

SECTION I: PROJECT AND APPLICANT INFORMATION

1. Name of project. The title should be unique and summarize the plan at a glance.

2. Applicant Name(s).

3. Name of faculty member/manager responsible for managing this project.

4. Name(s) of all assisting with this project.

5. Note any departments, programs, or staff whose work might be impacted by this project.

SECTION II: PROJECT DETAILS AND PLAN RATIONALE

1. Describe this project and the project outcomes.

2. Describe what needs motivated this project.

3. Describe how this project will:

a. Advance one or more of [COM's Strategic Plan Objectives](#).

b. Advance one or more of the [CCCCO's Vision for Success goals](#).

c. Increase the **number of quality COM Career Education** courses, programs, and pathways that lead to successful workforce outcomes.

d. Increase the **number of students** in quality Career Education courses, programs, and pathways that will achieve successful workforce outcomes.

4. Please identify below how students will be served by this project. Mark all that apply.

- a. Recruitment
- b. Enrollment
- c. Certificate attainment or progression
- d. Degree attainment or progression
- e. Industry Credential attainment
- f. Transfer
- g. Employment
- h. Counselling
- i. Reduce equity gaps across any of the above through fast improvement among traditionally underrepresented student groups.
- j. Other (please describe):

5. How many students do you anticipate will be served? Please explain how you produced this number.

6. How will you measure success? Please be specific and identify how you will track or document success.

7. Please provide the date of your last Industry Advisory Meeting and *attach the meeting minutes*.

8. If the project's objectives were recommended by the program's Industry Advisory Committee, please describe and *provide evidence of the feedback*.

9. If the objectives and activities of this project are supported by the department's most recent Program Review, please describe, and *provide evidence*.

SECTION III: PROJECT PLAN

1. Outline the project plan, including the following five (5) parts (See the Appendix for a charted project plan example):
 - a. Objective
 - b. Measure of Success (Goal outcomes)
 - c. Activities
 - d. Persons involved
 - e. Completion date

2. How will this project plan be maintained or sustained after the grant period?

SECTION IV: PROPOSED BUDGET

List **each expenditure type** that indicates how funds will be utilized to accomplish the plan objectives.

1000/3000 - Instructional salaries and benefits

Budget Item Description	
Estimated Salary	
Estimated Benefits	

4000 - Instructional supplies and materials

Budget Item Description 1	
Amount	
Budget Item Description 2	
Amount	

5000 - Travel, professional development, contract services

Budget Item Description 1	
Amount	
Budget Item Description 2	
Amount	

6000 - Equipment

Budget Item Description 1	
Amount	
Budget Item Description 2	
Amount	

PROJECT TOTAL COST: \$ _____

You may use the space below to provide additional notes.

SECTION V: ADDITIONAL DOCUMENTATION AND SIGNATURES

Documentation

1. Program advisory committees are a required component of state approved CTE programs. Attach a copy of your program’s most recent advisory committee meeting minutes and any additional documentation to support your project plan (see Section II, #7 above).
2. Provide supporting Program Review documentation.

Department Approval and Applicant Commitment

Applicant Commitment

By submitting this application, you are making a commitment to execute the proposal, meet with the CTE/ Workforce department at least once per semester, and complete required Strong Workforce progress reports following guidelines provided by the CTE/Workforce department.

Reporting Deadlines

Reporting Period	Due Date
July 1-December 1, 2023	February 1, 2024
January 1-June 30, 2024	August 1, 2024
July 1-December 1, 2024	February 1, 2025
January 1-June 30, 2024	August 1, 2025

Applicant Signature: _____ Date: _____

Department Review and Endorsement

Chair Signature: _____ Date: _____

Chair Name: _____

Dean Signature: _____ Date: _____

Dean Name: _____

If this project involves the purchase of technology, a signature from IT is required.

Signature: _____ Date: _____

Patrick Ekoue-Totou, Director of IT

APPENDIX

Project Plan example:

Objective	Measure of Success	Activities	Persons Involved	Completion Date
Increase enrollment in Machine Metals Technology courses	enrollment will increase by the third year of this plan by 5%	Infrastructure: propose use of POMO 5 Makerspace classroom for CNC programming skill building- computer lab/3D printers	Career Ed Team, Chair, IT	2/15/2023
		Work with Career Education to new identify ways to promote courses and recruit students.	Career Ed Team COM Marketing/ Communications dept.	3/15/2023
		Support implementation of new marketing: industry outreach	Advisory committee, local employers, partners	5/15/2023
Increase quality of program	Outdated equipment will be replaced with updated, industry-standard equipment	Schedule tour of Machine Shop with Advisory Committee members and local employers. Document direct feedback.	Career Ed Team, Advisory Committee	1/19/2023
		Develop plan and timeline to remove equipment	Chair, Facilities Management, Career Ed Team	4/1/2023
		Begin purchase list of new materials/ equipment		2/15/2023