

Pathways (Military Training for Civilian Careers) Program Grant Application

Instructions: To apply for a Pathways (Military Training for Civilian Careers) Program Grant, complete this application. If needed, attach extra pages. To submit the completed application, attach it and all required/supporting documents to an email that is addressed to DSPSGrants@wisconsin.gov. Application packages must be emailed to DSPS by June 16, 2023. Incomplete or late applications will not be accepted.

Project Overview

Applicant Name:							
Project Name:							
Estimated number	of pathwa	ays project wil	I serve:				
Project Start Date:				Project End D	ate:		
Brief Project							
Description:							
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Requested Grant A	mount:						
Project Director							
Name:							
Title:							
Organization:							
Address:							
City:					State:	Zip:	
Phone:			Email:				
Fiscal Agent Name:							
Title:							
Organization: Address:							
City:					State:	Zip:	
Phone:			Email:		State.	∠ıμ.	
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Organization Providen	de a brie	f summary of c	organizati	on operations ar	nd history.	 	

Project Budget

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Include direct costs related to the creation and development of the program. This includes, for example, costs for development of curriculum components, plans for new class sequencing and any other work required to meet the goal of a cohesive training program that meets the requirements. Program development costs may include staff, contracts if applicable, and supplies directly related to the program creation. If services are purchased through a vendor or developed under contract provide the details of the contract. Please highlight each type of cost (salary, fringe, contract, supplies) and provide sufficient detail about how the cost estimate was determined. For staff, please list each position individually and show the number of hours, their hourly wage and the fringe rate associated. This grant only covers direct costs related to the purpose of the grant: overhead and grant management, for example, should be covered by the grantee.

Miscellaneous Budget Comments (Offer detail to help evaluators better understand proposed budget.)
Grant Administration Discuss the capabilities of the designated Fiscal Agent to perform these functions.
Eligibility: To be considered for award, Applicant must meet the following conditions.
 Must be a (choose one): Public College or University
☐ Private College or University in good standing (compliance with DSPS Educational Approval
Program) Apprenticeship Program recognized by the Wisconsin Department of Workforce Development Other entity that provides training for licensed civilian occupations
 Must plan to serve military service members (including National Guard and Reserve) and military veterans currently residing in the state of Wisconsin. ☐ Yes ☐ No
 Must document a technical assistance relationship with at least one military service component: U.S. Air Force U.S. Space Force U.S. Coast Guard U.S. Marine Corps Wisconsin National Guard U.S. Navy Other Service Component:
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Participation in multiple military service components is encouraged.

Project Proposal

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1.	Identify the number and type of pathways to licensed occupations that will be created under this grant.
2.	A plan, including a timeline with milestones, for changes that will lead to decreasing the military veteran's time in a training program to meet civilian credentialing requirements.
3.	How training programs will meet the goal of shorter pathways to civilian licensure.
4.	How these updates could be used by other similar institutions to meet the needs of the regional veterans.
5.	Additional goals defined in your proposal.

Program Goals Please describe how you will measure and meet the following goals.

Letters of Commitment and Support

Attach to the application letters of intent to participate or to provide program support as follows:

• **Partner Letters of Commitment or Support**: Applicant must include attestation on organization letterhead from each participating organization. The letter should include partnership expectations and any other elements that inform the application.

Certification: It is understood and agreed by the undersigned that:

- 1. By submitting this application, I certify to the best of my knowledge and belief, the information submitted is true and correct.
- 2. The application proposal will form the basis for any grant awarded and be incorporated by reference into a grant contract with DSPS.
- 3. By submitting this application, I certify that the Applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors.
- 4. By submitting this application, I certify that the Applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory interventions, or inadequate capital to complete the project.
- 5. The Applicant understands this application and other materials submitted to DSPS may constitute public records subject to disclosure under Wisconsin's Public Records Law, § 19.31 et. seq.
- 6. The Applicant understands that submitting false or misleading information in connection with his/her application may result in the Applicant being found ineligible for grant assistance through the WFF program and, if the grant is awarded to the Applicant, may be a basis to terminate the grant.

Name:						
Title:				Date Signed:		
Phone:		Email:				