**ALAMAP PRE-APPRENTICSHIP PROGRAM**



**APPROVAL FORM**

ALAMAP Project Approved Programs 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.

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

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| Section B: Program Information  |  |
| Program Title:   | Occupation (O\*Net Code):  |
| Program Location: | Program Address: |
| Program Contact Hours:   | 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, disadvantaged.” |
| Program pre-requisites for entry (e.g. TABE Test, High School Diploma or GED): |
| Is this program credit or non-credit? [ ]  Credit [ ]  Non-Credit |
| Is this program an approved CTE Program of Study? [ ]  Yes [ ]  No |
| 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).
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| Section C: Employer Engagement  |
| List the Employer(s) that this program is partnered with for the Apprenticeship program? Attach a letter of support and/or MOA from the Employer(s).  |
| Explain how the program provides job placement support for participants focused on Apprenticeship Employer(s). (e.g. Mentoring, resume building, and job placement). |

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| Section D: Training and Curriculum |
| Explain how your training model and curriculum aligns to industry or occupational standards/needs, including academic, soft skills, and technical skills, and that will lead to a MSSC credential.   |
| Describe the career exploration activities aspects of the program such as occupational interest assessments and/or specific career and industry awareness workshops. |
| Describe how you will provide hands-on training in a safe environment.  |
| Do you plan to have Pre-Apprentices doing on the job training or job shadowing? [ ]  Yes [ ]  No |
| Are completers in your program prioritized for entry into an apprenticeship program? If yes, is there a formalized agreement between your program and the apprenticeship employer(s)? [ ]  Yes [ ]  No |

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| Section E: Checklist |
| [ ]  Complete Pre-Apprenticeship Application [ ]  Submit Letter(s) of Support from Employer(s) or formalized agreement [ ]  Submit Outline of Curriculum which that includes MSSC assessments[ ]  Plan for career counseling, support, and mentoring [ ]  Policies and Procedures for a safe working environment in the lab and on the job, if applicable[ ]  Procedures for Equal Employment Opportunity Requirements |

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

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College Approver Signature Date

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