****

**ALABAMA COMMUNITY COLLEGE SYSTEM**

***Workforce Development Division Application***

 ***for***

***Manufacturing Skill Standards Council (MSSC)***

The Workforce Development Division Application for Manufacturing Skill Standards Council (MSSC), **effective May 1, 2020**, shall remain in effect until amended, revoked, or rescinded. This document supersedes the Workforce Development Application for Manufacturing Skill Standards Council (MSSC) dated March 1, 2018. Applicants should check the Alabama Community College System website (<https://www.accs.edu/resources/resource-library/#grant>) to ensure currency of document in use.

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Mr. Jimmy H. Baker, Chancellor

Alabama Community College System

**This application is for Workforce Development Division Funds to provide funding support toward the cost of Manufacturing Skill Standards Council (MSSC) Instructor Certifications, student registrations, student assessments, and Site Assessment Center Fees.**

**Any college that plans to submit an application for funding to support a workforce development initiative that includes MSSC certifications but also includes instructor wages, equipment, materials and supplies, and other associated costs should submit an application for Workforce Development Division Competitive Funds to their Regional Workforce Council for consideration.**

1. **Project and Contact Information**

Amount of Funds Requested: $\_\_\_\_\_\_\_\_\_\_

Service Provider/Fiscal Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Project Contact (**knowledgeable individual responsible for grant negotiation**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Fiscal Contact Responsible for Monthly Remittance Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Authorization**

As the person authorized to act on behalf of the service provider/fiscal agent, I certify that the information submitted in this application is accurate. I certify that the bid law will be followed with all equipment purchases and facility or building additions. I certify that the service provider will carry out the proposed activities as stated and will follow accountability and reporting requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed or Typed Name Title

Authorized Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Authorized Official

**Project Summary**

**(mssc)**

Provide a brief overview of the project, responding to each item listed below:

1. Estimated start date of training and/or length of course(s):
2. Identify the industry sector(s) and targeted occupation(s) and how this project will address each:
3. Target population(s) to be addressed by proposed activities (e.g. high school, dislocated worker, adult, youth, other):
4. Proposed activities: (summarize how this project addresses specific and current training needs in the service provider’s area, documented demand data, hiring and expansion announcements, etc., if applicable):
5. Anticipated outcomes and targeted levels of performance (**based on start date and ending September 30**):

State the applicable outcomes (respond with NA where appropriate):

a. Total number of participants to be served:

b. Of those served, number projected to complete (obtain completion certificate):

c. Of those served, number of participants incarcerated:

d. Credential(s) to be earned by completers:

**FORM IV**

**Project Budget**

**(MSSC)**

Provide a detailed project budget in the categories listed. Include requested grant funds, leveraged funds, and total funds by line item. Leave blank if no funds are budgeted for a particular line item. See Form IVA for a description of each line item.

|  |  |
| --- | --- |
| **Budget Item** | **Cost****(Requested)** |
| MSSC Instructor Certification * MSSC CPT - $600 per instructor
* MSSC CLT - $270 per instructor
 |  |
| MSSC student registrations* $60 initial fee per Student
 |  |
| MSSC student assessments* $45 per individual assessment
* CPT: 4 assessments total
* CLA/CLT: 2 assessments total
 |  |
| Other (Describe) |  |
| **TOTAL** | $ |

**Notes**:

The budget request should only reflect the costs associated with MSSC Instructor Certifications and student registration and certification costs.