



Proposal / Funding Request

| Instructions: Complete the form below and submit it along with any attachments to kathy.walker@adulthoodventura.edu | | | |
|--|--|---|-----------------|
| Date Submitted: | 11/1/19 | Contact Person: | Dr. Alix Wright |
| Target Meeting Date: | | Submitted on Behalf Of (if different from above): | |
| Date Decision Needed: | January 2019 | | |
| To what VCAEC plan activity does this request relate?: | | | |
| Program Areas (select all that apply): | <input type="checkbox"/> ABE <input type="checkbox"/> ASE <input type="checkbox"/> ESL <input type="checkbox"/> CTE <input type="checkbox"/> WR <input type="checkbox"/> PK <input type="checkbox"/> AWD <input type="checkbox"/> PA | | |
| REQUEST TITLE | IET Residential Building | | |
| Brief Description <i>In 1–2 sentences, define the desired outcome if board approves this request.</i> | 1 Cohort (maybe two). Pre-apprenticeship for MC3 Trade Apprenticeship. Program will be implemented at partner Adult School locations | | |
| Full Description <i>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.</i> | | | |
| Justification <i>Describe why this request is being made. List implications if request is not approved, including:</i> <ul style="list-style-type: none"> - Schedule impact - Scope impact | | | |
| Estimated Cost (if necessary) | \$27,800 | | |
| Attachments | | | |

Consortium Admin use only:

Proposal Status: submitted
 Date VCAEC Approved:
 Date Funding allocated: