



WEST VIRGINIA COUNCIL FOR COMMUNITY AND TECHNICAL COLLEGE EDUCATION
Robert L. Brown, Chair · Sarah Armstrong Tucker, Chancellor

TO: Community and Technical College Advisory Committee (CTCAC)
CTC Academic Deans and Workforce Personnel

FROM: Sarah Tucker

DATE: July 5, 2017

SUBJECT: **FY 2018 WV Advance Grant Request for Proposals**

Attached is the FY 2018 Request for Proposals for the West Virginia Advance Grant. Proposals are currently being accepted and will continue to be reviewed until funds are exhausted. Proposals are reviewed on a rolling basis to ensure a quick review and response.

When submitting proposals, please make certain that the entire grant proposal (inclusive of the proposal, budget forms, support letters, etc.) are sent in one (1) electronic PDF file and that the file is read-only and non-modifiable.

The electronic proposal submission, questions, or for additional information requests should be directed to:

Renee Harvey, Grants Administrator
681-313-2219
harvey@wvctcs.org



Request for Proposals

WEST VIRGINIA ADVANCE GRANT “Rapid Response Workforce Development”

FY 2018

Submit Electronically to:

Renee Harvey, Grants Administrator

harvey@wvctcs.org

**WV Council for Community and Technical College Education
1018 Kanawha Boulevard, East – Suite 700 – Charleston, WV 25301**

Phone: 616-313-2219

WEST VIRGINIA ADVANCE

Project Funding Request for FY 2018

General Information

Institution:	
Contact Person:	
Phone:	
E-mail:	
Project Name:	
Credential:	
Amount Requested:	\$
Number of Participants:	
Number of Companies Supporting Program:	

Project Category (Check applicable category)

- _____ Pre-employment Program *(provide proof of 50% job placement)*
- _____ Pre-preparation Program *(provide proof of high-demand occupation)*
- _____ Skills Upgrade *(provide statement of need)*
- _____ New & Expanding Company *(provide documentation of need)*
- _____ Job Retention *(provide documentation of need)*
- _____ Company Closing *(provide proof of closing)*

Project involvement, goals & activities

Companies Involved:

_____	_____
_____	_____

Project GOALS:

Time Frame:

Project ACTIVITIES:

Time Frame:

Project characteristics

Number of Participants: _____ Cost per Participant: \$ _____

Matching Funds: \$ _____ or _____ Unavailable

Origin of Matching Funds: (if available)

Project description

Program Abstract

Complete a brief summary of no more than two pages with the following information:

- A. Overview of the program describing the workforce need and how the project and funding requests will address the stated needs.

- B. Objectives

- C. Participant Enrollment per Year

D. Average Wage of Completers

E. Benefits Available: Health Insurance & Retirement

F. Delivery Mode

G. Employer Sector Served

H. Marketing Plan to improve enrollment in grant funded programs.

Signature of Approval

President

Date

Note: When submitting required electronic copies, please ensure that the entire grant proposal (inclusive of proposal, budget forms, support letters, etc.) are sent in one (1) electronic PDF file and that the file is read-only and non-modifiable.

Chancellor's Office Use Only

ACTION

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Denied

Chancellor

Date