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| **Instructions:**  *Complete the form below and submit it along with any attachments to* [*kathy.walker@adultedventura.edu*](mailto:kathy.walker@adultedventura.edu) | | | |
| Date Submitted: | 1/11/19 | Contact Person: | Dr. Alix Wright |
| Target Meeting Date: | 1811/19 | Submitted on Behalf Of (if different from above): |  |
| Date Decision Needed: |  |
| To what VCAEC plan activity does this request relate?: | Pre-Apprenticeship | | |
| Program Areas (select all that apply): | [ ] ABE [ ] ASE [ ] ESL [X] CTE [ ] WR [ ] PK [ ] AWD [ ] PA | | |
| **REQUEST TITLE** | **IET - Caregiving** | | |
| **Brief Description**  *In 1–2 sentences, define the desired outcome if board approves this request.* | 8 Cohorts for January-June 2019. Pre-apprenticeship for Healthcare Field. 160 hour program; 120 hours technical training, 40 hours literacy/civics/workreadiness. Program will be implemented at partner Adult School locations. | | |
| **Full Description**  *Provide a detailed description of what is required to fulfill this request, who will be involved or affected, how the request relates to the VCAEC plan, key dates and budget.* |  | | |
| **Justification**  *Describe why this request is being made. List implications if request is not approved, including:*  - *Schedule impact*  - *Scope impact* |  | | |
| **Estimated Cost** (if necessary) | $88,400 | | |
| **Attachments** |  | | |

**Consortium Admin use only:**

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| Proposal Status: Submitted 1/11/19  Date VCAEC Approved:  Date Funding allocated: |