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

Grant guidelines are located at <https://mywtcs.wtcsystem.edu/grants/general-purpose-revenue-(gpr)/guidelines>

**FUNDING SOURCE: GENERAL PURPOSE GRANTS (STATE)**

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

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

1. **PROJECT TITLE:** Click to enter text.
2. **DOES THE PROGRAM BEING PROPOSED FOR FUNDING REQUIRE ACCREDITATION?** Select Yes or No

**If YES, LIST THE STATUS AND NAME OF ACCREDITATION:** Click to enter text.

1. **GRANT CATEGORY: Select from menu**

**IF OTHER – LIST NAME:** Click to enter text.

1. **DATE:** Click to enter date.
2. **REVISION:** Select Yes or No
3. **WTCS GRANT MANAGER(S)**  Click to enter text.
4. **INSTITUTION NAME:** Click to enter text.
5. **INSTITUTION ADDRESS:** Click to enter text.
6. **GRANT CONTACT NAME:** Click to enter text. **PHONE:** Click to enter text. **EMAIL:** Click to enter text.
7. **PROJECT MANAGER(S):** (if different from above) Click to enter text. **EMAIL:** Click to enter text.
8. **NUMBER TO BE SERVED:**

**CLIENT:** Click to enter number. **NON-CLIENT:** Click to enter number.

1. **Complete applicable fields:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Wisconsin Technical College System (WTCS)** | | |
|  | **STATE ADMINISTERED FUNDS REQUESTED** | **COST SHARING or MATCH** | **TOTAL PROJECT AMOUNT (STATE + COST SHARING or MATCH)** |
| **Year 1** | **$** | **$** | **S** |
| **Year 2** | **$** | **$** | **S** |

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:** |

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

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

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

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

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

Write to **all** the following sections listed below. Reference the grant category for additional instructions on what should be included in the application.

**14) Courses/Workshops** [this section is only applicable to *Professional Growth*, *Developing Markets,* *Core Industry, Apprentice-Related Instruction, and State Completion* grants. Insert course number, course name (credits), and description text below]

**Application Components:** Abstract (15); Statement of Need (16); Goals, Objectives, Activities (17) Overall Monitoring and Evaluation Process (18). The **combined total** of the application components **should not exceed 10 pages**. ***(Please refer to the guidelines for the specific grant to ensure all required elements are included in the application).***

**15) Abstract (200 words or less)**

* The purpose of the project including a brief overview of the expected grant outcomes.
* A brief description of the need (problem).
* A brief summary of the **key** activities of the grant.

**16) Statement of Need (1,500 words or less)**

* Define the issue(s) as it occurs in your local service area and the audience you plan to serve. Use local data (including Client Reporting) whenever available.
* Identify gaps and/or challenges in current services and/or activities that, if not addressed, may contribute to the persistence or scope of the issue(s).
* If this is a continuing grant, include data on effectiveness if funded in a previous year.

**17) Goals, Objectives and Activities**

Please identify numerically one or more of the domains below which connects to each activity. Note that Domain designation does not apply to Apprentice-Related Instruction applications.

1. **MAPPING Pathways to student end goals:** refers to activities aligning workforce needs and future education opportunities to new or existing programs or credentials. Examples of relevant activities include but are not limited to creating new programs, assessing workforce needs, creating program maps, developing new career pathways and enhancing existing pathways including more transfer opportunities.
2. **HELPING STUDENTS Choose and ENTER A PATHWAY:** refers to activities that help students identify their goals, explore pathway options, get support entering their pathway. Examples of activities include but are not limited to support in Adult Basic Education, English Language Learning or Developmental Education, Concurrent enrollment, Credit for Prior Learning or Prior Learning Assessments, and working with K-12 schools and community partners to transition students into the college.

1. **KEEPING STUDENTS ON THE PATH:** refers to efforts to retain students who are already attending the college. Examples include but are not limited to early alert systems, advising, student support, case management, financial literacy, counseling services, and professional development for student support staff.
2. **Ensuring that Students are Learning:** refers to activities relating to any component of student learning and innovative opportunities to engage with state-of-the-art technology and equipment including but not limited to curriculum development, updating technology and equipment, instructional workshops, and faculty professional development opportunities.

**Goal #1** (broad general statement):

**Measurable Objective** (aiming to do)**:**

**Activity A**

|  |  |
| --- | --- |
| **Activity** |  |
| **Positions Funded** |  |
| **Start/End Date** |  |
| **Guided Pathway Domain(s)** |  |

**Note:** Please add the table above as needed based on the number of activities you have for each goal.

**18) Overall Monitoring and Evaluation Process**

*Provide information about how data will be collected and analyzed to monitor overall project effectiveness. The following elements should be addressed in the table below.*

Indicate the following:

* Who (name of program staff and title) will be responsible for reporting client data to the WTCS office? (If applicable).
* Who (name of program staff and title) will direct the data collection for the triannual and final reports?
* Who (name of program staff and title) will provide fiscal accountability and oversight? Include how this will be accomplished.
* Describe how data will be reviewed and the results applied and shared at the local and state level.
* Describe the sustainability plan after conclusion of grant funding.

|  |  |  |
| --- | --- | --- |
| **Compliance Monitoring** | | |
| *Client Reporting – responsible staff and title:* | |  |
| *Triannual/Final Reports – responsible staff and title:* | |  |
| *Fiscal Accountability – responsible staff and title:* | |  |
| *Describe Fiscal Oversight* |  | |
| **Evaluation** | | |
| ***Measurable Objective*** |  | |
| ***Benchmark/Target*** |  | |
| ***Evaluation Method (data collection, monitoring, review, sharing of results)*** |  | |
| ***Responsible staff title*** |  | |
|  | | |
| ***Measurable Objective*** |  | |
| ***Benchmark/Target*** |  | |
| ***Evaluation Method (data collection, monitoring, review, sharing of results)*** |  | |
| ***Responsible staff title*** |  | |

**19) 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 |  |  | $ |
|  |  |  |  |
| 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 through 8.0)** |  | **$** |
|  | **Reimbursement Rate Percent** |  | **%** |
|  | **Total Grant Funds Requested[[2]](#footnote-2)** |  | **$** |
|  |  |  |  |
|  | *Cost Sharing or Match[[3]](#footnote-3)* |  | **$** |

1. Administration costs are limited up to five percent (5%) of the total approved project costs. Note that this does not apply to Apprentice-Related Instruction grants and applicants should refer to the category Guidelines for more information. [↑](#footnote-ref-1)
2. **Total project cost times reimbursement rate percentage** **equals total grant funds requested**. [↑](#footnote-ref-2)
3. **Total project cost** **minus** **total grant funds requested equals** **cost sharing or match**. No cost sharing or match is required for Apprentice-Related Instruction grants. [↑](#footnote-ref-3)