

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 OPPORTUNITYCollaborative Proposal 2018-2019 |

## Cover Page & Sign Off

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

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

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Total amount of funds requested for 2018-2019: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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/2018 Annual Plan. ⃝Yes ⃝No
* Submitting department held an advisory committee meeting in Academic Year 2017-2018 (or held one in 2016-2017 *and* has one scheduled for Spring 2018) 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 included. ⃝Yes ⃝No

## Cover Page & Sign Off

|  |  |  |
| --- | --- | --- |
| **Item** | **Signature** | **Date** |
| Department Chair Signature |   |   |
| Department Chair Signature |  |  |
| School Dean Signature |   |   |
| School Dean Signature |  |  |
| Insert additional rows if needed for each Department & School participating in this Collaborative Proposal |  |  |
| \* Technology Office approval(if requesting computers, software, or classroom technology) |    |   |

***All required signatures and sign-offs = 10 points***. **Score \_\_\_\_/10**

***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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Technology Sign-Off

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 TBD 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.

|  |  |
| --- | --- |
| **January 23, 2018** | **2018-2019 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 4:00 p.m. on 1/23/18.****Proposals not submitted by this deadline will not be considered** |
| **January 30, 2018** | **All requests for ITS approval will be returned to proposal author no later than 1/30/18.** |

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

***APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Signature***

## Proposal Narrative

1. **EXECUTIVE SUMMARY** ***(limit ONE HALF (1/2) 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**

2a. Briefly describe the problem (program improvement issue(s)) you are trying to address and include specific examples ***(limit ONE (1) page, single spaced, 1” margins, 12pt font,*** *see Example Responses).*

2b. Which Perkins Core Indicators and/or 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, 2019** |
|  | Number of Enrollments  |  |
|  | Number of students who get a degree or certificate |  |
|  | Number of students who transferred |  |
|  | Employment in second fiscal quarter after exit |  |
|  | Employment in fourth fiscal quarter after exit |  |
|  | Job closely related to field of study |  |
|  | Median earnings in second fiscal quarter 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:

3. Briefly describe how the problem (program improvement issue(s)) will be solved by your proposed project ***(limit ONE (1) page, single spaced, 1” margins, 12pt font,*** *see Example Responses).*

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

4. 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**

5. What is the timeline for completing this project? *Complete the following table for activities using reasonable, realistic, and appropriate timelines*. You may add additional rows if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Start** | **End** | **Task** | **Person Responsible** |
| e.g. Fall 2018 | e.g. Spring 2019 | Marketing campaign | Jane Doe |
|  |  |  |  |
|  |  |  |  |

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

6. What other sources of support have you secured for this project? State any plans to become institutionalized ***(limit ONE HALF (1/2) page, single spaced, 1” margins, 12pt font*).**

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

7.On a separate page, please provide a graphic representation of your collaborative proposal – specifically how departments will organize to achieve the proposed objectives. ***(Limit 1 page).*** If your collaborative is requesting technology, please identify:

* Names of departments
* Relationship between departments and technology requested and/or cascaded
* Age of hardware or version of software to be replaced
* Priority of need
* Items in this collaborative proposal that link to items requested in individual department proposals.

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

**TOTAL NARRATIVE SCORE \_\_\_\_\_\_\_\_\_\_/70**

## 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.

|  |
| --- |
| **Department:**   |
| **Priority** | **Object of Expenditure** | **Classification/Description** | **Amount** |
| EXAMPLE | 6000 | Capital Outlay - Equipment:One (1) WhizBang Diagnostic Simulator@ $2,499 + $218.66 (8.50% tax) (includes shipping & installation) | $2,718 |
| EXAMPLE | 1000 | Instructional Salary:$80,000 at 0.3 FTE | $24,000 |
| EXAMPLE | 3000 | Faculty Benefits:30% of salary ($24,000) | $7,200 |
| 1 |   |   |   |
| 2 |   |   |   |
| 3 |   |   |   |
| 4 |   |   |   |
| 5 |   |   |   |
| 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

Please provide details for either a previously-funded collaborative effort with the same programs, OR one summary for EACH participating department or program.

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| **Briefly describe how your collaboration and/or departments used Perkins/SWP funds in previous years, if applicable**. **Include amount of funds received. Outline how your project met stated objectives and how funds impacted students’ core indicators, learning outcomes, and/or SWP metrics. Please be specific.** |
| **FY** | **Award Amount** | **Project Description & Outcomes** |
| 2017-18 |  |  |
| 2016-17 |   |   |
| 2015-16 |   |    |
| 2014-15 |   |    |

|  |
| --- |
| **Identify accomplishments and best practices using funds received during year 2017-18.**  |
|        |

|  |
| --- |
| **Identify and describe reasons for not completing planned activities, i.e., staff changes, delay(s) in access to funding, etc.** |
|     |

**SCORE**  /**20**

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

|  |
| --- |
| **Department:** |
| **TOTAL POSSIBLE SCORE = 120 (if previously funded with Progress Report completed) or 100 if new program, Progress Report not applicable.** | **SCORE FOR THIS PROPOSAL =**  |
| **Additional comments:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **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. Describes problem/program improvement issues with specific examples : limit 1 page, 12 pt font, 1” margins | Clearly describes problem/program improvement issues with specific examples. Includes input from Advisory Committee. Addresses Core Indicators/SWP Metrics. Follows format.20 points | Mostly describes problem/program improvement issues in general; does not include input from Advisory Committee; fails to relate to Core Indicators/SWP Metrics, or does not follow format or exceeds page limit.10 points | Does not adequately describe problem/ program improvement issues; does not provide specific examples; no Advisory Committee input; no relation to Core Indicators/SWP Metrics; or ignores format.5 points |
| 3. Describes how problem/program improvement Issues will be Addressed, and Addresses Funding Priorities for 2018-19 limit 1 page, 12 pt font, 1” margins | Clearly describes & prioritizes activities; describes outcomes for students, including impacts on Core Indicators/ SWP Metrics. Addresses Funding Priorities for 2018-19; Follows format.25 points | Partially describes activities or outcomes for students; may not be prioritized; or may not include how activities might impact Core Indicators/SWP Metrics; Does not address funding priorities for 2018-19; or does not follow format or exceeds page limit.15 points | Does not adequately describe activities or outcomes for students; items not prioritized; or no connection to Core Indicators/SWP Metrics; Does not address funding priorities for 2018-19; or ignores format.5 points |
| 4. Person (s) Responsible | Complete and clear. 5 points | Mostly complete & clear. 3 points | Missing. 0 points |
| 5. Timeline | Well defined. 5 points | Mostly complete & clear. 2 points | Missing. 0 points |
| 6. Sources of Support (1/2 page) 12 pt font, 1” margins | Clearly identifies other sources of support for the project. States plans to become institutionalized. 5 points | Mostly identifies other sources of support. Incomplete plans for becoming institutionalized. 3 points.  | No other sources of support or plans to become institutionalized. 0 points |
| 7. Graphic representation of collaboration (1 page) | Clearly identifies how collaboration will be organized to achieve objectives. 5 points. | Mostly identifies how collaboration will be organized to achieve objectives. 3 points. | Missing information. 0 points |
| 7. 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 |
| 8. Progress report | Complete, clear, concise. Perkins Use of Funds table is completed. Includes specific activities to meet unmet required uses of funds if applicable. 20 points | Mostly complete & clear. Perkins Use of Funds table is partially completed.Does not include specific activities to meet unmet required uses of funds if applicable.15 points | Incomplete.5 points |