



# TEXAS WORKFORCE COMMISSION

## APPLICATION FOR FUNDING

### Dual Credit Healthcare CTE Grant

#### APPLICANT INFORMATION

<b>Applicant's Institution Name:</b> <i>(must be a public community college, technical college, or state college)</i>	
<b>Local Workforce Development Area:</b>	
<b>Address:</b>	
<b>City/State/Zip:</b>	
<b>Contact Name:</b>	
<b>Contact Business Title:</b>	
<b>Telephone:</b>	
<b>Email Address:</b>	

#### GRANT AMOUNT

<b>Requested Grant Amount:</b> <i>Cannot exceed \$300,000</i>	\$
<b>Dual Credit Healthcare CTE Grant:</b> <i>(check grant costs below that apply to this application)</i>	
<input type="checkbox"/> Tuition and Fees	
<input type="checkbox"/> Curriculum Development or Acquisition Costs	
<input type="checkbox"/> Examination and Certification Costs	
<input type="checkbox"/> Administrative Costs up to 10% of project cost	
Do you have any other funding applications for this program approved or pending with Texas Workforce Commission, another state agency, or another organization?      No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, please explain:	

<b>Table A: EXECUTIVE SUMMARY- All Applicants must complete this section.</b>
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Provide a clear and concise summary of the proposed Dual Credit Healthcare Career and Technical Education (CTE) program, including:

- A brief outline of the proposed training project, including the skills acquired through training and a statement regarding whether an employer was involved in the planning and design;
- A short statement that there is an actual or projected labor shortage for the healthcare occupation listed in the Application, explain the basis for that determination and provide an explanation of how the program will increase the number of employees in your region for such occupation;
- A brief description of the measurable training objectives and outcomes; and
- A short budget summary with anticipated total costs.

**Table B: PROGRAM PLAN and INFORMATION - All Applicants must complete this table.**

Information Requested	Applicant Response
Will this Healthcare Dual Credit CTE program be a New or Expanding program for your campus?	<input type="checkbox"/> New Program <input type="checkbox"/> Expanding Program
If expanding, tell us what aspects of the program are expanding. Check all that apply.	<input type="checkbox"/> Students trained <input type="checkbox"/> Credentials earned <input type="checkbox"/> Skills earned <input type="checkbox"/> CTE Programs of Study Pathways created <input type="checkbox"/> Secondary School Partners added
Six (6) digit SOC code:	
SOC Title:	
Credentials this CTE Course(s) or CTE Program leads to:	
Unduplicated student count (the number of students the Applicant intends to train during the Grant Period):	
County for the primary location of campus:	
<b>Partner organization(s):</b> List each school district (SD) or open enrollment charter school (OEC) separately and attach a Letter of Agreement for each partner with your application.	
Partner organization:	
Partner organization:	
Partner organization:	
Partner organization:	
Partner organization:	

**Table C: STATUTORY PROGRAM INFORMATION - All Applicants must complete this table.**

Select, "N/A" for all items below if job creation is not an immediate objective or customized training for a specific business partner do not apply to the Applicant's submission.	
Information Requested	Applicant Response
1. The number of proposed jobs created or retained.	<input type="checkbox"/> Response: <input type="checkbox"/> No jobs will be created or retained, as employment is not the immediate goal of this initiative.
2. A list of proposed employment benefits.	<input type="checkbox"/> Response: <input type="checkbox"/> No employment benefits are anticipated, as employment is not the immediate goal of this initiative.
3. A statement describing the private partner's or trade union's equal opportunity employment policy.	<input type="checkbox"/> Response: <input type="checkbox"/> There is no private partner or trade union partner for this initiative because employment is not the immediate goal. Accordingly, there is no corresponding equal opportunity employment policy.
4. A comparison of costs per trainee for the customized training project and costs for similar instruction at the public community or technical college, TEEEX and the Board.	<input type="checkbox"/> Response: <input type="checkbox"/> Because Applicant is a public community college, technical college, or state college, the costs per trainee will be the same for this initiative.

**Table D: PROGRAM COURSE(s) NUMBER and TITLE(s) - All Applicants must complete this table.**

Course Number	Course Title

### **Applicant Acknowledgement and Assurances:**

By signing below, the Applicant hereby acknowledges and assures that:

- The funding request submitted directly supports the expansion of an existing or establishment of a new CTE or Technical Education healthcare education/training program with a school district or charter school partner identified in the Letter of Agreement Form (LOA).
- The applicant and secondary school partner collaborated (or will collaborate if initial contract) to determine training needed and to develop and/or customize curricula to address those needs.
- The applicant acknowledges and confirms compliance with all required reporting, as well as the rules and regulations governing this funding, as outlined in Texas Labor Code, Chapter 303 and the Texas Administrative Code, Title 40, Part 20, Chapter 803.

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Authorized Signature (e-signature accepted)

Title

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Date

Submit Applications to:

Texas Workforce Commission

[dchealthcare@twc.texas.gov](mailto:dchealthcare@twc.texas.gov)

*ONLY ELECTRONIC COPIES WILL BE ACCEPTED.*

*Scanned copies of signature page are acceptable.*

# TEXAS WORKFORCE COMMISSION

## Dual Credit Healthcare CTE Grant

### FUNDING APPLICATION OVERVIEW

The Texas Workforce Commission (TWC) is providing the application above to allow eligible applicants to apply for funds for a healthcare-related career and technical education dual credit program.

#### HOW IT WORKS

Eligible applicants are Texas public community and technical colleges seeking to expand dual credit healthcare program offerings in partnership with a school district (SD) or open-enrollment charter school (OEC).

Potential grantees can apply in partnership with one or more eligible SD or OEC partner. Programs must lead to a healthcare occupation credential needed by local employers. Grantees will be eligible for a maximum award amount of \$300,000.

An Application, Budget Workbook, and Letter of Agreement for each SD or OEC partner will be required upon submission for grant award consideration.

#### **Dual Credit Healthcare Grant Requirements:**

- The proposed Career and Technical Education (CTE) or Technical Education training program must be part of a Dual Credit program.
- The course(s) included in the application must be part of a Health Sciences Programs of Study
- The proposed Career and Technical Education (CTE) or Technical Education training program must prepare students for and lead to a healthcare occupation credential. Documentation must be included to show how the training program will support the needs of local employers.
- Grantees must begin training within 90 days of grant award.
- Eligible Expenditures include:
  - Tuition and fees
  - Administrative costs (no more than 10% of total project costs)
  - Curriculum Acquisition or Development costs can include but are not limited to:
    - Off-the-shelf curriculum; and
    - Curriculum software.
  - Certification Costs can include but are not limited to:
    - Examination fees and
    - Proctor and/or testing center fees.

**Application Requirements Checklist:**

- ☐ Completed funding application.
  - Responded to all prompts/fields;
  - Provided a thorough program summary including all bulleted information requested; and
  - Collected all required signatures.
- ☐ Local Workforce Development Board Review Form.
  - Identify the appropriate LWDB is listed;
  - Ensure all Labor Market Data requested has been provided;
  - Collected appropriate signatures.
- ☐ Letter of Agreement (LOA) for each eligible partner
  - Included partner information;
  - Detailed how entities will partner; and
  - Collected appropriate signatures.
- ☐ Budget Workbook (all parts are required to be filled out for each course)
  - Included all proposed budget items and costs; and
  - Included all descriptions and justifications for each cost.

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