

Experience is Everything

**SANTA ROSA JUNIOR COLLEGE - STRONG WORKFORCE PROGRAM/CTEA-PERKINS**

**2020-2021 PROJECT APPLICATION**

**PART I. Submitter Information**

* Submitter’s Name:
* Department/Program:
* Supervising Administrator:
* TOP Code (use 6 digit) Use this link to determine TOP Code for your program:

<http://extranet.cccco.edu/Portals/1/AA/Credit/2013Files/TOPmanual6_2009_09corrected_12.5.13.pdf>

* Is your program/courses SAM Coded A, B, or C? Use this link for SAM Code definitions:

<http://extranet.cccco.edu/Portals/1/TRIS/MIS/Left_Nav/DED/Data_Elements/CB/cb09.pdf>

**PART II. Project Description:**

**Describe your project. What are the needs that motivate this project?**

**If your region requires it, please explain how the project addresses regionally agreed upon needs and goals?**

**Describe the associated risks that may prevent successful completion of your project?**

**PART III. Project Eligibility for Funding Allocation**

* Briefly describe investments you will make and explain how these will result in improved performance in the SWP metrics of MORE, BETTER, ALIGNMENT and EQUITY:
* What are the major activities and major outcomes of this project?

**More:** (defined as enrollment increase in courses/program): How will this project increase enrollment?

**Better:** (defined as more certificate and degree completion, transfer, jobs in area of study and increased wages): How will this project increase the number of certificates/degrees earned by students? How will it increase job placement and/or wage gains?

**Alignment:** (how does this project align with other systems for student success?)

**Equity:** (are you intentionally targeting underserved/underrepresented students? how?)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OUTCOMES** | **2016/17** | **2017/18** | **2018/19** | **2019/20** |
| **Enrollments** |  |  |  |  |
| **Certificates Awarded** |  |  |  |  |
| **Degrees Awarded** |  |  |  |  |
| **Transfer to 4 yr** |  |  |  |  |

**Fall 2019 Advisory Meeting Date:** Quorum: \_\_\_yes \_\_\_no

**Spring 2020 Advisory Meeting Date:** Quorum: \_\_\_yes \_\_\_no

Would this project benefit from partnering with other colleges in the region? Which ones?

**PART IV. Supporting Evidence: Labor Market Need and Demand**

Occupational Cluster SOC codes: <https://www.onetonline.org/>

Supply & Demand Data from Centers of Excellence: <http://coeccc.net/Supply-and-Demand.aspx> (copy and paste data) – the password is GetLMI

Demand:

Living Wage Attainment: (from Launchboard) <https://www.calpassplus.org/LaunchBoard/SWP.aspx> (enter site through public access link)

**PART IV. Project Eligibility for Funding Allocation**

**Permissive Uses Per Section 135(c)** (*check activities to be funded with Perkins V Funds*)

1. Involve parents, businesses, and labor organizations, in the design, implementation and evaluation of CTE programs.
2. Provide career guidance and academic counseling for students participating in CTE programs that improves graduation rates and provides information on postsecondary and career options, and provides assistance for postsecondary students and adults.
3. Local education and business partnerships, including work-related experiences for students, adjunct faculty arrangements for qualified industry professionals and industry experience for teachers and faculty.
4. Provide programs for special populations.
5. Assisting career and technical students’ organizations.
6. Mentoring and support services.
7. Leasing, purchasing, upgrading or adapting equipment, including instructional aides and publications (including support for library resources) designed to strengthen and support academic and technical skill achievement.
8. Teacher preparation programs that address the integration of academic and CTE and that assist individuals who are interested in becoming CTE faculty, including individuals with experience in business and industry.
9. Developing and expanding postsecondary program offerings at times and in formats that are accessible for all students, including through the use of distance education.
10. Developing initiatives that facilitate the transition of sub-baccalaureate CTE students into baccalaureate degree programs, including articulation agreements, dual enrollment programs, academic and financial aid counseling and other initiatives to overcome barriers and encourage enrollment and completion.
11. Providing activities to support entrepreneurship education and training.
12. Improving or developing new CTE courses, including the development of programs of study for consideration by the state and courses the prepare individuals academically and technically for high-skill, high-wage or high-demand occupations and dual or concurrent enrollment opportunities.
13. Developing and supporting small, personalized career-themed learning communities.
14. Providing support for family and consumer sciences programs.
15. Providing CTE programs for adults and school dropouts to complete secondary education or dropouts to complete secondary education or upgrade technical skills.
16. Providing assistance to individuals who have participated in services and activities under this Act in continuing their education or training or finding an appropriate job.
17. Supporting training and activities (such as mentoring and outreach) in nontraditional fields.
18. Providing support for training programs in automotive technologies.
19. Pooling a portion of such funds with a portion of funds available to other recipients for innovative initiatives.
20. Supporting other CTE activities consistent with the purposes of this Act.

**PART V. Budget:**

1. Is this project’s funding leveraged with other district or grant funds or is a continuation from a previously funded project? If so, please describe.
2. Were the requests in this project included in your PRPP? **YES NO**
3. If your proposal request cannot be fully funded, what is the minimum funding level needed to accomplish project goals? *Prioritize the proposal objectives with funding.*

|  |  |  |
| --- | --- | --- |
| **1000** | **Instructional Salaries** | **$** |
| **2000** | **Classified Salaries** | **$** |
| **3000** | **Benefits (if you are requesting salaries, you also need to include benefits)** | **$** |
| **4000** | **Supplies, Marketing** | **$** |
| **5000** | **Consultants, Travel, Conferences** | **$** |
| **6000** | **Equipment** | **$** |
| **TOTAL** |  | **$** |

**PART VI:** **Timeline:**

Propose a timeline for milestones, expenditures and completion. All funds must be fully expended by December 2021.

Does your project impact the work of other departments on campus: IT, Facilities, Capital Projects? If so, they will need to review and sign off on your project before you submit to the CE office.

IT/Media wants you to consider:

1. **Impact on support services?**  For example how many hours of support staff time are anticipated for initial implementation and ongoing maintenance?
2. **How will new technologies be supported in the future in the absence of additional grant funding?**  This would include warranty coverage if any, possible software subscription costs and eventually possible hardware replacement.
3. **Compatibility with existing systems/technology?** For example are there any potential conflicts with existing standards for district technology such as accessibility or data security.

**Reviewed by Mike Roth/Greg Wycoff:**

Facilities/Capitol Projects wants you to consider:

1. Does your project require physical modifications to existing facilities such as walls, floors, lighting, doors, built-in cabinetry, etc.?
2. Will your project require architectural design?
3. Will your project require Project Management support?

“If you answered yes to any of these questions, contact Capital Projects (Serafin Fernandez) for cost estimate, timeline and project management support.

**Reviewed by Serafin Fernandez:**

If requesting equipment costing more than $3000.00, you must obtain 3 competitive quotes that validate the amount you are requesting? Please attach.

**Program Lead: Department Chair:**

**Date:**

***SUBMIT APPLICATIONS ELECTRONICALLY to Tina Dodson,*** [***tdodson@santarosa.edu***](mailto:tdodson@santarosa.edu)***, and a SIGNED HARD COPY* to your department Dean**

***BY April 10th, 2020***

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE ORIGINATOR**

If you have any questions regarding this application, please contact Tina Dodson for assistance

[tdodson@santarosa.edu](mailto:tdodson@santarosa.edu), 521-7920

**Department Dean Review:**

**Project reviewed and recommended for funding : YES NO**

**Please rank/prioritize all projects submitted in your area for this funding year:**

**What is the ranking for this project: # out of**

**Dean’s Signature:**

**Date:**

OFFICIAL USE

**Date Received in the CE Office:**

**Project Funded: YES NO PARTIAL AMOUNT**