Electronically send completed grant application to [grants@wtcsystem.edu](mailto:grants@wtcsystem.edu)

**FUNDING SOURCE: WISCONSIN TECHNICAL COLLEGES SYSTEM (WTCS)**

**STATE LEADERSHIP**

1. **PROJECT NUMBER: XX-XXX-XXX-XXX**

(Applicant ID) (Activity) (Appropriation) (Purpose)

1. **PROJECT TITLE:** Click to enter text.
2. **GRANT START DATE:** July 1, 2019
3. **REVISION:** Select Yes or No
4. **WTCS GRANT MANAGER(S):** Karen Showers, Colleen Larsen
5. **INSTITUTION NAME:** Click to enter text.
6. **INSTITUITON ADDRESS:**  Click to enter text.
7. **GRANT CONTACT:** Click to enter text. **PHONE:** Click to enter text. **EMAIL:** Click to enter text.
8. **STUDENT SUCCESS CENTER LIAISON:** (if different from above) Click to enter text. **EMAIL:** Click to enter text.
9. **Complete applicable fields:**

|  |  |  |
| --- | --- | --- |
|  | **Wisconsin Technical College System (WTCS)** | |
|  | **STATE ADMINISTERED FUNDS REQUESTED** | **TOTAL PROJECT AMOUNT** |
|  | **$** | **$** |

I certify the information contained in the application complies with state and federal regulations and Wisconsin Technical College System (WTCS) guidelines.

**Applicant President/Designee Signature Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **WTCS OFFICE USE ONLY** |

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|  | **Approved** |  | **Approved with Revisions** |  | **Disapproved** |

**Grant Manager Signature Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Associate Vice President Signature Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recommended Grant Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VICE PRESIDENTS: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**Application Components:** Abstract (11); Statement of Need (12); and Pathway Domain(s), Priority, Activity Statement and Evaluation (13).

1. **Abstract (300 words or less)**
   * The purpose of the project.
   * The most significant objectives addressed in the grant.
   * A brief summary of the KEY activities of the grant.
2. **Statement of Need (1500 words or less)**
   * Define the issue(s) at the local service area and the audience you plan to serve by responding to the following questions.
     1. If this proposal is a continuation of a previous project related to the Student Success Center, please describe your progress to date and your future plans. If this is a new project, provide the relevant evidence/data that supports the priority.
     2. How will activities proposed in this grant further support your goals to increase equity and inclusion through Guided and Career Pathways?
     3. As a part of this grant, colleges will be required to complete the Community College Research Center (CCRC) Scale of Adoption Assessment between January and April 2020. The Scale of Adoption Assessment has been updated to reflect an equity lens. Describe your planned methods to complete the Scale of Adoption Assessment, and who will participate in the process. (Grant funds may support convening related expenses including hospitality, facilitation and travel related expenses.) One of your activities should be to complete the Scale of Adoption Assessment and consult with the WTCS Student Success Center regarding your analysis.
     4. If you will be proposing an activity to provide for professional development for staff, identify how it will support your student success related goals. (Travel related expenses are limited to 50% of the total project budget.)
3. **Pathway Domain(s), Priority, Activity Statement and Evaluation:**
   * Please complete the charts below. You may add additional chart(s) as needed. Make sure to identify the Pathway Domain(s), the Priority and Activity Statement. See the examples provided.

***Example***

**Pathway Domain(s):** Keeping students on the path

**Priority:** Advisors monitor which program every student is in and how far along the student is toward completing the program requirements.

|  |  |
| --- | --- |
| **Activity Statement** | Develop a process in which every student meets with an advisor. |
| **Plan of Action** | Convene a workgroup comprised of student services and instructional staff to identify students currently not meeting with advising staff.  Explore existing advising processes currently utilized by peer colleges.  Participate in relevant professional learning.  Convening related expenses will be needed. |
| **Start / End Date** | Workgroup to meet and explore existing processes December-February, attend related professional development in January and connect with peer colleges throughout the year. |
| **Activity Evaluation/Data Collection Method(s) & Position(s) Responsible** | Share workgroup meeting notes.  Summarize peer college advising processes and provide analysis for adoption.  Share learnings from professional development with the college Student Success Team and others as appropriate.  Position Responsible: WTCS Student Success Center Liaison & Advising Supervisor. |

***Example – If the college would like to use funds to support the completion of the Scale of Adoption Assessment***

**Pathway Domain(s):** Mapping pathways to student end goals, helping students chose and ender a pathway, keeping students on the path, and ensuring that students are learning.

**Priority:** Complete the Community College Research Center (CCRC) Scale of Adoption Assessment

|  |  |
| --- | --- |
| **Activity Statement** | Complete the CCRC Scale of Adoption Assessment by April 30, 2020 and schedule a call with the WTCS Student Success Center staff to review and discuss after submission and prior to June 15, 2020. |
| **Plan of Action** | Identify a cross-functional college group to complete the Scale of Adoption Assessment. Plan a process for completing the Assessment. Schedule meeting or meetings as needed. Review with WTCS Student Success Center staff. |
| **Start / End Date** | Submit Completed Scale of Adoption Assessment to [Studentsuccess@wtcsystem.edu](mailto:Studentsuccess@wtcsystem.edu) . Schedule a follow up call with WTCS Student Success Center representatives after submission and prior to June 15, 2020. |
| **Activity Evaluation/Data Collection Method(s) & Position(s) Responsible** | Seek input from a variety of stakeholders across the college. Seek consensus as much as possible. Identify examples to support your self-assessment and summarize as part of the assessment.  Person Responsible: Student Success Center Liaison and internal consultant. Convening related expenses are associated with this activity. |

**Activity A**

**Pathway Domain(s):**

**Priority:**

|  |  |
| --- | --- |
| **Activity Statement** |  |
| **Plan of Action** |  |
| **Start / End Date** |  |
| **Activity Evaluation/Data Collection Method(s) & Position(s) Responsible** |  |

**Activity B**

**Pathway Domain(s):**

**Priority:**

|  |  |
| --- | --- |
| **Activity Statement** |  |
| **Plan of Action** |  |
| **Start / End Date** |  |
| **Activity Evaluation/Data Collection Method(s) & Position(s) Responsible** |  |

1. **Final Reporting**
   * Part A
     1. Submit the Scale of Adoption Assessment after completing or by April 30, 2020 to [Grants@wtcsystem.edu](mailto:Grants@wtcsystem.edu).
     2. Schedule a follow-up call with WTCS Student Success Center Coaches through [Successcenter@wtcsystem.edu](mailto:Successcenter@wtcsystem.edu) after submission to schedule an hour to review and discuss your assessment as well as your continuing plans and/or any new priorities.
     3. Submit the Final SFR-1 by August 14, 2020.
   * Part B: Create a brief report (in word document) and label it “**Student Success Center Leadership Grant 2019-20 Final Report”.** Make sure to include the project number. Please submit the report to[**Grants@wtcsystem.edu**](mailto:Grants@wtcsystem.edu)and copy[**SuccessCenter@wtcsystem.edu**](mailto:SuccessCenter@wtcsystem.edu)by August 14, 2020. Address the following within the report:
     1. Provide a summary of the professional development attended in support of the project, who attended, and how the professional development advanced your project.
     2. Identify any learnings regarding student groups across your college.
     3. Identify any best practices you would like to highlight.
     4. Identify any challenges faced during the project, including strategies to overcome them.
     5. Share relevant examples of collaboration within this work (peer colleges, national organization, WTCS office staff).
2. **BUDGET**

Technical College Name:

Project Number: XX-XXX-XXX-XXX

Project Title:

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Number** | **Description** | **Objectives & Activities Number** | **Amount** |
| 1.0 Administration[[1]](#footnote-1) | **Lines 2.0 thru 8.0 x allowable percentage** |  | $ |
|  |  |  |  |
| 2.0 Salaries/Fringes |  |  | $ |
|  |  |  |  |
| 3.0 Travel[[2]](#footnote-2) |  |  | $ |
|  |  |  |  |
| 4.0 Equipment - Major |  |  | $ |
|  |  |  |  |
| 5.0 Equipment - Minor |  |  | $ |
|  |  |  |  |
| 6.0 - Software |  |  | $ |
|  |  |  |  |
| 7.0 Supplies |  |  | $ |
|  |  |  |  |
| 8.0 Other |  |  | $ |
|  |  |  |  |
| **9.0 Subtotal** | **Total Project Cost** (Lines 1.0 thru 8.0) |  | **$ 20,000** |
|  | **Reimbursement Rate Percent** |  | **100 %** |
|  | **Total Grant Funds Requested[[3]](#footnote-3)** |  | **$ 20,000** |

1. [↑](#footnote-ref-1)
2. **1 Administration costs are limited up to five percent (5%) of the total approved project costs.** [↑](#footnote-ref-2)
3. **2 Travel costs are limited up to fifty percent (50%) of the total approved project costs.**

   **3 Total project cost times reimbursement rate percentage** **equals total grant funds requested**. [↑](#footnote-ref-3)