

Proposal / Funding Request

Instructions: Complete the form below and submit it along with any attachments to <u>kathy.walker@adultedventura.edu</u>			
Date Submitted:	1/11/19	Contact Person:	Dr. Tiffany Morse
Target Meeting Date:	1/11/19	Submitted on Behalf Of (if different from above):	
Date Decision Needed:			
To what VCAEC plan activity does this request relate?:	Adult With Disabilities		
Program Areas (select all that apply):	[] ABE [] ASE [] ESL [] CTE []	WR [] PK [X] AWD [] PA
REQUEST TITLE	Ventura County Uniquely-abled Program (VC-UP)		
Brief Description In 1–2 sentences, define the desired outcome if board approves this request.	Project coordinator and case manager.		
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.	Sample responsibilities include, but are not limited to: Recruiting and marketing to program participants and employers, assisting with job placement, assisting program participants with coordination of services from partner agencies, assisting with scholarship applications, assisting with coordination of technical training and soft skills training, assisting with participant certification processes, etc. Rate includes one.47 FTE X \$8,000 per month X 11 months, 25% benefits, plus mileage		
Justification Describe why this request is being made. List implications if request is not approved, including: - Schedule impact - Scope impact	This is a new strategy using existing VCOE 2018-19 allocation. This will be a one-time funding responsibility.		
Estimated Cost (if necessary)	\$60,000		
Attachments	https://drive.google.com/drive/u/1/folders/1g-7uu1L-ebpUSEgykZLH8WK3_pRfg55U		

Consortium Admin use only:

Proposal Status: Approved

Date VCAEC Approved: 1/11/2019

Date Funding allocated: Existing VCOE 2018-19 AEP Allocation