Electronically send completed grant application to grants@wtcsystem.edu

Grant guidelines are located at [https://mywtcs.wtcsystem.edu/grants/general-purpose-revenue-(gpr)/guidelines](https://mywtcs.wtcsystem.edu/grants/general-purpose-revenue-%28gpr%29/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. **GRANT TYPE: Select from menu**
3. **DATE: Click to enter date.**
4. **REVISION: Select Yes or No**
5. **GRANT END DATE: Select from menu**
6. **WTCS GRANT MANAGER(S): Click to enter text.**
7. **INSTITUTION NAME: Click to enter text.**
8. **INSTITUTION ADDRESS: Click to enter text.**
9. **GRANT CONTACT NAME: Click to enter text. PHONE: Click to enter text. EMAIL: Click to enter text.**
10. **PROJECT MANAGER(S):** (if different from above) **Click to enter text. EMAIL:** (if different from above) **Click to enter text.**
11. **NUMBER TO BE SERVED: Unduplicated** Click to enter number.
12. **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:** |

|  |  |  |
| --- | --- | --- |
|[ ]  **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. **Single business** applications are limited to a maximum of 10 pages and **consortium** applications are limited to a maximum of 12 pages**.**

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

* The purpose of the project.
* A brief description of the need (problem).
* A concise description of the number and type of participants.
* A brief summary of the **key** activities of the grant.
* A summary of the key measurable outcomes.

**15) Subcontractor Information & Assurance**

(List subcontracted costs under Budget Line 8, “Other.”)

**Organization Name:**

**Address:**

**Contact Person:**

**Telephone:**

**E-mail Address:**

**Purpose:** <Describe subcontractor responsibilities here>

**Assurance** - Grant funds may be used to subcontract for services only if the district itself does not possess the resources and capacity to provide the services. Provide an explanation of how this condition applies in this case.

**16) Application Narrative** - Describe how the college worked with the business to prepare the application. Include the names and job titles of business representatives involved in planning the grant. Name any employee groups involved. Describe any assessments used to determine worker-training needs.

**17) Statement of Need** (This section covers a description of the business and the business issues that create a need for training.)

**a) Relationship to previous WAT project** - Summarize the participation of the project partners with any previous WAT funded projects.

**b) Business Information Table** - Provide a summary description of the business by filling in the following table (add rows as necessary).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Business Name** | **# of Employees** | **Location (city, village, town)** | **Main products or services** | **\*NAICS Code** | **“X” if non-profit** | **+Year of previous participation** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\* North American Industry Classification System: You may use <http://www.census.gov/epcd/www/naics.html> or <http://www.naics.com/search.htm> for assistance with NAICS codes. First four digits are sufficient.

+ If the business participated in a previous WATG, enter the fiscal year of that project.

**c) Current Business Challenges** - Describe issues facing the business—e.g., development of new products, increase in production capacity, adoption of new equipment or production processes, inefficiencies in current processes, increased competition or workforce characteristics that lead to the need for incumbent worker training.

**d) Additional Business** **Information** - Describe any other features or characteristics of the business that underscore the importance of your proposal. If the business has other facilities in Wisconsin, briefly describe those facilities. Information describing the company’s importance to the local, regional, or state economy, involvement in industry partnerships and career pathway development belongs here.

**e) Target Audience** - Describe the makeup and the number of workers who will be served including their primary job functions. Include the estimated number of employees to be trained by their occupation or function, sex, and/or race. For projects providing different types of training, make clear which employees by occupation or function will receive which types of training.

**18) Training Plan** (This section covers the plan for training that addresses the business challenges stated above.)

**a) Proposed Training Solution** - Describe the training that is being proposed to address the business challenges. If training in multiple subjects is to be offered, break the training into logical groups. Describe any supporting, non-instructional activities that are included in the budget. Mention where training will take place (e.g., name of college campus, job site).

**b) Course Table** - Identify each course to be delivered by filling in the following table (add rows as necessary).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course No. (include aid code)** | **\*Status** | **Course Name** | **# of Credits** | **+# of Hours** | **# of Employees** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\* Status: Use “a” for approved, “n” for new and not yet submitted for approval, and “p” for pending approval.

+ Hours of instruction per individual course section, regardless of how many sections will be offered.

**c) Business or Employee Certifications** - Describe any industry recognized certifications or college credit within a career pathway that may be obtained by the business or employees as a result of completing the training. Indicate whether the requirements for a certification will be met partially or completely.

**19) Outcomes and Evaluation** (This section covers the results that the business expects from this training and how the business will evaluate whether the training has been effective.)

**a) Expected Outcomes**

Mark the boxes in the following tables that relate to business and employee outcomes anticipated after completion of the proposed training. Add any information that describes specific performance metrics or indicators and goals after the outcome title. You may add additional outcomes under “Other,” the last item in each table.

|  |
| --- |
| * **Business Outcomes**
 |
|  | A. Improved productivity.        |
|  | B. Cost savings.       |
|  | C. Improved work environment.       |
|  | D. Compliance with safety or other regulatory issues.       |
|  | E. Increased sales.       |
|  | F. (#)      new jobs created or (#)      existing jobs saved.       |
|  | G. Improved employee retention.       |
|  | H. Other (Number H1, H2, etc., if more than one).       |
|  |  |

|  |
| --- |
| * **Employee Outcomes**
 |
|  | I. Increased knowledge and skills.       |
|  | J. Raised wages as a direct result of training (Explain—see note\*).       |
|  | K. Improved earning potential at the company in the long term.       |
|  | L. Promotion to a higher job classification as a direct result of training (Explain—see note\*).       |
|  | M. Expanded opportunities for advancement within the company.       |
|  | N. Obtaining industry-based credentials or certifications or related college credit.       |
|  | O. Obtaining college credit in a career pathway and/or bridge program       |
|  | P. Other (Number P1, P2, etc., if more than one).       |
|  |  |

\* Explain how the company will make wage increases or job upgrades available as a direct result of the training.

**b) Evaluation Process**

Describe the methods each business will use to assess whether the training provided was worthwhile and produced the expected outcomes. Include information about who will be responsible for evaluation activities and the schedule for such activities.

**🡪** Relate evaluation activities to specific outcomes by labeling each evaluation activity with the letter (from the tables above) of the outcome that it addresses. An evaluation activity may be linked to more than one outcome.

**20) BUDGET**

Technical College Name:

Project Number: XX-XXX-XXX-XXX

Project Title:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line Number** | **Description** | **Allowable Activities** | **Non-Grant Activities** | **Total Amount** |
| 1.0 Administration[[1]](#footnote-1) |  |  |  | $  |
|  |  |  |  |  |
| 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 through 8.0)** |  |  | **$** |
|  | **Reimbursement Rate Percent** |  |  | **100%** |
|  | **Total Grant Funds Requested[[3]](#footnote-3)** |  |  | **$** |

1. **Line 1.0 and 2.0--**In 2011 the Legislative Audit Bureau recommended that districts base their application components on expected actual costs, rather than contract rates. [↑](#footnote-ref-1)
2. **Line 3.0**--Automobile travel must specify planned mileage and cost per mile. Cost per mile is limited to IRS Guidelines. [↑](#footnote-ref-2)
3. **Total project cost times reimbursement rate percentage** **equals total grant funds requested**. [↑](#footnote-ref-3)