

Expanded Wisconsin Fast Forward Grant Application

High School Student Certifications

Clear Form

To apply for an Expanded Wisconsin Fast Forward Grant, complete this application. Save completed document to your location of choice. To submit, attach application plus all attachments to an email and send to WisconsinFastForward@dwd.wisconsin.gov by Monday, May 14, 2018 at 3 p.m. CDT. *Incomplete or late applications will not be accepted.*

PROJECT OVERVIEW

Applicant Name:

Project Name:

Project Start Date:

Project End Date:

Training/Certification Areas:

Brief Project Description:

Total Requested WFF Funds: \$ ÷ Count of Students: = Average \$ Cost per Student: \$

Applicant Fiscal Agent/Project Director *(WITC Employee only)*

Name:

Title:

Technical College Name:

Address:

City:

ZIP:

Phone:

Email:

Applicant Compliance Checklist

Has the Applicant had any discrimination findings after a due process hearing based on race, color, religion, national origin, or sex within the last 5 years?	Yes	No
If yes, have the discrimination findings been reported to the Office of Civil Rights?	Yes	No
Has the Applicant submitted a Civil Rights Compliance (CRC) Plan to the Wisconsin Department of Workforce Development or another state agency within the last two years?	Yes	No
If yes, has the CRC plan been approved?	Yes	No

BUDGET

Budget Line Items	A Requested WFF Funds	B Leveraged Match/ Cost Sharing	A + B Total Project \$
1. Instruction/Travel	\$	\$	\$
2. Program Coordination	\$	\$	\$
3. Supplies and Materials	\$	\$	\$
4. Contractual Expenses	\$	\$	\$
5. Certification/Testing	\$	\$	\$
6. Student Wages/Tuition		\$	\$
7. Administrative Costs (Not to exceed 10% of WFF fund request)	\$	\$	\$
Total:	\$	\$	\$

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BUDGET DETAIL

Describe each Requested WFF Funds Budget Line Item in detail. Limit responses to one-half page in length, single spaced, 11-point Times New Roman font, for each section.

Instruction/Travel *Provide name/title/organization, course name, total number of instructor hours, cost per hour and travel cost (associated with instruction only) for each individual course.*

Program Coordination *Provide name/title, hours and services for coordination, marketing and student recruitment activities.*

Supplies and Materials *Itemize all training materials and supplies by name, type of material, cost and number/amount for each item. Capital expenditures are not funded. See the Grant Guidelines for details.*

Contractual Expenses *Provide an itemized scope of contracted services such as program coordination and/or instruction: Include vendor name/title/company; total number of hours contracted; cost per hour/flat fee/rate; type and duration of service(s) provided; key deliverables and all other associated contract costs.*

Certification/Testing *Include certificate name, number of students, fee per test/certification and provider of testing service(s).*

Student Wages/Tuition *Identify project partners that will provide Student Wages/Tuition for Match or describe Match strategy.*

Administrative Cost *Note: Budgeted Administrative Cost may not exceed 10 percent of WFF funding request. Include personnel costs (over and above program coordination activities) associated with administering the program, such as accounting, budgeting and financial management. Itemize each by name/title, number of hours, wage per hour and description of services provided.*

Miscellaneous Budget Comments

PROJECT PROPOSAL

Describe the project. Limit responses to one-half page in length, single spaced, 11-point Times New Roman font, for each section.

Project Description *Describe your project in detail. What industry recognized certification areas will you seek certification for high school students? How will students meet or progress certification standards? What strategies do you have for student retention? How many students will participate? Are partnerships with area business/industry formalized to ensure access to needed certifications? Provide regional or local labor market data to support the selection of the specific industry sector(s) and career pathway(s).*

Economic Impact Statement *Describe the impact of your proposal. Why are these certifications needed? Who benefits?*

Eligibility *Describe the high school students targeted for this training including grade level. How will students be recruited?*

Assessment *Describe how you will assess progress toward obtaining industry-recognized certifications.*

Program Monitoring *Describe the means of tracking project and student progress.*

Training and Education Capacity Building *Describe how the project will improve student abilities, skills and expertise.*

Curriculum Statements *Describe the specific industry-recognized certifications (and their categories) that this project will offer. Include the duration of training for each.*

Training Provider(s) *Describe the training providers and their qualifications.*

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LETTERS OF COMMITMENT AND SUPPORT

Please attach to your application any letters of intent to participate in the project as outlined below:

For every school partner, other than applicant technical college, upload a letter of commitment which confirms their agreement to train students. For each source of leveraged funding, upload a letter of commitment which outlines their proposed contributions, confirms their agreement to provide the funding and what the funds will be used for. These letters can be combined where appropriate.

Attach any additional letters of support, as appropriate.

TERMS AND CONDITIONS

It is understood and agreed by the undersigned that:

1. By submitting this application, I certify that to the best of my knowledge and belief, the information submitted is true and correct;
2. Funds granted as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of this state;
3. Any proposed changes in this proposal as approved will be submitted in writing by the applicant and upon notification of approval by the state shall be deemed incorporated into and become part of this agreement;
4. Funds awarded may be terminated at any time for violations of any terms and requirements of this agreement;
5. By submitting this application, I certify that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors;
6. By submitting this application, I certify that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory interventions or inadequate capital to complete the project;
7. The applicant understands this application and other materials submitted to OSD may constitute public records subject to disclosure under Wisconsin's Public Records Law, § 19.31 et. Seq. the applicant will mark documents "trade secret" or "confidential" where appropriate for financial or other sensitive materials that should be, to the extent possible, kept in confidence. OSD will notify the applicant if it receives a public records request for material so marked;
8. The applicant agrees to comply with all state and federal civil rights laws the Federal Civil Rights Act of 1964; and
9. The applicant agrees that no grant appropriated funds will be paid to any person for influencing or attempting to influence an officer or employee of any agency, any member of the Wisconsin Legislature, or an employee of a member of the Legislature in connection with the awarding of any state contract, the making of any state grant, the making of any state loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any state contract, grant, loan, or cooperative agreement.
10. The Applicant understands that submitting false or misleading information in connection with his/her application may result in the Applicant being found ineligible for grant assistance through the WFF program, and the Applicant or its representative may be subject to civil and/or criminal prosecution.

Name and title of the individual authorized to commit applicants to this agreement:

Name: _____ Initials: _____

Title: _____ Date Signed: _____

Phone: _____ Email: _____