



HCC GRANTS CHECKLIST
TECHNOLOGY-BASED LEARNING (TBL) INITIATIVE
U.S. DEPARTMENT OF LABOR
CFDA #17.269

1. **PRINCIPAL INVESTIGATOR (PI) AT HCC** _____
PI's email _____ PI's phone # _____

2. **TYPE OF GRANT:**
___ **Federal** ___ **State** ___ **Local** ___ **Foundation** ___ **Other** _____
If local corporation or Foundation funding, notify HCC Foundation for possible matching funding.

3. **TITLE OF PROJECT:** _____

4. **CRITICAL DATES:**
Intent to Apply was presented at President's Cabinet _____
Date to be submitted for IRB review/approval _____
Final proposal to be presented at President's Cabinet _____
Date to be submitted to funding agency _____ (allow at least 2 days prior to due date)
DUE DATE: August 19, 2008, 5 p.m. ET

5. **RANGE OF AWARDS (in dollars)**
\$100,000 to \$500,000 TOTAL

6. **FUNDING PERIOD**
up to 36 months
BEGIN DATE: _____ **END DATE:** _____

7. **IS THIS PROPOSAL PART OF A CONSORTIUM OR PARTNERSHIP?**
 Yes ___ **No** IF NO, skip to question #9.
IF YES, who are the partner institutions? _____

Must include one entity from each of the following:

- **publicly funded workforce investment system**
- **education and training community**
- **representatives from industry in high-growth/high-demand fields**

8. **ARE LETTERS OR CONSORTIUM/PARTNERSHIP AGREEMENTS REQUIRED?**
 Yes ___ **No**
Educational institutions partnering with a Workforce Investment Board (WIB) must have a letter of commitment from the WIB.

IF YES, which institution will be the lead fiscal agent? _____
IF HCC is not the lead fiscal agent, who will submit the proposal? _____
Name of PI at lead fiscal agency: _____
PI's contact information: Email _____ Phone #: _____

9. IS INDIRECT COST ALLOWED?

Yes No

IF YES, the percentage allowed by this funder is _____%.

10. IS MATCHING REQUIRED?

Yes No

IF YES, what type and amounts are required (i.e., in-kind and/or cash match)?

Grantees are required to match 20% of the award with monetary or in-kind resources.

No federal funds may be used as part of the match.

11. REQUIRED SIGNATURES

Form SF 424 – Authorized Representative _____

(One original copy signed in blue ink.)

12. PROGRAMMATIC CRITERIA (e.g. services to be rendered, populations to be served, required partnerships, provision of training, etc.)

- (A) expanding training opportunities using TBL that are sustainable and scalable
- (B) strategic partnerships
- (C) robust provisions for user support including underserved populations
- (D) training that leads to an occupationally recognized credential in a high-growth/high-demand field

13. COMPONENTS OF THE PROPOSAL & ATTACHMENTS (e.g. executive summary, budget narratives, programmatic narrative, forms, applications, letters, attachments, etc.)

Part I – The Cost Proposal

In addition to the forms listed below, include a concise budget narrative.

FORMS TO INCLUDE:

SF 424 Application for Federal Assistance

SF 424A Budget Information Form

OMB Survey on Ensuring Equal Opportunity for Applicant (suggested)

Part II – The Technical Proposal

Beginning numbering with Page 1; section may NOT exceed 20 pages

Page #1 – Executive Summary (no other narrative is allowed on this page)

Special note: NO cost data or reference to prices are allowed in this section!

Attachments

may NOT exceed an additional 10 pages

may include resumes and general letters of support

required letters of partnership WILL count as part of these 10 pages

14. FORMAT

Double-spaced, single-sided, 8.5 x 11” paper

Font: 12 point

Margins: 1 inch

15. PERMISSIBLE SUBMISSION PROCESSES

- **Paper:** U.S. Postal Service, professional overnight delivery, hand delivery
One original signed (blue ink) + 2 copies one of which has no binding/staples
- **Electronic:** Grants.gov

Attachments must be saved with extensions .doc, .xls or .pdf

16. LIST ALL MEMBERS OF THE GRANT WRITING TEAM:

Persons named below will be assigned responsibilities and due dates for completion in a Project Management System.

NAME	EMAIL	PHONE

17. WHAT CURRENT HCC PERSONNEL WILL BE WRITTEN INTO THIS PROPOSAL?

What percentage of each person's time will be match and/or paid from the grant?

NAME OR EXISTING POSITION	% OF MATCH	% FROM GRANT

18. WHAT NEW POSITIONS WILL BE WRITTEN INTO THIS PROPOSAL?

POSITION TITLE	LEVEL	RATE/SALARY	HOURS/WEEK

19. HAS H.R. BEEN CONSULTED FOR POSITION TITLES AND CLASSIFICATION?

Yes No

20. WHAT EXISTING HCC RESOURCES WILL BE REQUIRED TO PERFORM THE ACTIVITIES WRITTEN INTO THIS PROPOSAL IF THE GRANT IS AWARDED?
(Consider such items as office space, telephone(s), computer(s), software, furniture, etc.)

21. DOES THIS PROPOSAL REQUIRE ANY INTERNAL EVALUATION COMPONENTS?

Yes No IF NO, skip to question #24.

IF YES, what evaluation will be required? Who will develop and conduct the evaluation?

22. HAS THE INSTITUTIONAL RESEARCH OFFICE REVIEWED THE METHODOLOGY?

Yes No NA

23. IF NEW EVALUATION POSITION(S) ARE NEEDED, ARE THEY REFLECTED IN THE NEW PERSONNEL TABLE ABOVE?

Yes No

24. DOES THIS PROPOSAL REQUIRE EXTERNAL EVALUATION?

Yes No

IF YES, how will this requirement be met?

25. DOES THIS PROPOSAL REQUIRE IRB REVIEW AND/OR APPROVAL?

Yes No

26. SPECIAL BUDGETARY CONSIDERATIONS:

No more than 10% of the grant funds may pay administrative costs.

Funds may not be used for supportive services such as transportation or child care.

Costs per participant must be calculated by dividing the total amount of the budget designated for training by the number of participants trained.

27. IF KNOWN, WHAT ARE THE POST-AWARD REPORTING REQUIREMENTS?