

City College of San Francisco

Carl D. Perkins Career & Technical Education Act (Perkins IV) and

Strong Workforce Program (SWP)

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| COMBINED FUNDING OPPORTUNITYDepartment Proposal 2017-2018 |

Cover Page & Sign Off

**Proposal Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ccsf.edu**

**Department(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOP Code(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total amount of funds requested for 2017-18: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Required:**

· **Completed Summary Core Indicator report is attached. ⃝Yes ⃝No**

· **Prioritized budget detail is attached. ⃝Yes ⃝No**

· **Progress report for previous awards is attached. ⃝Yes ⃝No ⃝Not applicable**

· **Everything requested in this proposal is included in submitting department’s Program Review/2016 Annual Plan. ⃝Yes ⃝No**

· **Submitting department held an advisory committee meeting in Academic Year 2016-17 (or held one in 2015-16 *and* has one scheduled for Spring 2017) and completed all required documentation. *(MUST CHECK YES TO BE ELIGIBLE)* ⃝Yes ⃝No**

· **ITS sign off for technology requests is attached. ⃝Yes ⃝No ⃝Not applicable**

· **One (1) electronic copy and twelve (12) hard copies have been submitted per RFP instructions. ⃝Yes ⃝No**

|  |  |  |
| --- | --- | --- |
|  | **Signature** | **Date** |
| Department Chair Signature |   |   |
| School Dean Signature |   |   |
| \* Technology Office approval(if requesting computers, software, or classroom technology) |    |   |

***All required signatures and sign-offs = 10 points***

***Incomplete proposals may not be considered***

***You can either use this separate sheet to get ITS sign off on your technology requests, or you can just have ITS sign the cover sheet. Please use whichever makes your life easier!***

**Department(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ccsf.edu**

**Technology Sign-Off Procedure**

All departmental or collaborative proposals that are requesting computers, software, or classroom technology must get approval from ITS. This will allow ITS to guide your proposed purchases to meet ITS standards, and ensure that ITS has capacity to service new equipment or software after purchase. ITS has offered to consult with departments prior to the February 24 technology approval submission deadline. ITS will NOT review your requests for pedagogical or labor market justification; that is the purview of the Perkins/SWP Allocation Subcommittee. This means that you can submit your technology requests to be listed on the Project Budget, with the proposal cover page, for review and approval signature while you are developing the narrative portion of your proposal.

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| --- | --- |
| **Friday, February 24, 2017, 12:00 p.m.** | **2017-18 Proposals requesting computers, software, or classroom technology must be submitted to ITS for review and approval.**· **Submit an itemized list of your technology request and Proposal Cover Page to ITS Office Manager, Ruri Saito, Batmale 130, Mailbox LB2, by 12:00 p.m.**· **Proposals not submitted by this deadline will not be considered** |
| **Friday, March 3, 2017** | **All requests for ITS approval will be returned to proposal author no later than 3/3/17.** |

***INFORMATION TECHNOLOGY SYSTEMS APPROVES THIS REQUEST:***

***APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Signature***

1. EXECUTIVE SUMMARY ***(limit ONE HALF page, single spaced, 1” margins, 12pt font)***

Include the following elements in your executive summary:

1. A statement of need for what you are requesting

2. A brief description of the project

3. Your anticipated outcomes and metrics

4. How you will measure your outcomes and metrics

 **Score \_\_\_\_/10**

2. What LABOR MARKET does your program serve? ***(limit ONE page, single spaced, 1” margins, 12pt font)***(from Program Review 2015 - Data Trends, and from Annual Plan 2016 Resource Requests, Extent of Benefit) Include the following in your answer, and document it using labor market information and industry feedback:

o Is there a gap between the supply of completers and regional workforce demand?

o What data sources provide evidence for the workforce demand? (examples: LMI, advisors’ input, industry groups, Center of Excellence reports, publications, other) Please provide citations, where possible.

o Are there jobs for your students when they complete or leave your program?

o Who are your competitors in the region? What other training providers in the City and County of San Francisco provide training in your program area? Explain how your program does not unnecessarily duplicate what these other training providers offer. What sets you apart from those competitors?

**Score \_\_\_\_/15**

3a. With this labor market in mind, what areas have you identified for PROGRAM IMPROVEMENTS in the coming year? ***(limit ONE page, single spaced, 1” margins, 12pt font)***(from 2015 Program Review question on Planning, major planning objectives, and from 2016 Annual Plan Resource Requests, Link to Your Unit Planning Objectives)

3b. Which Perkins Core Indicators and SWP Metrics does your proposed project address (Please complete the charts below and include an explanation if necessary)

**Score \_\_\_\_/20**

**Perkins Core Indicators**

Please indicate which Perkins core indicators will be positively impacted by the funds you are requesting:

|  |  |
| --- | --- |
| **Choose one or more from the core indicators below** | **Place an X below next to selected Core Indicator(s)**  |
| Core Indicator 1: Technical Skill Attainment |  |
| Core Indicator 2: Credential, Certificate, or Degree |  |
| Core Indicator 3: Student Persistence or Transfer |  |
| Core Indicator 4: Student Placement |  |
| Core Indicator 5, Part 1: Nontraditional Participation |  |
| Core Indicator 5, Part 2: Nontraditional Completion |  |

**SWP Metrics**

Please indicate at least one metric from the list below that will be positively impacted by the funds you are requesting. Indicate if your intention is at least a 5% improvement. If not, please briefly explain.

|  |  |  |
| --- | --- | --- |
| **Place X next to Selected Metrics Below** | **Choose one or more from the metrics below:** | **Place X below to indicate this metric will increase by at least 5% by June 30, 2018** |
|  | Number of Enrollments  |  |
|  | Number of students who get a degree or certificate |  |
|  | Number of students who transfer |  |
|  | Employment 2 quarters after exit |  |
|  | Employment 4 quarters after exit |  |
|  | Employment related to field of study |  |
|  | Median earnings two quarters after exit |  |
|  | Median change in earnings |  |
|  | Attained a Living Wage |  |

If the metric(s) you selected do not meet a 5% increase, please explain below:

4. What is your work plan for these program improvements? Describe in the table below what SPECIFIC ACTIVITIES your department will undertake with the proposed funding request to assist you with these improvements, and what SPECIFIC AND MEASURABLE OUTCOMES will result from these activities? (You may add rows to the table as needed to accommodate your proposed activities).

For ACTIVITIES: address Required Uses of Funds (Question 5, below), including plans to meet any of the required uses that you say are unmet. If requesting computer hardware/software to refresh, upgrade or replace current technology, indicate age of hardware, version of software to be replaced (from Program Review Question related to Planning Objectives for Next Year and Question related to priority use for additional funds).

For OUTCOMES: What is the anticipated impact on students’ learning outcomes—including Perkins core indicators and SWP metrics? If applicable, state the specific product or service resulting from this project. (Please reference Program Review Question related to any assessments of student learning outcomes).

**Score \_\_\_\_/25**

**PROJECT WORKPLAN**

|  |  |  |
| --- | --- | --- |
| **Priority #** | **Activity** | **Outcome (include Perkins Core Indicators & SWP Metrics)** |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

5. Who is/are the person(s) responsible for this project? If there is a team, please provide a brief description of each member’s role. *Clearly identify parties responsible for the success of the project; team should be aligned with the size, scope, and nature of proposed activities.*

**Score \_\_\_\_/5**

6. What is the timeline for completing this project? *Clearly state sequence and completion dates for activities using reasonable, realistic, and appropriate timelines*.

**Score \_\_\_\_/5**

**TOTAL NARRATIVE SCORE \_\_\_\_\_\_\_\_\_\_/80**

**Perkins and SWP Department Proposal 2017-2018**

**Budget Detail**

**Please PRIORITIZE budget items on the following template and place an asterisk (\*) next to any item that links directly to another item requested through a collaborative proposal. Feel free to add lines to template as needed. Please make sure the budget relates directly to the project description and the activities listed in the workplan.**

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| --- |
| **Department:**   |
| **List other sources of support. State any plans to become institutionalized**.  |
|   |   |   |
| **Priority** | **Object of Expenditure** | **Classification/Description** | **Amount** |
| **EXAMPLE** | **6000** | **Equipment:****One (1) WhizBang Diagnostic Simulator** **@ $2,499 + $218.66 (8.50% tax) (includes shipping & installation)** | **$2,718** |
| 1 |   |   |   |
| 2 |   |   |   |
| 3 |   |   |   |
| 4 |   |   |   |
| 5 |   |   |   |
| 6 |   |   |   |
| 7 |   |   |   |
| 8 |   |   |   |
| 9 |   |   |   |
| 10 |   |   |   |
| **Total Costs** |   |

**NOTES:**

§ **PLEASE PRIORITIZE REQUESTS (1 is top priority - 10 is low priority)** § Refer to *Budget-Object of Expenditure* form to classify line items (found in RFP *Appendix*)

§ Round calculations to the nearest dollar

§ Include delivery costs, taxes (8.5%), installation fees, etc. for equipment, technology, and supplies

§ Do not attach additional documents, such as written estimates for proposed purchases

§ **Please estimate benefits for all personnel at 30%.**

**SCORE\_\_\_\_\_/20**

**Collaborative Proposal 2017-18 Progress Report**

Department:

**Note: If your department has never received Perkins/SWP funds, please state “Non-applicable.” Scores will be adjusted accordingly.**

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| --- |
| **Briefly describe how your department used Perkins/SWP funds in previous years, if applicable**. **Include amount of funds received. Outline how your department met stated objectives and how funds impacted students’ core indicators, learning outcomes. Please be specific.** |
| Fiscal year | Award amount | Project description & Outcomes |
| 2016-17 |   |   |
| 2015-16 |   |     |
| 2014-15 |   |     |
| 2013-14 |   |     |
| 2012-13 |   |     |

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| **Identify accomplishments and best practices using funds received during year 2016-17.**  |
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| **Identify and describe reasons for not completing planned activities, i.e., staff changes, delay(s) in access to funding, etc.** |
|     |

**SCORE**  /**20**

For Perkins Funds: Please check whether each of the NINE REQUIRED USES of funds is currently met or unmet. *If any of these is unmet, please include a plan to meet that need in your project plan.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Required use** | **Met** | **Unmet** | **Not applicable** |
| 1 | Strengthening the academic and career and technical skills of students participating in CTE programs through the integration of academics with CTE programs. |   |   |  |
| 2 | Link CTE at the secondary and postsecondary levels, including by offering the relevant elements of not less than one career and technical program of study. |   |   |  |
| 3 | Provide students with strong experience in and understanding of all aspects of an industry, which may include work-based learning experience. |   |   |  |
| 4 | Develop, improve, or expand the use of technology in CTE, which may include training to use technology, providing students with the skills needed to enter technology fields, and encouraging schools to collaborate with technology industries to offer internships and mentoring programs. |   |   |  |
| 5 | Provide In-service and pre-service professional development programs to faculty, administrators, and career guidance and academic counselors involved in integrated CTE programs, on topics including effective integration of academics and CTE, effective teaching skills based on research, effective practices to improve parental and community involvement, effective use of scientifically based research and data to improve instruction. Professional development should also ensure that faculty and personnel stay current with all aspects of an industry, involve internship programs that provide relevant business experience, and train faculty in the effective use and application of technology. |   |   |  |
| 6 | Develop and implement evaluations of the CTE programs carried out with Perkins IV funds, including an assessment of how the needs of special populations are being met. |   |   |  |
| 7 | Initiate, improve, expand, and modernize quality CTE programs, including relevant technology. |   |   |  |
| 8 | Provide services and activities that are of sufficient size, scope, and quality to be effective. |   |   |  |
| 9 | Provide activities to prepare special populations, including single parents and displaced homemakers enrolled in CTE programs, for high skill, high wage, or high demand occupations that will lead to self-sufficiency. |   |   |  |

**DEPARTMENTAL PROPOSAL SCORING RUBRIC:** These are guidelines. Scorers may exercise discretion in assigning point values that are somewhere between the values listed.

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| --- |
| **Department:** |
| **TOTAL POSSIBLE SCORE = 130** | **SCORE FOR THIS PROPOSAL =**  |
| **Additional comments:** |

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| --- | --- | --- | --- |
| **QUESTION** | **DISTINGUISHED** | **ACCEPTABLE** | **POOR** |
| Cover page: All boxes checked & all needed signatures | All boxes checked yes or not applicable. All needed signatures. Core Indicators tallied and signed.10 points | N/A | Some No’s checked, missing signatures, or missing Core Indicators0 points |
| 1. Executive summary: limit ½ page, 12 pt font, 1” margins | Clearly describes need, project, outcomes & success metrics. Follows format.10 points | Description of need, project, outcomes & success metrics may be unclear or incomplete; or does not follow format or exceeds ½ page limit.6 points | Does not adequately describe need, project, outcomes & success metrics, or unanswered, or ignores format.2 points |
| 2. Labor market: limit 1 page, 12 pt font, 1” margins | Clearly establishes labor market supply, demand and gaps; lists data sources. Describes job opportunities for students, and training competitors. Follows format.15 points | Partially establishes labor market need for program or project, or job opportunities for students; or does not follow format or exceeds 1 page limit.10 points | Does not establish labor market need for program or project, or job opportunities for students; or ignores format.5 points |
| 3. Describe program improvements: limit 1 page, 12 pt font, 1” margins | Clearly describes program improvements that are based in labor market need and student success. Addresses Core Indicators/SWP Metrics. Follows format.20 points | Mostly describes program improvements that are based in labor market need and student success; fails to relate to Core Indicators/SWP Metrics, or does not follow format or exceeds page limit.15 points | Does not adequately describe program improvements, or proposed activities not based in labor market need or student success; or ignores format.10 points |
| 4. Work plan: table (no page limit) | Clearly describes & prioritizes activities, describes outcomes for students, including impacts on Core Indicators/ SWP Metrics. Includes activities to meet unmet required uses of funds (question 5) if applicable. Follows format.25 points | Mostly describes activities or outcomes for students; may not be prioritized; or may not include how activities might impact Core Indicators/SWP Metrics; or does not include specific activities to meet unmet required uses of funds (question 5) if applicable. 15 points | Does not adequately describe activities or outcomes for students; items not prioritized; or no connection to Core Indicators/SWP Metrics; or ignores format.5 points |
| 5. Responsible person(s) | Completed. 5 points | N/A | Incomplete. 0 points |
| 6. Timeline | Reasonable. 5 points | Unrealistic. 2 points | Missing. 0 points |
| Budget detail | Budget priorities & requested items are aligned with work plan priorities & activities. All items eligible for Perkins/SWP funding. Accurate & clear. 20 points | Budget is accurate and all items are eligible for Perkins/SWP funding. Some items may not be clearly connected to work plan priorities or activities.15 points  | Inaccurate, or not prioritized, or not connected to work plan priorities or activities. Most requested items not eligible for Perkins/SWP funding.10 points |
| Progress report | Complete, clear, concise. Perkins Use of Funds table is completed. 20 points | Mostly complete & clear. Perkins Use of Funds table is partially completed.15 points | Incomplete.5 points |