, please provide the name and title of the union official.

Name of Union Official

Title

Organization

Telephone Number  -

Did the company receive assistance from any of the following organizations in developing this grant application? \*

- Workforce Investment Board
- MA Office of Business Development
- Division of Employment and Training
- Commonwealth Corp. (formerly Corp. for Business, Work and Learning)
- Other:
- None

How much time did it take to complete this application? \*

- Less Than 30 Minutes
- 1/2 Hour To 1 Hour
- 1 To 2 Hours
- 2 To 4 Hours
- More Than 4 Hours

By clicking the Submit button, you will be able to preview your completed application prior to final submission.

\* Required fields to complete the application.

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Tick any that apply to the business.

Tick which option applied to you.

Hit Submit.

## Step 7.

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

*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.