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| Project Overview | | |
| **Community College** |  | |
| **Amount Requested** | (maximum $100,000) | |
| **Contact Information** | | |
| **Primary Point of Contact** - Name |  | |
| Email |  | |
| Phone |  | |
| **Secondary Contact** - Name |  | |
| Email |  | |
| Phone |  | |
| **Project Summary**  Please enter a brief project summary of no more than 450-500 words. | | |
|  | | |
| **Proposed Grant Outcomes**  Please complete the following table. Colleges should propose ambitious, yet attainable goals for each outcome. | | |
| **Participant-Level Outcomes** | | |
| 1. Number of Noncredit Students to Be Trained | |  |
| 2. Percentage of noncredit student completers employed two quarters after completion (*for many, we are* *establishing a baseline)* | |  |
| **Programmatic Outcomes** | | |
| 3. Number of employers served | |  |
| 4. Number of noncredit training programs offered | |  |
| 5. Number of new services/programs provided to employers | | Baseline:  Proposed Outcome: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Offerings Chart**  *Please identify which noncredit training programs will be developed, supported, or expanded through this grant initiative. Leave blank or use “N/A” as appropriate. Add more rows as necessary.* | | | | | | | |
| **District Number** | **College Number** | **Program Title** | **Does this program include an approved PCS 1.6 Vocational Skills course?**  **Yes or No** | **What CIP (6 digit) is this program most closely aligned to?** | **Related SOC** | **Culminating Credential(s)** | **Will this program be developed, revised, expanded, or supported through this grant?** |
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