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| Project Overview | | |
| **Community College** |  | |
| **Amount Requested** |  | |
| **Objective Selected** |  | |
| **Contact Information** | | |
| **Primary Point of Contact** - Name |  | |
| Email |  | |
| Phone |  | |
| **Secondary Contact** - Name |  | |
| Email |  | |
| Phone |  | |
| **Accountability Metrics** | | |
| Colleges should propose ambitious, yet attainable goals for each outcome. Only metrics for the applicant’s selected objective should be completed. These metrics will be taken into account during the merit review process. If awarded, the ICCB will have the opportunity to negotiate accountability metrics. Definitions of each metric are detailed in the NOFO. | | |
| **Objective A: Capacity-Building** | | |
| **A1.** Number of students to be engaged in this grant project. | |  |
| **A2.** Number of programs that will undergo development, review, or revision. | |  |
| **A3**. Number of employers engaged. | |  |
| **A4**. Number of education partners (high schools, four-year institutions) engaged in pathway development and alignment. | |  |
| **Objective B: Development and Expansion** | | |
| **B1.** Number of students to be engaged in this grant project. | |  |
| **B2.** Number of students to be enrolled in priority and related programs. | |  |
| **B2a.** Number of dual credit students to be enrolled in priority and related programs. | |  |
| **B3.** Number of completers. | |  |
| **B3a.** Percentage of completers who will be employed or be retained in postsecondary education two quarters after completion. | |  |
| **B4.** Number of programs to be developed. | |  |
| **B5.** Number of programs to be revised or expanded. | |  |
| **B6.** Number of employers engaged. | |  |
| **B7.** Number of education partners (high schools, four-year institutions) engaged in pathway development and alignment. | |  |

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| **Program Offerings Chart**  *From the priority and eligible programs identified Section D of the NOFO, identify which programs will be developed, supported, expanded, or revised. Note that any programs proposed to be supported that are not already ICCB approved would need to go through the regular program approval process at the ICCB. Please correctly input as much information as possible. Leave blank or use “N/A” as appropriate.* | | | | | | | | | | |
| **District Number** | **College Number** | **Program Title** | **Prefix** | **Number** | **PCS** | **CIP (6 digit)** | **Related SOC** | **Degree Code** | **Culminating Credential(s)** | **Will this program be developed, revised, expanded, or supported through this grant?** |
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*\*add more rows as necessar*y