**ALAMAP APPRENTICESHIP/FAME PROGRAM**



 **APPROVAL FORM**

ALAMAP grant funds are available to programs on the ALAMAP Project Approved List. To be on the ALAMAP Project Approved List, complete this form providing the necessary documentation requested. Approved programs will be entered into AGS Prime as an ALAMAP Program by the system office. To apply, complete the below information and submit application to Angelique Griggsby at angelique.griggsby@accs.edu.

|  |  |
| --- | --- |
| Section A: Applicant Information  |  |
| College Name:   | Campus Address:  |
| Primary Contact Name: | Primary Contact Phone:  |
| Primary Contact Title:  | Primary Contact Email:  |

|  |  |
| --- | --- |
| Section B: Program Information  |  |
| Program Title:   | Occupation (O\*Net Code):  |
| Program Location: | Program Address: |
| Program Length: | Projected Annual Enrollment Total: |
| Target Service Population (Check all that apply.): [ ]  Low-Skilled [ ]  Underrepresented [ ]  Disadvantaged [ ]  Veteran or Spouses [ ]  Ex-Offenders [ ]  Other \_\_\_\_\_\_\_\_\_\_\_Explain how your program will target services for each of the selected populations “low-skilled, disadvantages.” |
| Program pre-requisites for entry (e.g. ACT Scores, ACCUPLACER, High School Diploma): |
| Is this program credit or non-credit? [ ]  Credit [ ]  Non-Credit |
| Please describe your policies and procedures for evaluating and overseeing each program’s Equal Employment Opportunity (EEO) Requirements.* Will adhere to all applicable Federal, state, and local laws and regulations pertaining to Equal Employment Opportunity (EEO).
* Has comprehensive outreach strategies to reach diverse populations.
* Has documented processes to keep its workplace free from harassment, intimidation, and retaliation (including the provision of antiharassment training and the establishment of procedures for handling equal opportunity and harassment complaints).
 |

|  |
| --- |
| Section C: Employer Engagement  |
| List the Employer(s) for the Apprenticeship program? Attach a letter of support from the Employer(s).  |
| Show evidence that the employer(s) pay apprentices at least the applicable Federal, state, and local minimum wage. Additionally, show how they will provide apprentices the opportunity to gain upward mobility with a progressive wage schedule. |

|  |
| --- |
| Section D: Approved Training and Curriculum |
| Explain how your training model and curriculum aligns to industry or occupational standards/needs (including academic and technical skills needs).  |
| Describe how safety standards are integrated as part of the training curriculum on-the-job and during hands on- lab. |
| Describe how your program will evaluate and oversee the on the job training/work experience that include structured work experiences and mentorship.  |
| Attach an outline of your curriculum. (For Approved CTE Programs of Study, please include a copy of approved CTE program). |
| Attach your letter of support or formalized agreement between your program and related instruction provider of the Apprenticeship Program. |
| List the Occupational and Educational Credentials that will be earned in the program. |

|  |
| --- |
| Section E: Checklist |
| [ ]  Complete ALAMAP/FAME Apprenticeship Application [ ]  Submit Letter(s) of Support from Employer(s) or formalized agreement [ ]  Submit Outline of Curriculum[ ]  Policies and Procedures for a safe working environment in the lab and on the job[ ]  Documentation that a mentor is provided for each apprentice[ ]  Documentation that apprentices will earn industry-recognized credential(s)[ ]  Procedures for Equal Employment Opportunity Requirements[ ]  Evidence of minimum wage requirement and document wage progression |

I certify that the statements on this application are true and complete to the best of my knowledge.

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

Sponsor Signature Date

|  |  |
| --- | --- |
| Section G: To Be Filled Out by ACCS Office |  |
| Date Received:   | Date Program Approved:  |
| Approved By: | Reviewed By:  |
|

|  |
| --- |
|  Comments: |

 |