

## FOA: SECTOR PARTNERSHIP TRAINING

Form 1, Part C: Complete Form for Each Proposed Program

Program Description				
<b>Program Name:</b>				<input type="checkbox"/> Program A <input type="checkbox"/> Program B <input type="checkbox"/> Program C
<b>1. Identify the duration and intensity for proposed program</b>	<b># Weeks</b>	<b># Hours/ Week</b>	<b>Select Days Class Meets</b> <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.	<b>Total Hours of Instruction</b>
<b>2. Identify the program requirements for enrollment below.</b>				
High School Diploma/GED: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reading Grade Level: _____ Math Grade Level: _____		
Drug Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Please consider DESC's distinct objectives for Sector Partnership Training and Contextualized IET programs</b>		
Background Check: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which type of convictions are not allowed? _____				Valid Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):				
<b>3. Identify the requirements for successful completion for each proposed program</b>				
<b>4. Does program result in industry recognized credential? Please note OSHA 10/30, First Aid/CPR and Certificates of Completion are not considered Industry-Recognized Credentials.</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>5. Name of Credential</b>	<b>6. Name of Entity that Issues Credential</b>		
<b>7. Identify the instructor to participant ratio for proposed program</b>	<b>8. Briefly describe the education and experience of key staff providing instruction</b>			
<b>9. Program Activities.</b> Briefly describe the proposed training activities and the targeted occupation(s) or job(s). Attach a copy of the curriculum or syllabus for the proposed program.				

10. **Career Readiness.** If you are proposing to offer career readiness training, describe how this will be accomplished and how the training will help develop the competencies in Attachment C. If you are proposing career readiness training it should be evident in the attached copy of the curriculum or syllabus.

11. **Past Performance for Program.** *Select one.*

☐ **Current DESC provider and proposed program is in good standing.** No additional information required. DESC will utilize the most recent scorecard(s) generated through its case management system to evaluate performance. Programs that are not currently active or in good standing must complete and attach Form 2 and describe why the proposed program is likely to be successful.

☐ **Previous DESC program that trained less than 10 customers, has not worked with DESC within last two years or has never worked with DESC.** Complete and attach Form 2 and describe below why the proposed program(s) is likely to be successful.

☐ **Previous DESC program with a completion and/or placement rate below 70%.** Complete and attach Form 2 and describe below why the proposed program(s) is likely to be successful. Include an explanation of why the program did not meet performance requirements and how you will ensure the program meets DESC's performance requirements.

**Please describe why the proposed program(s) is likely to be successful.**