**OSSE Adult and Family Education**

**Fiscal Year 2020-21**

**Consolidated Competitive Grant**

**Paper-based Application**

*This paper-based application is provided to eligible providers to prepare this section of their Fiscal Year 2020-21 Consolidated Competitive Grant application.*

*Please note that this paper-based section of the grant application must be submitted with all of the other grant application components in OSSE’s Enterprise Grants Management System (EGMS). Please refer to the OSSE Adult and Family Education Fiscal Year 2020-21 Consolidated Competitive Grant Request for Applications (RFA) for details.*

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| **Agency Name:** | |  |
| **SECTION X: GRANT APPLICATION** | | |
| **(Paper-based)** | | |
| **A. Project Information (16 Points)** | | |
| **1. Proposal Summary (2 points)** | | |
|  | Provide a brief summary of the proposal including the services that will be offered by the eligible provider to the eligible individuals. | |
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| **2. Organization Mission and Goals (2 points)** | | |
|  | State the organization’s mission and goals. | |
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|  | State the mission and goals of the education/training unit, if the educational/training unit has a mission and goals separate from the organization as whole. | |
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|  | Describe how the organization and the educational/training unit, if applicable, assesses its progress in achieving its mission and goals. | |
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| **3. Statement of Need (2 points)** | |
|  | Describe whether the ward in which the eligible provider is located and/or other wards in the District of Columbia have a demonstrated need for adult education and literacy, workforce preparation and workforce training services for individuals with low levels of literacy. |
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|  | Describe whether the ward in which the eligible provider is located and/or other wards in the District of Columbia have a demonstrated need for English language acquisition, English Literacy and Civics Education, workforce preparation and workforce training services for English Language Learners, if applicable. |
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| **4. Alignment with the District’s WIOA Unified State Plan (2 points)** | |
|  | Describe the degree to which the eligible provider will be responsive to the District’s local and regional needs as identified in the District’s WIOA Unified State Plan, and responsive in serving individuals in the community who are identified in the plan as most in need of adult education and literacy activities, including 1) individuals who have low levels of literacy and numeracy skills, 2) English language learners, and 3) individuals with learning and other disabilities. |
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|  | Describe the extent to which the eligible provider will align its proposed activities and services with the strategies and goals in the District’s WIOA State Plan, as well as the activities and services of the one-stop partners. |
|  | |
| **5. Organizational Capability and Past Performance (8 points)** | |
|  | Describe the organization’s capacity to support IE&T programming for District residents, including whether it has sufficient fiscal, human and material resources needed to support the program. |
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|  | Describe whether the organization has had difficulties or deficiencies in providing such resources within the past 24 months, if applicable. |
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|  | Indicate how the difficulty or deficiency was managed or resolved to maintain the program offerings, if applicable. |
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|  | Indicate whether the organization is licensed, certified and/or accredited, if applicable.  ***Special Note****: Eligible providers will be required to apply for licensure from OSSE’s Higher Education Licensure Commission within 8 months after receipt of the grant award notification if the applicant provides a workforce training program leading to an industry-recognized certification as part of Integrated Education and Training.  Public charter schools selected as a subgrantee are not required to obtain HELC licensure.  OSSE may consider failure to obtain HELC licensure as non-compliance with the grant terms and conditions and a factor in its determination to provide continuation funding.* |
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|  | **Upload/submit the applicable license, certification or accreditation in EGMS.** |

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|  | Describe the eligible provider’s past performance and effectiveness in improving the literacy and numeracy skills, workforce preparation and/or workforce training skills of eligible individuals, especially individuals who have low levels of literacy and English Language Learners over the past two years. |
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|  | **Upload/submit** qualitative and quantitative past performance data on services provided, the effectiveness of the organization in meeting the needs of persons served, and the outcomes achieved by the participants in EGMS. |
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|  | Describe the degree to which the improvements in literacy and numeracy, workforce preparation and workforce training skills by the eligible individuals contributed to the eligible provider meeting its State-adjusted levels of performance for the primary indicators of performance, if the eligible provider has been previously funded by OSSE AFE, or contributed to the eligible provider meeting specific performance benchmarks identified by other grantors and/or funders, if the eligible provider has not been previously funded by OSSE AFE. |
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| **B: Program Design (36 points)** | |
| **1. Intent to Apply (2 points)** | |
|  | Indicate the program model(s) to be implemented, the projected number of students to be served per program model and the total number of students to be served. *(Check all that apply)* |
| |  |  | | --- | --- | | **Program Model(s)** | **Projected number of students to be served:** | | Program Model #1 - Integrated Education and Training (Adult Basic Education/Grade Level Equivalents 1 to 8) - AEFLA 231 and WIC Career Pathways Grant Funding |  | | Program Model #2 - Integrated Education and Training (Adult Secondary Education/Grade Level Equivalents 9 to 12) - AEFLA 231 and WIC Career Pathways Grant Funding |  | | Program Model #3 - Integrated English Language Acquisition and Training (English as a Second Language/Grade Level Equivalents 1 to 8) - AEFLA 231 and WIC Career Pathways Grant Funding |  | | Program Model #4 - Integrated English Literacy and Civics Education (IELCE) and Training (English as a Second Language/Grade Level Equivalents 1 to 8) - AEFLA 243 and WIC Career Pathways Grant Funding |  | | Program Model #5 – Integrated Adult Basic Education and Training (Corrections Education and Other Education of Institutionalized Individuals) – (Adult Basic Education/Grade Level Equivalents 1 to 8 and Adult Secondary Education/Grade Level Equivalents 9 to 12) - AEFLA 225 and WIC Career Pathways Grant Funding |  | | Program Model #6 - Integrated Education and Workforce Preparation (Adult Basic Education/Grade Level Equivalents 1 to 5) – Gateway to Careers Grant Funding |  | | Program Model #7 - Integrated English Language Acquisition and Workforce Preparation (English as a Second Language/Grade Level Equivalents 1 to 5) – Gateway to Careers Grant Funding |  | |  | Total students: | | |
|  | Indicate the total amount of grant funds being requested. |
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|  | Specify the high-demand industry(ies) for which the eligible provider will align its IE&T program(s). *(Check all that apply)* |
| Business Administration and Information Technology  Construction  Healthcare  Hospitality  Infrastructure:  Energy and Utilities  Energy Efficient Technology  Transportation and Logistics  Law and Security  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Provide a rationale/justification for the program offering if “other” was selected for the industry, and **upload/submit** evidence that supports the rationale/justification for the program offering, as applicable; |
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| **e)** | Complete and **upload/submit** the Schedule of Program Offerings Workbook (excel) in EGMS. |
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| **SPECIAL NOTE** |
| **Please complete questions 2 – IE&T Program Offering through 11 – Student Incentives for each of your IE&T Program Offerings, as needed.**  **Please note that the total amount of points available for Section B: Program Design, inclusive of question 1- Intent to Apply through 11 – Student Incentives is 36 points. Therefore, the grant readers will review and assign a total score for each criterion after evaluating all of the program offerings collectively.** |

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| **Program Offering #1** | | | | |
| **2. IE&T Program Offering #1 (3 points)** | | | | |
|  | Indicate the name of the IE&T program. | | | |
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|  | Indicate the high demand industry for which the IE&T program is aligned. | | | |
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|  | Provide a brief description of the program. *This description will be included in the OSSE AFE and WIC Career Pathways Partnership Guide.* | | | |
|  | | | | |
|  | Indicate the number of eligible individuals to be served in the IE&T program. | | | |
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|  | Indicate the eligible provider’s total cost per student. | | | |
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|  | Indicate the percentage (0-100%) and amount of OSSE funding that will be used to help defray the cost per student. | | | |
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| **3. Program Entry Requirements (2 points)** | | | | |
|  | Specify the minimum Educational Functioning Level (EFL), CASAS Scale Score and Grade Level Equivalent (GLE) that students need to enter the program and their expected educational outcomes upon program completion for Reading and Math. | | | |
| **Reading** | | | | |
| **Entry Level Educational Requirements** | | | **Expected Educational Outcomes**  **Upon Program Completion** | |
| State the minimum EFL required to enter the program. | |  | State the expected EFL the students will have upon completion of the program. |  |
| State the minimum CASAS Scale Score required to enter the program. | |  | State the expected CASAS Scale Score the students will have upon completion of the program. |  |
| State the minimum Grade Level Equivalent (GLE) required to enter the program. | |  | State the expected Grade Level Equivalent (GLE) the students will have upon completion of the program. |  |
| **Math** | | | | |
| **Entry Level Educational Requirements** | | | **Expected Educational Outcomes** | |
| State the minimum EFL required to enter the program. | |  | State the expected EFL the students will have upon completion of the program. |  |
| State the minimum CASAS Scale Score required to enter the program. | |  | State the expected CASAS Scale Score the students will have upon completion of the program. |  |
| State the minimum Grade Level Equivalent (GLE) required to enter the program. | |  | State the expected Grade Level Equivalent (GLE) the students will have upon completion of the program. |  |
|  | Indicate any other requirements that are needed to enter the IE&T program. | | | |
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|  | Describe the strategies that will be used to prepare, serve and/or refer students who do not meet the requirements for entrance into the program. | | | |
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| **4. Career Paths (4 points)** | | | | |
|  | Indicate the primary industry of program North American Industry Classification System (NAICS) Code and description for the occupation(s) for which students are being prepared, and if more than one occupation is listed, include the NAICS for each primary occupation. | | | |
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|  | Indicate the primary occupation(s) for the program/Standard Occupational Classification (SOC) Code and the Occupation Title(s), and if more than one occupation is listed, include the SOC for each primary occupation. | | | |
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|  | Indicate the entry occupation(s) for which students are being prepared and the prospective next step(s)/occupation(s) on their desired career path. | | | |
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|  | Describe the partnerships that are/will be in place to assist students in acquiring secondary, postsecondary education and/or training certifications, credentials or licenses needed to advance to the next step/occupation on their career path. | | | |
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|  | Indicate the type of program/ Classification of Instructional Program (CIP) Code/Title/Definition, and if more than one occupation is listed, included the CIP codes for each occupation. | | | |
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|  | Specify the eligible certification, credential or licensure exam or registry. | | | |
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|  | Specify the certifying/licensing body or registry organization. | | | |
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|  | Specify the provider programmatic or organizational accreditation, if applicable. | | | |
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|  | Specify the provider program approval, if applicable*. (Some industries do not have accreditation but may offer other designation such Program Approval).* | | | |

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| **5. Occupational Competencies** **(2 points)** | | | | | | | | | |
|  | | | Using the Standard Occupational Code (SOC)(s) listed in the response for 4b. and [O\*NET](https://www.onetonline.org/) and specified the tasks, knowledge, skills, including technology skills and abilities required for the primary occupation(s). *(Add additional rows, if needed.)* | | | | | | |
| SOC/Occupational Title #1: | | | | | | | | | |
| Tasks: | | | | | | | | | |
| Knowledge: | | | | | | | | | |
| Skills: | | | | | | | | | |
| Technology Skills: | | | | | | | | | |
| Abilities: | | | | | | | | | |
| SOC/Occupational Title #2: | | | | | | | | | |
| Tasks: | | | | | | | | | |
| Knowledge: | | | | | | | | | |
| Skills: | | | | | | | | | |
| Technology Skills: | | | | | | | | | |
| Abilities: | | | | | | | | | |
| **6. Single Set of Integrated Learning Objectives (8 points)** | | | | | | | | | |
|  | | | Describe the adult education and literacy content that students will learn during their participation in the IE&T program. | | | | | | |
|  | | | | | | | | | |
|  | | | Specify the name and address of the eligible provider/partner who will offer the adult education and literacy activities to students. | | | | | | |
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|  | | | Describe the workforce preparation activities that students will engage in during their participation in the IE&T program. | | | | | | |
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|  | | | Specify the name and address of the eligible provider/partner who will offer the workforce preparation activities to students. | | | | | | |
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|  | | | Describe the workforce training competencies that students will be able to demonstrate during their participation in and/or upon completion of the IE&T program. | | | | | | |
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|  | | | Specify the name and address of the eligible provider/partner who will offer workforce training to students. | | | | | | |
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|  | | | Describe the manner in which the three IE&T program components/activities are organized to function cooperatively so that students achieve their desired learning outcomes. | | | | | | |
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|  | | | Describe the process for staff collaboration, if the adult education and literacy, workforce preparation and workforce training services are provided by more than one instructor/trainer. | | | | | | |
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|  | | | List the types of documentation that will be collected and maintained by the eligible provider as evidence that the single set of integrated learning objectives have been achieved. | | | | | | |
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| **7. Curricula and Occupationally Relevant Materials (2 points)** | | | | | | | | | |
|  | | | List the curricula and occupationally relevant materials that will be used for each component of the IE&T program – 1) adult education and literacy, 2) workforce preparation and 3) workforce training). *(Add additional rows, if needed)* | | | | | | |
| **Adult Education and Literacy** | | | | | | | | | |
| Name of Curriculum/  Occupationally Relevant Material. | | Publisher of the Curriculum | | | Grade Level Equivalent (GLE) of the Curriculum (as specified by the publisher) | | | Website of the Curriculum | Use of the Curriculum/  Occupationally Relevant Material *(Check one)* |
|  | |  | | |  | | |  | Entirety  Segments |
|  | |  | | |  | | |  | Entirety  Segments |
|  | |  | | |  | | |  | Entirety  Segments |
| **Workforce Preparation** | | | | | | | | | |
| Name of Curriculum/  Occupationally Relevant Material. | | Publisher of the Curriculum | | | Grade Level Equivalent (GLE) of the Curriculum (as specified by the publisher) | | | Website of the Curriculum | Use of the Curriculum/  Occupationally Relevant Material *(Check one)* |
|  | |  | | |  | | |  | Entirety  Segments |
|  | |  | | |  | | |  | Entirety  Segments |
|  | |  | | |  | | |  | Entirety  Segments |
| **Workforce Training** | | | | | | | | | |
| Name of Curriculum/  Occupationally Relevant Material. | | Publisher of the Curriculum | | | | Grade Level Equivalent (GLE) of the Curriculum (as specified by the publisher) | Website of the Curriculum | | Use of the Curriculum/  Occupationally Relevant Material *(Check one)* |
|  | |  | | | |  |  | | Entirety  Segments |
|  | |  | | | |  |  | | Entirety  Segments |
|  | |  | | | |  |  | | Entirety  Segments |
|  | Describe how the curricula and occupationally relevant materials will be used to provide instruction. | | | | | | | | |
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| **8. Program Enrollment, Participation and Completion (2 points)** | | | | | | | | | |
|  | Specify the enrollment options. | | | | | | | | |
| Managed enrollment  Open enrollment | | | | | | | | | |
|  | For managed enrollment, specify the dates and/or periods in which your agency enrolls students in the program. | | | | | | | | |
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|  | For managed enrollment, specify the number of cohort(s) of students that will be enrolled in the program to achieve your enrollment target during the program year. | | | | | | | | |
|  | | | | | | | | | |
|  | Specify the timeline for participation in and completion of the program. | | | | | | | | |
| Start Date: | | | |  | | | | | |
| End Date: | | | |  | | | | | |
| Total number of hours of the program: | | | |  | | | | | |
| Length of program by number of weeks or months: | | | |  | | | | | |
| State the typical timeframe needed to complete the program, i.e. the days of the week students attend and the number of hours per day. | | | |  | | | | | |

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| **9. Credential(s)/Certification(s)/Professional License(s) (6 points)** | | | |
|  | Specify the credentials students are eligible to earn/obtain during their participation in and/or upon completion of the program. *(Add additional rows, if needed)* | | |
| **Type of Credential(s)** | | **Name of the Credential(s)** | **Name of the Certifying Body** |
| High School Diploma  Entry Level Certification(s), Credential(s)or License(s) (e.g. CPR, First Aid, ServSafe Food Handlers, OSHA 10, Flaggers, etc.)  Industry-Recognized Credential(s) (e.g. CDA, MA, MAA, HHA, etc.)  Registration  Professional License  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |
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|  | Specify whether practice tests are provided for the credential, certification or license. | | |
| Yes  No | | | |
|  | Specify whether the practice tests are available through the same publisher that provides the credential, certification or licensure exam. | | |
| Yes  No | | | |
|  | If yes, describe and **upload/submit documentation in EGMS**, if available, that demonstrates how effective a predictor the practice test is of success on the credential, certification or licensure exam. | | |
|  | | | |
|  | If no, specify whether the applicant has designed a practice test and/or used prior year data/research to evaluate the readiness of students to take the credential, certification or licensure exam. | | |
|  | | | |
|  | Indicate the credential, certification or licensure exam fee. | | |
|  | | | |
|  | Specify the educational functioning level/grade level equivalent needed to successfully pass the exam per the test publisher’s guidelines, if available and **upload/submit** the evidence in EGMS, if available. | | |
|  | | | |
|  | Specify the educational functioning level/grade level equivalent needed to successfully pass the credential, certification or licensure exam per the eligible provider’s experience preparing eligible individuals to pass the exam. | | |
|  | | | |
|  | Specify the format of the credential, certification or licensure exam. | | |
| Paper-based  Computer-delivered  Multiple choice  Short answer  Performance based  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Specified how much time is allotted for the exam. | | |
|  | | | |
|  | Describe the certifying body’s process for a student to apply for accommodations for the exam. | | |
|  | | | |
|  | Indicate the link to the certifying body’s website with instructions on how to apply for accommodations. | | |
|  | | | |
|  | Specify whether the certifying body has requirements for students to retake the credential, certification or licensure exam. | | |
|  | | | |
|  | Indicate the retake exam fee and whether it is paid by the eligible provider or the student. | | |
|  | | | |
|  | Specify whether there is a requirement of practicum/residency hours before a student can receive his/her credential, certification or license. | | |
| Yes  No | | | |
|  | Describe how the program intends to support student completion of a practicum. | | |
|  | | | |
|  | Specify whether the student receives a printed and/or electronic copy of the credential, certification or license. | | |
| Print  Electronic  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | **Upload/submit** a sample credential, certification or license that students can earn in the program in EGMS. | | |

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| **10. Work-based Learning (3 points)** | | |
|  | Specify the types of work-based learning opportunities that will be offered to that students during and/or upon completion of the program. | |
| On the job training  Internships  Pre-Apprenticeships  Apprenticeships  Job Shadowing  Employment  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | List the employer partners that will offer work-based learning opportunities to students in the program, including Registered Apprenticeship providers, if applicable and **upload/submit** documentation of the partnership. |
|  | | |
|  | | Describe the particular competencies that students will need to demonstrate during their work-based learning experience. |
|  | | |
|  | | Specify whether students will receive a \*stipend during their participation in work-based learning activities, the amount of the stipend and level of frequency for which a stipend is provided.  \**Only WIC Career Pathways funding may be used for stipends/incentives for students for successful demonstration of specific employment competencies during their participation in and/or completion of work-based learning.* |
|  | | |
|  | | Specify Specified whether students will receive \*incentives during their participation in work-based learning activities, the amount of the incentives and level of frequency for which an incentive is provided.  \**Only WIC Career Pathways funding may be used for stipends/incentives for students for successful demonstration of specific employment competencies during their participation in and/or completion of work-based learning.* |
|  | | |
| **11. Student Incentives (2 points)** | | |
|  | | Specify whether students will receive incentives for the achievement of specific benchmarks/outcomes (e.g. attendance, progress, etc.) during their participation in the program, the amount of the incentives and level of frequency for which an incentive is provided. |
|  | | |
|  | | Specify whether student memberships to professional/industry organizations are provided to students for use during their participation in the program and/or upon completion of the program. (*Check all that apply*) |
| Yes, during the program  Yes, upon completion  No | | |
|  | | Specify whether uniforms, tools or other occupational materials are provided to students for use during their participation in the program and/or upon completion of the program. (*Check all that apply*) |
| Yes, during the program  Yes, upon completion  No | | |
|  | | List the specific items provided to students during their participation in the program, if applicable. |
|  | | |
|  | | List the specific items provided to students upon completion of the program, if applicable. |
|  | | |
|  | | |
| **Program Offering #2** | | |
| **2. IE&T Program Offering #2 (3 points)** | | |
|  | | Indicate the name of the IE&T program. |
|  | | |
|  | | Indicate the high demand industry for which the IE&T program is aligned. |
|  | | |
|  | | Provide a brief description of the program. *This description will be included in the OSSE AFE and WIC Career Pathways Partnership Guide.* |
|  | | |
|  | | Indicate the number of eligible individuals to be served in the IE&T program. |
|  | | |
|  | | Indicate the eligible provider’s total cost per student. |
|  | | |
|  | | Indicate the percentage (0-100%) and amount of OSSE funding that will be used to help defray the cost per student. |
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| **3. Program Entry Requirements (2 points)** | | | | |
|  | Specify the minimum Educational Functioning Level (EFL), CASAS Scale Score and Grade Level Equivalent (GLE) that students need to enter the program and their expected educational outcomes upon program completion for Reading and Math. | | | |
| **Reading** | | | | |
| **Entry Level Educational Requirements** | | | **Expected Educational Outcomes**  **Upon Program Completion** | |
| State the minimum EFL required to enter the program. | |  | State the expected EFL the students will have upon completion of the program. |  |
| State the minimum CASAS Scale Score required to enter the program. | |  | State the expected CASAS Scale Score the students will have upon completion of the program. |  |
| State the minimum Grade Level Equivalent (GLE) required to enter the program. | |  | State the expected Grade Level Equivalent (GLE) the students will have upon completion of the program. |  |
| **Math** | | | | |
| **Entry Level Educational Requirements** | | | **Expected Educational Outcomes** | |
| State the minimum EFL required to enter the program. | |  | State the expected EFL the students will have upon completion of the program. |  |
| State the minimum CASAS Scale Score required to enter the program. | |  | State the expected CASAS Scale Score the students will have upon completion of the program. |  |
| State the minimum Grade Level Equivalent (GLE) required to enter the program. | |  | State the expected Grade Level Equivalent (GLE) the students will have upon completion of the program. |  |
|  | Indicate any other requirements that are needed to enter the IE&T program. | | | |
|  | | | | |
|  | Describe the strategies that will be used to prepare, serve and/or refer students who do not meet the requirements for entrance into the program. | | | |
|  | | | | |
| **4. Career Paths (4 points)** | | | | |
|  | Indicate the primary industry of program North American Industry Classification System (NAICS) Code and description for the occupation(s) for which students are being prepared, and if more than one occupation is listed, include the NAICS for each primary occupation. | | | |
|  | | | | |
|  | Indicate the primary occupation(s) for the program/Standard Occupational Classification (SOC) Code and the Occupation Title(s), and if more than one occupation is listed, include the SOC for each primary occupation. | | | |
|  | | | | |
|  | Indicate the entry occupation(s) for which students are being prepared and the prospective next step(s)/occupation(s) on their desired career path. | | | |
|  | | | | |
|  | Describe the partnerships that are/will be in place to assist students in acquiring secondary, postsecondary education and/or training certifications, credentials or licenses needed to advance to the next step/occupation on their career path. | | | |
|  | | | | |
|  | Indicate the type of program/ Classification of Instructional Program (CIP) Code/Title/Definition, and if more than one occupation is listed, included the CIP codes for each occupation. | | | |
|  | | | | |
|  | Specify the eligible certification, credential or licensure exam or registry. | | | |
|  | | | | |
|  | Specify the certifying/licensing body or registry organization. | | | |
|  | | | | |
|  | Specify the provider programmatic or organizational accreditation, if applicable. | | | |
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|  | Specify the provider program approval, if applicable*. (Some industries do not have accreditation but may offer other designation such Program Approval).* | | | |

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| **5. Occupational Competencies** **(2 points)** | | | | | | | | |
|  | Using the Standard Occupational Code (SOC)(s) listed in the response for 4b. and [O\*NET](https://www.onetonline.org/) and specified the tasks, knowledge, skills, including technology skills and abilities required for the primary occupation(s). *(Add additional rows, if needed.)* | | | | | | | |
| SOC/Occupational Title #1: | | | | | | | | |
| Tasks: | | | | | | | | |
| Knowledge: | | | | | | | | |
| Skills: | | | | | | | | |
| Technology Skills: | | | | | | | | |
| Abilities: | | | | | | | | |
| SOC/Occupational Title #2: | | | | | | | | |
| Tasks: | | | | | | | | |
| Knowledge: | | | | | | | | |
| Skills: | | | | | | | | |
| Technology Skills: | | | | | | | | |
| Abilities: | | | | | | | | |
| **6. Single Set of Integrated Learning Objectives (8 points)** | | | | | | | | |
|  | Describe the adult education and literacy content that students will learn during their participation in the IE&T program. | | | | | | | |
|  | | | | | | | | |
|  | Specify the name and address of the eligible provider/partner who will offer the adult education and literacy activities to students. | | | | | | | |
|  | | | | | | | | |
|  | Describe the workforce preparation activities that students will engage in during their participation in the IE&T program. | | | | | | | |
|  | | | | | | | | |
|  | Specify the name and address of the eligible provider/partner who will offer the workforce preparation activities to students. | | | | | | | |
|  | | | | | | | | |
|  | Describe the workforce training competencies that students will be able to demonstrate during their participation in and/or upon completion of the IE&T program. | | | | | | | |
|  | | | | | | | | |
|  | Specify the name and address of the eligible provider/partner who will offer workforce training to students. | | | | | | | |
|  | | | | | | | | |
|  | Describe the manner in which the three IE&T program components/activities are organized to function cooperatively so that students achieve their desired learning outcomes. | | | | | | | |
|  | | | | | | | | |
|  | Describe the process for staff collaboration, if the adult education and literacy, workforce preparation and workforce training services are provided by more than one instructor/trainer. | | | | | | | |
|  | | | | | | | | |
|  | List the types of documentation that will be collected and maintained by the eligible provider as evidence that the single set of integrated learning objectives have been achieved. | | | | | | | |
|  | | | | | | | | |
| **7. Curricula and Occupationally Relevant Materials (2 points)** | | | | | | | | |
|  | List the curricula and occupationally relevant materials that will be used for each component of the IE&T program – 1) adult education and literacy, 2) workforce preparation and 3) workforce training). *(Add additional rows, if needed)* | | | | | | | |
| **Adult Education and Literacy** | | | | | | | | |
| Name of Curriculum/  Occupationally Relevant Material. | | Publisher of the Curriculum | | Grade Level Equivalent (GLE) of the Curriculum (as specified by the publisher) | | | Website of the Curriculum | Use of the Curriculum/  Occupationally Relevant Material *(Check one)* |
|  | |  | |  | | |  | Entirety  Segments |
|  | |  | |  | | |  | Entirety  Segments |
|  | |  | |  | | |  | Entirety  Segments |
| **Workforce Preparation** | | | | | | | | |
| Name of Curriculum/  Occupationally Relevant Material. | | Publisher of the Curriculum | | Grade Level Equivalent (GLE) of the Curriculum (as specified by the publisher) | | | Website of the Curriculum | Use of the Curriculum/  Occupationally Relevant Material *(Check one)* |
|  | |  | |  | | |  | Entirety  Segments |
|  | |  | |  | | |  | Entirety  Segments |
|  | |  | |  | | |  | Entirety  Segments |
| **Workforce Training** | | | | | | | | |
| Name of Curriculum/  Occupationally Relevant Material. | | Publisher of the Curriculum | | | Grade Level Equivalent (GLE) of the Curriculum (as specified by the publisher) | Website of the Curriculum | | Use of the Curriculum/  Occupationally Relevant Material *(Check one)* |
|  | |  | | |  |  | | Entirety  Segments |
|  | |  | | |  |  | | Entirety  Segments |
|  | |  | | |  |  | | Entirety  Segments |
|  | Describe how the curricula and occupationally relevant materials will be used to provide instruction. | | | | | | | |
|  | | | | | | | | |
| **8. Program Enrollment, Participation and Completion (2 points)** | | | | | | | | |
|  | Specify the enrollment options. | | | | | | | |
| Managed enrollment  Open enrollment | | | | | | | | |
|  | For managed enrollment, specify the dates and/or periods in which your agency enrolls students in the program. | | | | | | | |
|  | | | | | | | | |
|  | For managed enrollment, specify the number of cohort(s) of students that will be enrolled in the program to achieve your enrollment target during the program year. | | | | | | | |
|  | | | | | | | | |
|  | Specify the timeline for participation in and completion of the program. | | | | | | | |
| Start Date: | | |  | | | | | |
| End Date: | | |  | | | | | |
| Total number of hours of the program: | | |  | | | | | |
| Length of program by number of weeks or months: | | |  | | | | | |
| State the typical timeframe needed to complete the program, i.e. the days of the week students attend and the number of hours per day. | | |  | | | | | |

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| **9. Credential(s)/Certification(s)/Professional License(s) (6 points)** | | | |
|  | Specify the credentials students are eligible to earn/obtain during their participation in and/or upon completion of the program. *(Add additional rows, if needed)* | | |
| **Type of Credential(s)** | | **Name of the Credential(s)** | **Name of the Certifying Body** |
| High School Diploma  Entry Level Certification(s), Credential(s)or License(s) (e.g. CPR, First Aid, ServSafe Food Handlers, OSHA 10, Flaggers, etc.)  Industry-Recognized Credential(s) (e.g. CDA, MA, MAA, HHA, etc.)  Registration  Professional License  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |
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|  | Specify whether practice tests are provided for the credential, certification or license. | | |
| Yes  No | | | |
|  | Specify whether the practice tests are available through the same publisher that provides the credential, certification or licensure exam. | | |
| Yes  No | | | |
|  | If yes, describe and **upload/submit documentation in EGMS**, if available, that demonstrates how effective a predictor the practice test is of success on the credential, certification or licensure exam. | | |
|  | | | |
|  | If no, specify whether the applicant has designed a practice test and/or used prior year data/research to evaluate the readiness of students to take the credential, certification or licensure exam. | | |
|  | | | |
|  | Indicate the credential, certification or licensure exam fee. | | |
|  | | | |
|  | Specify the educational functioning level/grade level equivalent needed to successfully pass the exam per the test publisher’s guidelines, if available and **upload/submit** the evidence in EGMS, if available. | | |
|  | | | |
|  | Specify the educational functioning level/grade level equivalent needed to successfully pass the credential, certification or licensure exam per the eligible provider’s experience preparing eligible individuals to pass the exam. | | |
|  | | | |
|  | Specify the format of the credential, certification or licensure exam. | | |
| Paper-based  Computer-delivered  Multiple choice  Short answer  Performance based  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Specified how much time is allotted for the exam. | | |
|  | | | |
|  | Describe the certifying body’s process for a student to apply for accommodations for the exam. | | |
|  | | | |
|  | Indicate the link to the certifying body’s website with instructions on how to apply for accommodations. | | |
|  | | | |
|  | Specify whether the certifying body has requirements for students to retake the credential, certification or licensure exam. | | |
|  | | | |
|  | Indicate the retake exam fee and whether it is paid by the eligible provider or the student. | | |
|  | | | |
|  | Specify whether there is a requirement of practicum/residency hours before a student can receive his/her credential, certification or license. | | |
| Yes  No | | | |
|  | Describe how the program intends to support student completion of a practicum. | | |
|  | | | |
|  | Specify whether the student receives a printed and/or electronic copy of the credential, certification or license. | | |
| Print  Electronic  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | **Upload/submit** a sample credential, certification or license that students can earn in the program in EGMS. | | |

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| **10. Work-based Learning (3 points)** | | | | |
|  | Specify the types of work-based learning opportunities that will be offered to that students during and/or upon completion of the program. | | | |
| On the job training  Internships  Pre-Apprenticeships  Apprenticeships  Job Shadowing  Employment  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | List the employer partners that will offer work-based learning opportunities to students in the program, including Registered Apprenticeship providers, if applicable and **upload/submit** documentation of the partnership. | | | |
|  | | | | |
|  | Describe the particular competencies that students will need to demonstrate during their work-based learning experience. | | | |
|  | | | | |
|  | Specify whether students will receive a \*stipend during their participation in work-based learning activities, the amount of the stipend and level of frequency for which a stipend is provided.  \**Only WIC Career Pathways funding may be used for stipends/incentives for students for successful demonstration of specific employment competencies during their participation in and/or completion of work-based learning.* | | | |
|  | | | | |
|  | Specify Specified whether students will receive \*incentives during their participation in work-based learning activities, the amount of the incentives and level of frequency for which an incentive is provided.  \**Only WIC Career Pathways funding may be used for stipends/incentives for students for successful demonstration of specific employment competencies during their participation in and/or completion of work-based learning.* | | | |
|  | | | | |
| **11. Student Incentives (2 points)** | | | | |
|  | Specify whether students will receive incentives for the achievement of specific benchmarks/outcomes (e.g. attendance, progress, etc.) during their participation in the program, the amount of the incentives and level of frequency for which an incentive is provided. | | | |
|  | | | | |
|  | Specify whether student memberships to professional/industry organizations are provided to students for use during their participation in the program and/or upon completion of the program. (*Check all that apply*) | | | |
| Yes, during the program  Yes, upon completion  No | | | | |
|  | Specify whether uniforms, tools or other occupational materials are provided to students for use during their participation in the program and/or upon completion of the program. (*Check all that apply*) | | | |
| Yes, during the program  Yes, upon completion  No | | | | |
|  | List the specific items provided to students during their participation in the program, if applicable. | | | |
|  | | | | |
|  | List the specific items provided to students upon completion of the program, if applicable. | | | |
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|  | | | | |
| **Program Offering #3** | | | | |
| **2. IE&T Program Offering #3 (3 points)** | | | | |
|  | Indicate the name of the IE&T program. | | | |
|  | | | | |
|  | Indicate the high demand industry for which the IE&T program is aligned. | | | |
|  | | | | |
|  | Provide a brief description of the program. *This description will be included in the OSSE AFE and WIC Career Pathways Partnership Guide.* | | | |
|  | | | | |
|  | Indicate the number of eligible individuals to be served in the IE&T program. | | | |
|  | | | | |
|  | Indicate the eligible provider’s total cost per student. | | | |
|  | | | | |
|  | Indicate the percentage (0-100%) and amount of OSSE funding that will be used to help defray the cost per student. | | | |
|  | | | | |
| **3. Program Entry Requirements (2 points)** | | | | |
|  | Specify the minimum Educational Functioning Level (EFL), CASAS Scale Score and Grade Level Equivalent (GLE) that students need to enter the program and their expected educational outcomes upon program completion for Reading and Math. | | | |
| **Reading** | | | | |
| **Entry Level Educational Requirements** | | | **Expected Educational Outcomes**  **Upon Program Completion** | |
| State the minimum EFL required to enter the program. | |  | State the expected EFL the students will have upon completion of the program. |  |
| State the minimum CASAS Scale Score required to enter the program. | |  | State the expected CASAS Scale Score the students will have upon completion of the program. |  |
| State the minimum Grade Level Equivalent (GLE) required to enter the program. | |  | State the expected Grade Level Equivalent (GLE) the students will have upon completion of the program. |  |
| **Math** | | | | |
| **Entry Level Educational Requirements** | | | **Expected Educational Outcomes** | |
| State the minimum EFL required to enter the program. | |  | State the expected EFL the students will have upon completion of the program. |  |
| State the minimum CASAS Scale Score required to enter the program. | |  | State the expected CASAS Scale Score the students will have upon completion of the program. |  |
| State the minimum Grade Level Equivalent (GLE) required to enter the program. | |  | State the expected Grade Level Equivalent (GLE) the students will have upon completion of the program. |  |
|  | Indicate any other requirements that are needed to enter the IE&T program. | | | |
|  | | | | |
|  | Describe the strategies that will be used to prepare, serve and/or refer students who do not meet the requirements for entrance into the program. | | | |
|  | | | | |
| **4. Career Paths (4 points)** | | | | |
|  | Indicate the primary industry of program North American Industry Classification System (NAICS) Code and description for the occupation(s) for which students are being prepared, and if more than one occupation is listed, include the NAICS for each primary occupation. | | | |
|  | | | | |
|  | Indicate the primary occupation(s) for the program/Standard Occupational Classification (SOC) Code and the Occupation Title(s), and if more than one occupation is listed, include the SOC for each primary occupation. | | | |
|  | | | | |
|  | Indicate the entry occupation(s) for which students are being prepared and the prospective next step(s)/occupation(s) on their desired career path. | | | |
|  | | | | |
|  | Describe the partnerships that are/will be in place to assist students in acquiring secondary, postsecondary education and/or training certifications, credentials or licenses needed to advance to the next step/occupation on their career path. | | | |
|  | | | | |
|  | Indicate the type of program/ Classification of Instructional Program (CIP) Code/Title/Definition, and if more than one occupation is listed, included the CIP codes for each occupation. | | | |
|  | | | | |
|  | Specify the eligible certification, credential or licensure exam or registry. | | | |
|  | | | | |
|  | Specify the certifying/licensing body or registry organization. | | | |
|  | | | | |
|  | Specify the provider programmatic or organizational accreditation, if applicable. | | | |
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|  | Specify the provider program approval, if applicable*. (Some industries do not have accreditation but may offer other designation such Program Approval).* | | | |

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| **5. Occupational Competencies** **(2 points)** | | | | | | | | |
|  | Using the Standard Occupational Code (SOC)(s) listed in the response for 4b. and [O\*NET](https://www.onetonline.org/) and specified the tasks, knowledge, skills, including technology skills and abilities required for the primary occupation(s). *(Add additional rows, if needed.)* | | | | | | | |
| SOC/Occupational Title #1: | | | | | | | | |
| Tasks: | | | | | | | | |
| Knowledge: | | | | | | | | |
| Skills: | | | | | | | | |
| Technology Skills: | | | | | | | | |
| Abilities: | | | | | | | | |
| SOC/Occupational Title #2: | | | | | | | | |
| Tasks: | | | | | | | | |
| Knowledge: | | | | | | | | |
| Skills: | | | | | | | | |
| Technology Skills: | | | | | | | | |
| Abilities: | | | | | | | | |
| **6. Single Set of Integrated Learning Objectives (8 points)** | | | | | | | | |
|  | Describe the adult education and literacy content that students will learn during their participation in the IE&T program. | | | | | | | |
|  | | | | | | | | |
|  | Specify the name and address of the eligible provider/partner who will offer the adult education and literacy activities to students. | | | | | | | |
|  | | | | | | | | |
|  | Describe the workforce preparation activities that students will engage in during their participation in the IE&T program. | | | | | | | |
|  | | | | | | | | |
|  | Specify the name and address of the eligible provider/partner who will offer the workforce preparation activities to students. | | | | | | | |
|  | | | | | | | | |
|  | Describe the workforce training competencies that students will be able to demonstrate during their participation in and/or upon completion of the IE&T program. | | | | | | | |
|  | | | | | | | | |
|  | Specify the name and address of the eligible provider/partner who will offer workforce training to students. | | | | | | | |
|  | | | | | | | | |
|  | Describe the manner in which the three IE&T program components/activities are organized to function cooperatively so that students achieve their desired learning outcomes. | | | | | | | |
|  | | | | | | | | |
|  | Describe the process for staff collaboration, if the adult education and literacy, workforce preparation and workforce training services are provided by more than one instructor/trainer. | | | | | | | |
|  | | | | | | | | |
|  | List the types of documentation that will be collected and maintained by the eligible provider as evidence that the single set of integrated learning objectives have been achieved. | | | | | | | |
|  | | | | | | | | |
| **7. Curricula and Occupationally Relevant Materials (2 points)** | | | | | | | | |
|  | List the curricula and occupationally relevant materials that will be used for each component of the IE&T program – 1) adult education and literacy, 2) workforce preparation and 3) workforce training). *(Add additional rows, if needed)* | | | | | | | |
| **Adult Education and Literacy** | | | | | | | | |
| Name of Curriculum/  Occupationally Relevant Material. | | Publisher of the Curriculum | | Grade Level Equivalent (GLE) of the Curriculum (as specified by the publisher) | | | Website of the Curriculum | Use of the Curriculum/  Occupationally Relevant Material *(Check one)* |
|  | |  | |  | | |  | Entirety  Segments |
|  | |  | |  | | |  | Entirety  Segments |
|  | |  | |  | | |  | Entirety  Segments |
| **Workforce Preparation** | | | | | | | | |
| Name of Curriculum/  Occupationally Relevant Material. | | Publisher of the Curriculum | | Grade Level Equivalent (GLE) of the Curriculum (as specified by the publisher) | | | Website of the Curriculum | Use of the Curriculum/  Occupationally Relevant Material *(Check one)* |
|  | |  | |  | | |  | Entirety  Segments |
|  | |  | |  | | |  | Entirety  Segments |
|  | |  | |  | | |  | Entirety  Segments |
| **Workforce Training** | | | | | | | | |
| Name of Curriculum/  Occupationally Relevant Material. | | Publisher of the Curriculum | | | Grade Level Equivalent (GLE) of the Curriculum (as specified by the publisher) | Website of the Curriculum | | Use of the Curriculum/  Occupationally Relevant Material *(Check one)* |
|  | |  | | |  |  | | Entirety  Segments |
|  | |  | | |  |  | | Entirety  Segments |
|  | |  | | |  |  | | Entirety  Segments |
|  | Describe how the curricula and occupationally relevant materials will be used to provide instruction. | | | | | | | |
|  | | | | | | | | |
| **8. Program Enrollment, Participation and Completion (2 points)** | | | | | | | | |
|  | Specify the enrollment options. | | | | | | | |
| Managed enrollment  Open enrollment | | | | | | | | |
|  | For managed enrollment, specify the dates and/or periods in which your agency enrolls students in the program. | | | | | | | |
|  | | | | | | | | |
|  | For managed enrollment, specify the number of cohort(s) of students that will be enrolled in the program to achieve your enrollment target during the program year. | | | | | | | |
|  | | | | | | | | |
|  | Specify the timeline for participation in and completion of the program. | | | | | | | |
| Start Date: | | |  | | | | | |
| End Date: | | |  | | | | | |
| Total number of hours of the program: | | |  | | | | | |
| Length of program by number of weeks or months: | | |  | | | | | |
| State the typical timeframe needed to complete the program, i.e. the days of the week students attend and the number of hours per day. | | |  | | | | | |

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| **9. Credential(s)/Certification(s)/Professional License(s) (6 points)** | | | |
|  | Specify the credentials students are eligible to earn/obtain during their participation in and/or upon completion of the program. *(Add additional rows, if needed)* | | |
| **Type of Credential(s)** | | **Name of the Credential(s)** | **Name of the Certifying Body** |
| High School Diploma  Entry Level Certification(s), Credential(s)or License(s) (e.g. CPR, First Aid, ServSafe Food Handlers, OSHA 10, Flaggers, etc.)  Industry-Recognized Credential(s) (e.g. CDA, MA, MAA, HHA, etc.)  Registration  Professional License  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |
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|  | Specify whether practice tests are provided for the credential, certification or license. | | |
| Yes  No | | | |
|  | Specify whether the practice tests are available through the same publisher that provides the credential, certification or licensure exam. | | |
| Yes  No | | | |
|  | If yes, describe and **upload/submit documentation in EGMS**, if available, that demonstrates how effective a predictor the practice test is of success on the credential, certification or licensure exam. | | |
|  | | | |
|  | If no, specify whether the applicant has designed a practice test and/or used prior year data/research to evaluate the readiness of students to take the credential, certification or licensure exam. | | |
|  | | | |
|  | Indicate the credential, certification or licensure exam fee. | | |
|  | | | |
|  | Specify the educational functioning level/grade level equivalent needed to successfully pass the exam per the test publisher’s guidelines, if available and **upload/submit** the evidence in EGMS, if available. | | |
|  | | | |
|  | Specify the educational functioning level/grade level equivalent needed to successfully pass the credential, certification or licensure exam per the eligible provider’s experience preparing eligible individuals to pass the exam. | | |
|  | | | |
|  | Specify the format of the credential, certification or licensure exam. | | |
| Paper-based  Computer-delivered  Multiple choice  Short answer  Performance based  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Specified how much time is allotted for the exam. | | |
|  | | | |
|  | Describe the certifying body’s process for a student to apply for accommodations for the exam. | | |
|  | | | |
|  | Indicate the link to the certifying body’s website with instructions on how to apply for accommodations. | | |
|  | | | |
|  | Specify whether the certifying body has requirements for students to retake the credential, certification or licensure exam. | | |
|  | | | |
|  | Indicate the retake exam fee and whether it is paid by the eligible provider or the student. | | |
|  | | | |
|  | Specify whether there is a requirement of practicum/residency hours before a student can receive his/her credential, certification or license. | | |
| Yes  No | | | |
|  | Describe how the program intends to support student completion of a practicum. | | |
|  | | | |
|  | Specify whether the student receives a printed and/or electronic copy of the credential, certification or license. | | |
| Print  Electronic  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | **Upload/submit** a sample credential, certification or license that students can earn in the program in EGMS. | | |

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| **10. Work-based Learning (3 points)** | | | | |
|  | Specify the types of work-based learning opportunities that will be offered to that students during and/or upon completion of the program. | | | |
| On the job training  Internships  Pre-Apprenticeships  Apprenticeships  Job Shadowing  Employment  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | List the employer partners that will offer work-based learning opportunities to students in the program, including Registered Apprenticeship providers, if applicable and **upload/submit** documentation of the partnership. | | | |
|  | | | | |
|  | Describe the particular competencies that students will need to demonstrate during their work-based learning experience. | | | |
|  | | | | |
|  | Specify whether students will receive a \*stipend during their participation in work-based learning activities, the amount of the stipend and level of frequency for which a stipend is provided.  \**Only WIC Career Pathways funding may be used for stipends/incentives for students for successful demonstration of specific employment competencies during their participation in and/or completion of work-based learning.* | | | |
|  | | | | |
|  | Specify Specified whether students will receive \*incentives during their participation in work-based learning activities, the amount of the incentives and level of frequency for which an incentive is provided.  \**Only WIC Career Pathways funding may be used for stipends/incentives for students for successful demonstration of specific employment competencies during their participation in and/or completion of work-based learning.* | | | |
|  | | | | |
| **11. Student Incentives (2 points)** | | | | |
|  | Specify whether students will receive incentives for the achievement of specific benchmarks/outcomes (e.g. attendance, progress, etc.) during their participation in the program, the amount of the incentives and level of frequency for which an incentive is provided. | | | |
|  | | | | |
|  | Specify whether student memberships to professional/industry organizations are provided to students for use during their participation in the program and/or upon completion of the program. (*Check all that apply*) | | | |
| Yes, during the program  Yes, upon completion  No | | | | |
|  | Specify whether uniforms, tools or other occupational materials are provided to students for use during their participation in the program and/or upon completion of the program. (*Check all that apply*) | | | |
| Yes, during the program  Yes, upon completion  No | | | | |
|  | List the specific items provided to students during their participation in the program, if applicable. | | | |
|  | | | | |
|  | List the specific items provided to students upon completion of the program, if applicable. | | | |
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| **Program Offering #4** | | | | |
| **2. IE&T Program Offering #4 (3 points)** | | | | |
|  | Indicate the name of the IE&T program. | | | |
|  | | | | |
|  | Indicate the high demand industry for which the IE&T program is aligned. | | | |
|  | | | | |
|  | Provide a brief description of the program. *This description will be included in the OSSE AFE and WIC Career Pathways Partnership Guide.* | | | |
|  | | | | |
|  | Indicate the number of eligible individuals to be served in the IE&T program. | | | |
|  | | | | |
|  | Indicate the eligible provider’s total cost per student. | | | |
|  | | | | |
|  | Indicate the percentage (0-100%) and amount of OSSE funding that will be used to help defray the cost per student. | | | |
|  | | | | |
| **3. Program Entry Requirements (2 points)** | | | | |
|  | Specify the minimum Educational Functioning Level (EFL), CASAS Scale Score and Grade Level Equivalent (GLE) that students need to enter the program and their expected educational outcomes upon program completion for Reading and Math. | | | |
| **Reading** | | | | |
| **Entry Level Educational Requirements** | | | **Expected Educational Outcomes**  **Upon Program Completion** | |
| State the minimum EFL required to enter the program. | |  | State the expected EFL the students will have upon completion of the program. |  |
| State the minimum CASAS Scale Score required to enter the program. | |  | State the expected CASAS Scale Score the students will have upon completion of the program. |  |
| State the minimum Grade Level Equivalent (GLE) required to enter the program. | |  | State the expected Grade Level Equivalent (GLE) the students will have upon completion of the program. |  |
| **Math** | | | | |
| **Entry Level Educational Requirements** | | | **Expected Educational Outcomes** | |
| State the minimum EFL required to enter the program. | |  | State the expected EFL the students will have upon completion of the program. |  |
| State the minimum CASAS Scale Score required to enter the program. | |  | State the expected CASAS Scale Score the students will have upon completion of the program. |  |
| State the minimum Grade Level Equivalent (GLE) required to enter the program. | |  | State the expected Grade Level Equivalent (GLE) the students will have upon completion of the program. |  |
|  | Indicate any other requirements that are needed to enter the IE&T program. | | | |
|  | | | | |
|  | Describe the strategies that will be used to prepare, serve and/or refer students who do not meet the requirements for entrance into the program. | | | |
|  | | | | |
| **4. Career Paths (4 points)** | | | | |
|  | Indicate the primary industry of program North American Industry Classification System (NAICS) Code and description for the occupation(s) for which students are being prepared, and if more than one occupation is listed, include the NAICS for each primary occupation. | | | |
|  | | | | |
|  | Indicate the primary occupation(s) for the program/Standard Occupational Classification (SOC) Code and the Occupation Title(s), and if more than one occupation is listed, include the SOC for each primary occupation. | | | |
|  | | | | |
|  | Indicate the entry occupation(s) for which students are being prepared and the prospective next step(s)/occupation(s) on their desired career path. | | | |
|  | | | | |
|  | Describe the partnerships that are/will be in place to assist students in acquiring secondary, postsecondary education and/or training certifications, credentials or licenses needed to advance to the next step/occupation on their career path. | | | |
|  | | | | |
|  | Indicate the type of program/ Classification of Instructional Program (CIP) Code/Title/Definition, and if more than one occupation is listed, included the CIP codes for each occupation. | | | |
|  | | | | |
|  | Specify the eligible certification, credential or licensure exam or registry. | | | |
|  | | | | |
|  | Specify the certifying/licensing body or registry organization. | | | |
|  | | | | |
|  | Specify the provider programmatic or organizational accreditation, if applicable. | | | |
|  | | | | |
|  | Specify the provider program approval, if applicable*. (Some industries do not have accreditation but may offer other designation such Program Approval).* | | | |

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| **5. Occupational Competencies** **(2 points)** | |
|  | Using the Standard Occupational Code (SOC)(s) listed in the response for 4b. and [O\*NET](https://www.onetonline.org/) and specified the tasks, knowledge, skills, including technology skills and abilities required for the primary occupation(s). *(Add additional rows, if needed.)* |
| SOC/Occupational Title #1: | |
| Tasks: | |
| Knowledge: | |
| Skills: | |
| Technology Skills: | |
| Abilities: | |
| SOC/Occupational Title #2: | |
| Tasks: | |
| Knowledge: | |
| Skills: | |
| Technology Skills: | |
| Abilities: | |

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| **6. Single Set of Integrated Learning Objectives (8 points)** | | | | | | | | |
|  | Describe the adult education and literacy content that students will learn during their participation in the IE&T program. | | | | | | | |
|  | | | | | | | | |
|  | Specify the name and address of the eligible provider/partner who will offer the adult education and literacy activities to students. | | | | | | | |
|  | | | | | | | | |
|  | Describe the workforce preparation activities that students will engage in during their participation in the IE&T program. | | | | | | | |
|  | | | | | | | | |
|  | Specify the name and address of the eligible provider/partner who will offer the workforce preparation activities to students. | | | | | | | |
|  | | | | | | | | |
|  | Describe the workforce training competencies that students will be able to demonstrate during their participation in and/or upon completion of the IE&T program. | | | | | | | |
|  | | | | | | | | |
|  | Specify the name and address of the eligible provider/partner who will offer workforce training to students. | | | | | | | |
|  | | | | | | | | |
|  | Describe the manner in which the three IE&T program components/activities are organized to function cooperatively so that students achieve their desired learning outcomes. | | | | | | | |
|  | | | | | | | | |
|  | Describe the process for staff collaboration, if the adult education and literacy, workforce preparation and workforce training services are provided by more than one instructor/trainer. | | | | | | | |
|  | | | | | | | | |
|  | List the types of documentation that will be collected and maintained by the eligible provider as evidence that the single set of integrated learning objectives have been achieved. | | | | | | | |
|  | | | | | | | | |
| **7. Curricula and Occupationally Relevant Materials (2 points)** | | | | | | | | |
|  | List the curricula and occupationally relevant materials that will be used for each component of the IE&T program – 1) adult education and literacy, 2) workforce preparation and 3) workforce training). *(Add additional rows, if needed)* | | | | | | | |
| **Adult Education and Literacy** | | | | | | | | |
| Name of Curriculum/  Occupationally Relevant Material. | | Publisher of the Curriculum | | Grade Level Equivalent (GLE) of the Curriculum (as specified by the publisher) | | | Website of the Curriculum | Use of the Curriculum/  Occupationally Relevant Material *(Check one)* |
|  | |  | |  | | |  | Entirety  Segments |
|  | |  | |  | | |  | Entirety  Segments |
|  | |  | |  | | |  | Entirety  Segments |
| **Workforce Preparation** | | | | | | | | |
| Name of Curriculum/  Occupationally Relevant Material. | | Publisher of the Curriculum | | Grade Level Equivalent (GLE) of the Curriculum (as specified by the publisher) | | | Website of the Curriculum | Use of the Curriculum/  Occupationally Relevant Material *(Check one)* |
|  | |  | |  | | |  | Entirety  Segments |
|  | |  | |  | | |  | Entirety  Segments |
|  | |  | |  | | |  | Entirety  Segments |
| **Workforce Training** | | | | | | | | |
| Name of Curriculum/  Occupationally Relevant Material. | | Publisher of the Curriculum | | | Grade Level Equivalent (GLE) of the Curriculum (as specified by the publisher) | Website of the Curriculum | | Use of the Curriculum/  Occupationally Relevant Material *(Check one)* |
|  | |  | | |  |  | | Entirety  Segments |
|  | |  | | |  |  | | Entirety  Segments |
|  | |  | | |  |  | | Entirety  Segments |
|  | Describe how the curricula and occupationally relevant materials will be used to provide instruction. | | | | | | | |
|  | | | | | | | | |
| **8. Program Enrollment, Participation and Completion (2 points)** | | | | | | | | |
|  | Specify the enrollment options. | | | | | | | |
| Managed enrollment  Open enrollment | | | | | | | | |
|  | For managed enrollment, specify the dates and/or periods in which your agency enrolls students in the program. | | | | | | | |
|  | | | | | | | | |
|  | For managed enrollment, specify the number of cohort(s) of students that will be enrolled in the program to achieve your enrollment target during the program year. | | | | | | | |
|  | | | | | | | | |
|  | Specify the timeline for participation in and completion of the program. | | | | | | | |
| Start Date: | | |  | | | | | |
| End Date: | | |  | | | | | |
| Total number of hours of the program: | | |  | | | | | |
| Length of program by number of weeks or months: | | |  | | | | | |
| State the typical timeframe needed to complete the program, i.e. the days of the week students attend and the number of hours per day. | | |  | | | | | |

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| **9. Credential(s)/Certification(s)/Professional License(s) (6 points)** | | | |
|  | Specify the credentials students are eligible to earn/obtain during their participation in and/or upon completion of the program. *(Add additional rows, if needed)* | | |
| **Type of Credential(s)** | | **Name of the Credential(s)** | **Name of the Certifying Body** |
| High School Diploma  Entry Level Certification(s), Credential(s)or License(s) (e.g. CPR, First Aid, ServSafe Food Handlers, OSHA 10, Flaggers, etc.)  Industry-Recognized Credential(s) (e.g. CDA, MA, MAA, HHA, etc.)  Registration  Professional License  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |
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|  | Specify whether practice tests are provided for the credential, certification or license. | | |
| Yes  No | | | |
|  | Specify whether the practice tests are available through the same publisher that provides the credential, certification or licensure exam. | | |
| Yes  No | | | |
|  | If yes, describe and **upload/submit documentation in EGMS**, if available, that demonstrates how effective a predictor the practice test is of success on the credential, certification or licensure exam. | | |
|  | | | |
|  | If no, specify whether the applicant has designed a practice test and/or used prior year data/research to evaluate the readiness of students to take the credential, certification or licensure exam. | | |
|  | | | |
|  | Indicate the credential, certification or licensure exam fee. | | |
|  | | | |
|  | Specify the educational functioning level/grade level equivalent needed to successfully pass the exam per the test publisher’s guidelines, if available and **upload/submit** the evidence in EGMS, if available. | | |
|  | | | |
|  | Specify the educational functioning level/grade level equivalent needed to successfully pass the credential, certification or licensure exam per the eligible provider’s experience preparing eligible individuals to pass the exam. | | |
|  | | | |
|  | Specify the format of the credential, certification or licensure exam. | | |
| Paper-based  Computer-delivered  Multiple choice  Short answer  Performance based  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Specified how much time is allotted for the exam. | | |
|  | | | |
|  | Describe the certifying body’s process for a student to apply for accommodations for the exam. | | |
|  | | | |
|  | Indicate the link to the certifying body’s website with instructions on how to apply for accommodations. | | |
|  | | | |
|  | Specify whether the certifying body has requirements for students to retake the credential, certification or licensure exam. | | |
|  | | | |
|  | Indicate the retake exam fee and whether it is paid by the eligible provider or the student. | | |
|  | | | |
|  | Specify whether there is a requirement of practicum/residency hours before a student can receive his/her credential, certification or license. | | |
| Yes  No | | | |
|  | Describe how the program intends to support student completion of a practicum. | | |
|  | | | |
|  | Specify whether the student receives a printed and/or electronic copy of the credential, certification or license. | | |
| Print  Electronic  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | **Upload/submit** a sample credential, certification or license that students can earn in the program in EGMS. | | |

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| **10. Work-based Learning (3 points)** | | | | |
|  | Specify the types of work-based learning opportunities that will be offered to that students during and/or upon completion of the program. | | | |
| On the job training  Internships  Pre-Apprenticeships  Apprenticeships  Job Shadowing  Employment  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | List the employer partners that will offer work-based learning opportunities to students in the program, including Registered Apprenticeship providers, if applicable and **upload/submit** documentation of the partnership. | | | |
|  | | | | |
|  | Describe the particular competencies that students will need to demonstrate during their work-based learning experience. | | | |
|  | | | | |
|  | Specify whether students will receive a \*stipend during their participation in work-based learning activities, the amount of the stipend and level of frequency for which a stipend is provided.  \**Only WIC Career Pathways funding may be used for stipends/incentives for students for successful demonstration of specific employment competencies during their participation in and/or completion of work-based learning.* | | | |
|  | | | | |
|  | Specify Specified whether students will receive \*incentives during their participation in work-based learning activities, the amount of the incentives and level of frequency for which an incentive is provided.  \**Only WIC Career Pathways funding may be used for stipends/incentives for students for successful demonstration of specific employment competencies during their participation in and/or completion of work-based learning.* | | | |
|  | | | | |
| **11. Student Incentives (2 points)** | | | | |
|  | Specify whether students will receive incentives for the achievement of specific benchmarks/outcomes (e.g. attendance, progress, etc.) during their participation in the program, the amount of the incentives and level of frequency for which an incentive is provided. | | | |
|  | | | | |
|  | Specify whether student memberships to professional/industry organizations are provided to students for use during their participation in the program and/or upon completion of the program. (*Check all that apply*) | | | |
| Yes, during the program  Yes, upon completion  No | | | | |
|  | Specify whether uniforms, tools or other occupational materials are provided to students for use during their participation in the program and/or upon completion of the program. (*Check all that apply*) | | | |
| Yes, during the program  Yes, upon completion  No | | | | |
|  | List the specific items provided to students during their participation in the program, if applicable. | | | |
|  | | | | |
|  | List the specific items provided to students upon completion of the program, if applicable. | | | |
|  | | | | |
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| **Program Offering #5** | | | | |
| **2. IE&T Program Offering #5 (3 points)** | | | | |
|  | Indicate the name of the IE&T program. | | | |
|  | | | | |
|  | Indicate the high demand industry for which the IE&T program is aligned. | | | |
|  | | | | |
|  | Provide a brief description of the program. *This description will be included in the OSSE AFE and WIC Career Pathways Partnership Guide.* | | | |
|  | | | | |
|  | Indicate the number of eligible individuals to be served in the IE&T program. | | | |
|  | | | | |
|  | Indicate the eligible provider’s total cost per student. | | | |
|  | | | | |
|  | Indicate the percentage (0-100%) and amount of OSSE funding that will be used to help defray the cost per student. | | | |
|  | | | | |
| **3. Program Entry Requirements (2 points)** | | | | |
|  | Specify the minimum Educational Functioning Level (EFL), CASAS Scale Score and Grade Level Equivalent (GLE) that students need to enter the program and their expected educational outcomes upon program completion for Reading and Math. | | | |
| **Reading** | | | | |
| **Entry Level Educational Requirements** | | | **Expected Educational Outcomes**  **Upon Program Completion** | |
| State the minimum EFL required to enter the program. | |  | State the expected EFL the students will have upon completion of the program. |  |
| State the minimum CASAS Scale Score required to enter the program. | |  | State the expected CASAS Scale Score the students will have upon completion of the program. |  |
| State the minimum Grade Level Equivalent (GLE) required to enter the program. | |  | State the expected Grade Level Equivalent (GLE) the students will have upon completion of the program. |  |
| **Math** | | | | |
| **Entry Level Educational Requirements** | | | **Expected Educational Outcomes** | |
| State the minimum EFL required to enter the program. | |  | State the expected EFL the students will have upon completion of the program. |  |
| State the minimum CASAS Scale Score required to enter the program. | |  | State the expected CASAS Scale Score the students will have upon completion of the program. |  |
| State the minimum Grade Level Equivalent (GLE) required to enter the program. | |  | State the expected Grade Level Equivalent (GLE) the students will have upon completion of the program. |  |
|  | Indicate any other requirements that are needed to enter the IE&T program. | | | |
|  | | | | |
|  | Describe the strategies that will be used to prepare, serve and/or refer students who do not meet the requirements for entrance into the program. | | | |
|  | | | | |
| **4. Career Paths (4 points)** | | | | |
|  | Indicate the primary industry of program North American Industry Classification System (NAICS) Code and description for the occupation(s) for which students are being prepared, and if more than one occupation is listed, include the NAICS for each primary occupation. | | | |
|  | | | | |
|  | Indicate the primary occupation(s) for the program/Standard Occupational Classification (SOC) Code and the Occupation Title(s), and if more than one occupation is listed, include the SOC for each primary occupation. | | | |
|  | | | | |
|  | Indicate the entry occupation(s) for which students are being prepared and the prospective next step(s)/occupation(s) on their desired career path. | | | |
|  | | | | |
|  | Describe the partnerships that are/will be in place to assist students in acquiring secondary, postsecondary education and/or training certifications, credentials or licenses needed to advance to the next step/occupation on their career path. | | | |
|  | | | | |
|  | Indicate the type of program/ Classification of Instructional Program (CIP) Code/Title/Definition, and if more than one occupation is listed, included the CIP codes for each occupation. | | | |
|  | | | | |
|  | Specify the eligible certification, credential or licensure exam or registry. | | | |
|  | | | | |
|  | Specify the certifying/licensing body or registry organization. | | | |
|  | | | | |
|  | Specify the provider programmatic or organizational accreditation, if applicable. | | | |
|  | | | | |
|  | Specify the provider program approval, if applicable*. (Some industries do not have accreditation but may offer other designation such Program Approval).* | | | |

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| **5. Occupational Competencies** **(2 points)** | | | | | | | | |
|  | Using the Standard Occupational Code (SOC)(s) listed in the response for 4b. and [O\*NET](https://www.onetonline.org/) and specified the tasks, knowledge, skills, including technology skills and abilities required for the primary occupation(s). *(Add additional rows, if needed.)* | | | | | | | |
| SOC/Occupational Title #1: | | | | | | | | |
| Tasks: | | | | | | | | |
| Knowledge: | | | | | | | | |
| Skills: | | | | | | | | |
| Technology Skills: | | | | | | | | |
| Abilities: | | | | | | | | |
| SOC/Occupational Title #2: | | | | | | | | |
| Tasks: | | | | | | | | |
| Knowledge: | | | | | | | | |
| Skills: | | | | | | | | |
| Technology Skills: | | | | | | | | |
| Abilities: | | | | | | | | |
| **6. Single Set of Integrated Learning Objectives (8 points)** | | | | | | | | |
|  | Describe the adult education and literacy content that students will learn during their participation in the IE&T program. | | | | | | | |
|  | | | | | | | | |
|  | Specify the name and address of the eligible provider/partner who will offer the adult education and literacy activities to students. | | | | | | | |
|  | | | | | | | | |
|  | Describe the workforce preparation activities that students will engage in during their participation in the IE&T program. | | | | | | | |
|  | | | | | | | | |
|  | Specify the name and address of the eligible provider/partner who will offer the workforce preparation activities to students. | | | | | | | |
|  | | | | | | | | |
|  | Describe the workforce training competencies that students will be able to demonstrate during their participation in and/or upon completion of the IE&T program. | | | | | | | |
|  | | | | | | | | |
|  | Specify the name and address of the eligible provider/partner who will offer workforce training to students. | | | | | | | |
|  | | | | | | | | |
| **g)** | Describe the manner in which the three IE&T program components/activities are organized to function cooperatively so that students achieve their desired learning outcomes. | | | | | | | |
|  | | | | | | | | |
| **h)** | Describe the process for staff collaboration, if the adult education and literacy, workforce preparation and workforce training services are provided by more than one instructor/trainer. | | | | | | | |
|  | | | | | | | | |
| **i)** | List the types of documentation that will be collected and maintained by the eligible provider as evidence that the single set of integrated learning objectives have been achieved. | | | | | | | |
|  | | | | | | | | |
| **7. Curricula and Occupationally Relevant Materials (2 points)** | | | | | | | | |
|  | List the curricula and occupationally relevant materials that will be used for each component of the IE&T program – 1) adult education and literacy, 2) workforce preparation and 3) workforce training). *(Add additional rows, if needed)* | | | | | | | |
| **Adult Education and Literacy** | | | | | | | | |
| Name of Curriculum/  Occupationally Relevant Material. | | Publisher of the Curriculum | | Grade Level Equivalent (GLE) of the Curriculum (as specified by the publisher) | | | Website of the Curriculum | Use of the Curriculum/  Occupationally Relevant Material *(Check one)* |
|  | |  | |  | | |  | Entirety  Segments |
|  | |  | |  | | |  | Entirety  Segments |
|  | |  | |  | | |  | Entirety  Segments |
| **Workforce Preparation** | | | | | | | | |
| Name of Curriculum/  Occupationally Relevant Material. | | Publisher of the Curriculum | | Grade Level Equivalent (GLE) of the Curriculum (as specified by the publisher) | | | Website of the Curriculum | Use of the Curriculum/  Occupationally Relevant Material *(Check one)* |
|  | |  | |  | | |  | Entirety  Segments |
|  | |  | |  | | |  | Entirety  Segments |
|  | |  | |  | | |  | Entirety  Segments |
| **Workforce Training** | | | | | | | | |
| Name of Curriculum/  Occupationally Relevant Material. | | Publisher of the Curriculum | | | Grade Level Equivalent (GLE) of the Curriculum (as specified by the publisher) | Website of the Curriculum | | Use of the Curriculum/  Occupationally Relevant Material *(Check one)* |
|  | |  | | |  |  | | Entirety  Segments |
|  | |  | | |  |  | | Entirety  Segments |
|  | |  | | |  |  | | Entirety  Segments |
|  | Describe how the curricula and occupationally relevant materials will be used to provide instruction. | | | | | | | |
|  | | | | | | | | |
| **8. Program Enrollment, Participation and Completion (2 points)** | | | | | | | | |
|  | Specify the enrollment options. | | | | | | | |
| Open enrollment  Managed enrollment | | | | | | | | |
|  | For managed enrollment, specify the dates and/or periods in which your agency enrolls students in the program. | | | | | | | |
|  | | | | | | | | |
|  | For managed enrollment, specify the number of cohort(s) of students that will be enrolled in the program to achieve your enrollment target during the program year. | | | | | | | |
|  | | | | | | | | |
|  | Specify the timeline for participation in and completion of the program. | | | | | | | |
| Start Date: | | |  | | | | | |
| End Date: | | |  | | | | | |
| Total number of hours of the program: | | |  | | | | | |
| Length of program by number of weeks or months: | | |  | | | | | |
| State the typical timeframe needed to complete the program, i.e. the days of the week students attend and the number of hours per day. | | |  | | | | | |

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| **9. Credential(s)/Certification(s)/Professional License(s) (6 points)** | | | |
|  | Specify the credentials students are eligible to earn/obtain during their participation in and/or upon completion of the program. *(Add additional rows, if needed)* | | |
| **Type of Credential(s)** | | **Name of the Credential(s)** | **Name of the Certifying Body** |
| High School Diploma  Entry Level Certification(s), Credential(s)or License(s) (e.g. CPR, First Aid, ServSafe Food Handlers, OSHA 10, Flaggers, etc.)  Industry-Recognized Credential(s) (e.g. CDA, MA, MAA, HHA, etc.)  Registration  Professional License  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |
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|  |  |
|  | Specify whether practice tests are provided for the credential, certification or license. | | |
| Yes  No | | | |
|  | Specify whether the practice tests are available through the same publisher that provides the credential, certification or licensure exam. | | |
| Yes  No | | | |
|  | If yes, describe and **upload/submit documentation in EGMS**, if available, that demonstrates how effective a predictor the practice test is of success on the credential, certification or licensure exam. | | |
|  | | | |
|  | If no, specify whether the applicant has designed a practice test and/or used prior year data/research to evaluate the readiness of students to take the credential, certification or licensure exam. | | |
|  | | | |
|  | Indicate the credential, certification or licensure exam fee. | | |
|  | | | |
|  | Specify the educational functioning level/grade level equivalent needed to successfully pass the exam per the test publisher’s guidelines, if available and **upload/submit** the evidence in EGMS, if available. | | |
|  | | | |
|  | Specify the educational functioning level/grade level equivalent needed to successfully pass the credential, certification or licensure exam per the eligible provider’s experience preparing eligible individuals to pass the exam. | | |
|  | | | |
|  | Specify the format of the credential, certification or licensure exam. | | |
| Paper-based  Computer-delivered  Multiple choice  Short answer  Performance based  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Specified how much time is allotted for the exam. | | |
|  | | | |
|  | Describe the certifying body’s process for a student to apply for accommodations for the exam. | | |
|  | | | |
|  | Indicate the link to the certifying body’s website with instructions on how to apply for accommodations. | | |
|  | | | |
|  | Specify whether the certifying body has requirements for students to retake the credential, certification or licensure exam. | | |
|  | | | |
|  | Indicate the retake exam fee and whether it is paid by the eligible provider or the student. | | |
|  | | | |
|  | Specify whether there is a requirement of practicum/residency hours before a student can receive his/her credential, certification or license. | | |
| Yes  No | | | |
|  | Describe how the program intends to support student completion of a practicum. | | |
|  | | | |
|  | Specify whether the student receives a printed and/or electronic copy of the credential, certification or license. | | |
| Print  Electronic  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | **Upload/submit** a sample credential, certification or license that students can earn in the program in EGMS. | | |

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| **10. Work-based Learning (3 points)** | | |
|  | Specify the types of work-based learning opportunities that will be offered to that students during and/or upon completion of the program. | |
| On the job training  Internships  Pre-Apprenticeships  Apprenticeships  Job Shadowing  Employment  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | List the employer partners that will offer work-based learning opportunities to students in the program, including Registered Apprenticeship providers, if applicable and **upload/submit** documentation of the partnership. | |
|  | | |
|  | Describe the particular competencies that students will need to demonstrate during their work-based learning experience. | |
|  | | |
|  | Specify whether students will receive a \*stipend during their participation in work-based learning activities, the amount of the stipend and level of frequency for which a stipend is provided.  \**Only WIC Career Pathways funding may be used for stipends/incentives for students for successful demonstration of specific employment competencies during their participation in and/or completion of work-based learning.* | |
|  | | |
|  | Specify Specified whether students will receive \*incentives during their participation in work-based learning activities, the amount of the incentives and level of frequency for which an incentive is provided.  \**Only WIC Career Pathways funding may be used for stipends/incentives for students for successful demonstration of specific employment competencies during their participation in and/or completion of work-based learning.* | |
|  | | |
| **11. Student Incentives (2 points)** | | |
|  | Specify whether students will receive incentives for the achievement of specific benchmarks/outcomes (e.g. attendance, progress, etc.) during their participation in the program, the amount of the incentives and level of frequency for which an incentive is provided. |
|  | |
|  | Specify whether student memberships to professional/industry organizations are provided to students for use during their participation in the program and/or upon completion of the program. (*Check all that apply*) |
| Yes, during the program  Yes, upon completion  No | |
|  | Specify whether uniforms, tools or other occupational materials are provided to students for use during their participation in the program and/or upon completion of the program. (*Check all that apply*) |
| Yes, during the program  Yes, upon completion  No | |
|  | List the specific items provided to students during their participation in the program, if applicable. |
|  | |
|  | List the specific items provided to students upon completion of the program, if applicable. |
|  | |
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| **C. Other Program Elements (38 Points)** | |
| **Please respond to the questions below based on all of your IE&T Program Offerings collectively.** | |
| **1. Student Assessment (2 points)** | |
|  | Describe the process used by the eligible provider to assess the educational, workforce preparation and workforce training needs of the eligible individuals. |
|  | |
|  | Specify the career inventory assessment tool(s) that will be administered to students in the program. |
| Career Clusters Interest Survey™ (CCIS) (included in Virtual Job Shadow)  O\*NET Interest Profiler™ (O\*NET IP) (included in Virtual Job Shadow)  O\*NET Work Importance Locator (O\*NET WIL) (included in Virtual Job Shadow)  Other, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Specify the digital literacy assessment that will be administered to students in the program. |
| NorthStar Digital Literacy Assessment  Computer Essential Self-Assessment  Other, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **2. Instructional Program (8 points)** | |
|  | Specify the Instructional delivery options. *(Check all that apply)* |
| Classroom-based  Tutoring  Blended/Hybrid (Classroom-based and Distance Learning)  Distance Learning  Practicum, Work-Based-Learning activities  Other, please specify: | |
|  | Describe the adult education and literacy activities (e.g. reading, mathematics, writing, speaking, and English language acquisition instruction), workforce preparation, workforce training and other related activities and services, that will be offered by the eligible provider. |
|  | |
|  | Describe how these activities will be offered for the specific occupation or occupational cluster selected by the eligible provider, cooperatively and simultaneously within the scope of the program. |
|  | |
|  | Describe how the eligible provider will meet the state's requirement that students receive a minimum of 4 to 6 hours of direct instruction from an instructor per week. |
|  | |
|  | Describe how the eligible provider will meet the state’s requirement that a minimum of 24 hours of instruction (classroom, tutoring, and/or blended learning) is offered to students per week. |
|  | |
|  | Describe whether the eligible provider’s program is of sufficient intensity and quality and based on the most rigorous research available so that participants achieve substantial learning gains. |
|  | |
|  | Describe whether the eligible provider uses instructional practices that include the essential components of reading instruction. |
|  | |
|  | Describe whether the activities, including reading, mathematics, writing, speaking and English Language acquisition instruction, as well as workforce preparation and workforce training, delivered by the eligible provider, are based on best practices derived from scientifically valid research and effective educational practices. |
|  | |
|  | Describe whether the eligible provider’s activities provide learning in context through integrated education and training so that an individual acquires the skills needed to 1) transition to and complete postsecondary education and training programs, 2) obtain and advance in employment leading to economic self-sufficiency, and 3) exercise the rights and responsibilities of citizenship, if applicable. |
|  | |
| **3. Technology Integration (3 points)** | |
|  | List the technology (computer hardware and software) that will be available for use by students in the program. *(Add additional rows, if needed)* |
|  | |
|  | |
| Computer Hardware: | |
|  | |
| Computer Software: | |
|  | |
|  | Specify whether the organization has a blended learning/distance education plan, and how long the eligible provider has been offering blended learning and/or distance education to eligible individuals. |
|  | |
|  | Describe the technology services and delivery systems, including blended learning and/or distance education, that are used by the eligible provider to address the needs of eligible individuals, increase the amount and quality of learning for eligible individuals, and that lead and/or have led to improved student performance. |
|  | |
| **4. Facilities, Equipment, Supplies and Materials (3 points)** | |
|  | Describe the educational/training facilities and how they support student learning (include the number of classrooms and whether students have access to a computer lab, onsite library, student lounge/lunch area, and other amenities); and if more than one site, describe all sites as applicable. |
|  | |
|  | **Upload/submit labeled pictures of the education/training facilities (e.g. classrooms, computer labs, onsite library, student lounge/lunch area).** |
|  | Describe whether the eligible provider has the proper industry specific equipment, supplies and authentic learning materials needed to support the specific training associated with the eligible provider’s IE&T industry focus. |
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| **5. Supportive Services and Resources (3 points)** | |
|  | Describe the types of supportive services (e.g. counseling services; referral to social service agencies; assistance with applying for/accessing public benefits; linkages to community resources for food, clothing, health care, housing, childcare and/or transportation assistance, and other related services, if applicable) that will be offered to students in the program. |
|  | |
|  | Describe whether the eligible provider's activities offer the flexible schedules and coordination with Federal, State, and local support services (such as child care, transportation, mental health services, and career planning) that are necessary to enable individuals, including individuals with disabilities or other special needs, to attend and complete programs. |
|  | |
| **6. Career Pathway Transition Services (6 points)** | |
|  | Describe how the eligible provider will meet the state’s requirement that every student have an Individual Career Pathways Transition Plan that: 1) specifies the student’s educational functioning level, learning needs, career interests, goals and plans for achieving economic self-sufficiency, 2) indicates the links to other resources and education and/or training, next steps on their career path, and 3) ensures seamless transitions from program to program, training and/or employment. |
|  | |
|  | Describe how the eligible provider coordinates with other available education, training, and social service resources in the community, such as by establishing strong links with secondary schools, postsecondary educational institutions, institutions of higher education, the DC WIC, one-stop centers, job training programs, and social service agencies, business, industry, labor organizations, community-based organizations, nonprofit organizations, and intermediaries, in the development of career pathways. |
|  | |
|  | Describe the services that will be offered, including counseling, to support students in progressing along their individual career path. |
|  | |
|  | Describe the services that will be offered to assist students in transitioning to postsecondary education, training and/or advanced training. |
|  | |
|  | Describe the services that will be offered to assist students in transitioning to employment. |
|  | |
| **7. Partnerships, Consortia and Coalitions (3 points)** | |
|  | Describe, if applicable, the applicant’s current and projected partners, coalition or consortium members and describe the key roles and responsibilities of each member agency in fulfilling the grant requirements, including a rationale for determining the partners. |
|  | |
|  | Upload/submit a copy of the Memorandum of Agreement (MOA), Memorandum of Understanding (MOU) or other formal agreement with partners, coalition or consortium member, including expenditures for each member agency, as applicable. |
|  | |

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|  | List the adult education providers that the eligible provider will be partnering with to help students transition to the next level in the educational continuum. (*Add additional rows, if needed.)* | | | |
| **Name and Address**  **of Partner Agency** | | **Brief description of services** | **Formal MOA/MOU** | **Amount of funding allocated for partner agency in budget, if applicable** |
|  | |  | Yes  No |  |
|  | |  | Yes ☐ No |  |
|  | |  | Yes  No |  |
|  | List the postsecondary education and/or training providers that the eligible provider will be partnering with to help students transition to postsecondary education, training and/or advanced training, if applicable. *(Add additional rows, if needed.)* | | | |
| **Name and Address**  **of Partner Agency** | | **Brief description of services** | **Formal MOA/MOU** | **Amount of funding allocated for partner agency in budget, if applicable** |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | List the employers/organizations that the eligible provider will be partnering with to help students participate in work-based learning opportunities and/or to obtain employment. *(Add additional rows, if needed.)* | | | |
| **Name and Address**  **of Partner Agency** | | **Brief description of services** | **Formal MOA/MOU** | **Amount of funding allocated for partner agency in budget, if applicable** |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
|  | |  | Yes  No |  |
| **8. Marketing and Outreach (2 points)** | | | | |
|  | Indicate whether the eligible provider has a formal marketing and communications plan to increase program visibility, promote community awareness as well as outreach to other stakeholders. | | | |
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| **9. Key Personnel (3 points)** | |
|  | Describe whether the eligible provider's activities are delivered by instructors, counselors, and administrators who meet any minimum qualifications established by the State, where applicable, per the RFA, Section V: OSSE AFE Grant Requirements. |
|  | |
|  | Describe whether the eligible provider's staff (e.g. instructors, intake specialists, counselors, and administrators) have access to high-quality professional development, including through electronic means. |
|  | |
|  | Complete and **upload/submit** the Key Personnel Workbook (excel) in EGMS that includes staff’s years of experience and qualifications in performing the work described in the RFA. |
|  | |
|  | **Upload**/**submit position descriptions, resumes and other related documents for all key personnel in EGMS.** |
| **10. Core Outcomes Team (3 points)** | |
|  | Describe how the eligible provider will use funds to establish a core outcomes team (e.g. Career counselor/navigator, student transition/success coach, employment specialist, etc.) to assist students in the achievement of core outcomes specified in Section VII – Primary Indicators of Performance - (National Reporting System (NRS) Table 5. The Core outcome team is expected to help facilitate: 1) Student attainment of education, training and career goals; 2) Student transition to the next step/level in the educational continuum; 3) Student participation in work-based learning opportunities; 4) Student attainment of employment, if unemployed at entry; 5) Secondary credential attainment and enrollment in postsecondary education or training; 6) Secondary credential attainment and entrance into employment; 7) Attainment of a postsecondary credential; 8) Attainment of any credential and other related core outcomes. |
|  | |
| **11. Data Collection, Management and Reporting (2 points)** | |
|  | Describe whether the eligible provider maintains a high-quality information management system that has the capacity to report measurable participant outcomes and to monitor program performance. |
|  | |
|  | Describe whether the eligible provider has the technology and staff capacity to use the Literacy, Adult and Community Education System, OSSE Adult and Family Education’s management information system, to capture participant outcomes and monitor program performance against the relevant indicators of performance and the DC Data Vault to facilitate to referral of customers to and from the eligible provider’s agency for education, training and other related services. |
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| **D. Fiscal Management (10 Points)** | |
| **1. Organizational Policies and Procedures (4 points)** | |
|  | Describe the organization’s procedures and practices for ensuring sound fiscal management, including but not limited to the planning, organizing, controlling and monitoring of financial resources. |
|  | |
|  | **Upload/submit** a copy of the organization’s financial and/or accounting policies and procedures in EGMS. |
|  | **Upload/submit** the most recent organizational budget (revenues by source and expenditures by program and/or type of expense) in EGMS. |
|  | **Upload/submit** the organization’s 2019 annual financial audit or the 2018 financial audit accompanied by a 990-tax form with a statement explaining the status of the 2019 audit in EGMS. |
| **2. Budget with Detailed Planned Expenditures (4 points)** | |
|  | Complete the Budget workbook (excel), as applicable, listing allowable, allocable and reasonable expenditures based on the activities described in the program design and the projected number of students to be served. |
|  | **Upload/submit** the Budget workbook (excel) in EGMS. |
|  | Complete a budget/detailed planned expenditure template in EGMS for each grant, as applicable and align the expenditures in the budget/detailed planned expenditure template for each grant, as applicable, with the expenditures in the Budget Workbook (excel). |
| **3. Match Requirement and Program Income (2 points)** | |
|  | Complete the Match workbook (excel) specifying how the 25% Match requirement for the OSSE AFE grants would be met, including a detailed description of each expenditure. |
|  | **Upload/submit** the Match workbook in EGMS. |
|  | Complete the Program Income Tab specifying whether the organization will collect income (tuition and fees) from students, including a detailed description of how the funds will be expended. |
|  |  |