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| **CONSTRUCTION PLUS Field Proposal** |
| *Applicant must complete one form for each proposed additional occupational field beyond construction.* |
| Applicant organization name & address: |
| Project type (*select one*): □ Rural □ Urban □ Tribal |
| Occupational field: |
| Previously offered this Construction Plus field (*select one*): □ Yes □ No |
| Evidence of industry need (local labor market data with citations): |
| Anticipated number of youth to be trained in this industry: |
| Intended industry-recognized credential(s): |
| How will training be provided? (*select one*): □ Directly by grantee □ Through a contract |
| Planned training and curriculum approach: |
| Anticipated length of training: |
| Linked occupations (i.e., for healthcare, Home Health Aide, CNA, EMT, RN, Nurse Practitioner, etc.): |
| Have apprenticeship opportunities been developed? (*select one*): □ Yes □ No |
| If yes, identify apprenticeship partners: |
| Where will work-based learning occur and which partner(s)/employer(s) will provide it? (Must include letter of commitment from partner(s)/employer(s) describing roles and responsibilities) |
| Additional partners and their roles in training (Must include letter of commitment from partner(s)/employer(s) describing roles and responsibilities): |
| Printed name of grant application signatory:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |