

STATE USE ONLY	FORM A
Subgrant Number	
Grant Code	
Initial Plan	
Modification Date	



**CALIFORNIA DEPARTMENT OF REHABILITATION**  
**FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES**  
**EMPLOYMENT TRAINING PANEL**  
***SUMMER TRAINING AND EMPLOYMENT PROGRAM FOR STUDENTS (STEPS) 2019***  
**PROJECT PROPOSAL NARRATIVE**

(Limited to 5 pages with 1" margins, 12 point Calibri font, double-spaced and one-sided)

Organization (Applicant) Name:

Address:

Designated Contact Person and Title:

Phone:

Email:

**Section I. Statement of Need (5 Points)**

Describe the need your organization has for the intended population of students with disabilities (SWDs), and how these SFP funds will aid in serving this population.

**Section II. Targeted Group (5 Points)**

Describe how many SWDs your organization plans to serve under this grant. Provide demographic information as possible.

**Section III. Project Work Plan / Proposed Strategic Approach (30 Points)**

Describe how your organization will implement the SFP grant funds. Include information on outreach to local schools to identify potential SWD participation, your organization's strategy for implementing the pre-vocational training portion of this grant, and your organization's

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partnerships with local businesses that will participate in the work experience portion of this grant.

#### **Section IV. Partnerships (20 Points)**

Identify your organization's DOR representative. Identify potential local businesses that will participate in the work experience portion of this grant. Identify local schools that are attended by your participating SWDs.

Identify how the local Regional Center partnership has been developed to increase access for students with Intellectual/Development Disabilities.

#### **Section V. Outputs and Outcomes (30 Points)**

Please indicate expected outputs and outcomes for the grant period, including: number of SWDs served, type and amount of pre-vocational training to be provided, number of local businesses to participate, hours of work experience provided, type and amount of co-enrollments (i.e.: WIOA Title I and Title II co-enrollments) expected.

#### **Section VI. Budget Summary Narrative and Plan (10 Points)**

Grant amounts are calculated on a cost per SWD of \$5,000. Please indicate the number of SWDs to be served, and multiply that number by \$5,000 for your total grant amount. Also, please indicate any in-kind/co-enrollment costs expected, and additional program costs to be generated out of these grant activities.