

TEXAS HIGHER EDUCATION COORDINATING BOARD
**ACCELERATING CREDENTIALS OF PURPOSE AND VALUE GRANT
PROGRAM**
Application

APPLICANT:

CERTIFICATION PAGE AND LEADERSHIP COMMITMENT

1. Certification of Information Contained in this Application

The submitted Application is binding and valid at the discretion of the Texas Higher Education Coordinating Board. Any terms and conditions attached to an Application will not be considered. Applicant's attachment of such terms and conditions to an Application may disqualify the Application.

By submitting this document, the signatories certify to the following:

- (1) We are legally authorized to submit this application on behalf of the applicant institution.
- (2) The statements herein are true, complete, and accurate to the best of our knowledge.
- (3) If funds are awarded, this institution fully accepts the terms and conditions described in the Request for Applications (RFA) and accepts the obligation to comply with terms and conditions set by the Texas Higher Education Coordinating Board.
- (4) We further certify that any funded activity will be conducted in accordance with all applicable Federal and State laws and regulations, applications guidelines and instructions, Debarment and Suspension, Lobbying Certifications, Drug-Free Workplace requirements, and Special Provisions and Assurances as applicable.
- (5) It is understood that this application constitutes an offer and, if accepted by the Coordinating Board or renegotiated to acceptance, will form a binding agreement.

Name/Title of Person Authorized to Submit Application:

Name:
Name/Title of Primary Institutional Contact:
Name:
Phone:
Email:

Name/Title of Chancellor/President/Chief Academic Officer/Chief Financial Officer from Applicant Institution:

Name/Title:

Signature/Date of Chancellor/President/Chief Academic Officer/Chief Financial Officer from Applicant Institution:

Signature:
Date:

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Funding Period: November 29, 2021- September 30, 2022

Application Deadline:	November 12, 2021, 5 PM CDT
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Eligible entities submitting applications after this date will not be considered for funding. The information provided in this application will serve as the basis for selection of grant recipients. Sections 1 through 6 of this Application must be completed as well as a [Budget Request form](#) and [required certification forms](#).

Submit completed form and required attachments to:
newcredentials@highered.texas.gov

Contact for questions: newcredentials@highered.texas.gov or 512-427-6200

2. Contact Information

Name of Applicant as listed below will appear as the Contracting Party in the Notice of Grant Award:

- (a) Name of the Applicant Institution:
- (b) Contact information of the Primary Contact person, who will serve as point of contact for all THECB communication:

Primary Contact Person	
Phone	
Email	
Mailing Address	
Other Contact Person:	
Position/Title:	
Phone	
Email	

- (c) Name of Contacts for Program Partner(s), Consortium Members, if applicable. Add additional rows as necessary.

Institution:	
Primary Contact Person:	
Institution:	
Primary Contact Person:	
Institution:	
Primary Contact Person:	

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3. Requested Grant Amount

\$ _____

Please provide budget details in the **Budget Request form**.

4. Project Description

4.1 Project Summary

Please provide information on the credential program(s) in one of the three high value designated fields that has been selected for the project. Credential program(s) with industry-recognized knowledge and skills must be of twelve months or less in duration. If more than one program is selected, the programs must be related. If an undergraduate level program has been selected, credential programs must be convertible or stackable to credit in a degree program. They may be embedded, stand-alone or offered as post baccalaureate programs. At the graduate level, high value credential program(s) may be embedded in the graduate degree program or organized as a stand-alone or offered as a post-baccalaureate or post-doctoral experience. The role played by employers or other workforce stakeholders in the program selection process is described. Project credential programs need not be launched during the grant period.

Add additional rows to the table as necessary.

a) Credential Program(s) Selected (1-5 points awarded)

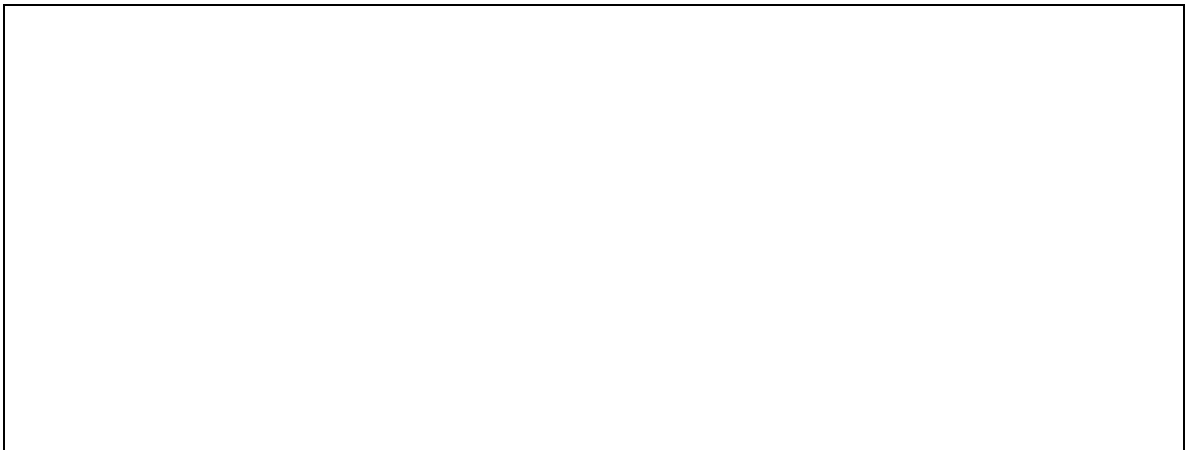
Name of Credential	CIP CODE (4-6 digits)	Designated Field (Digital Skills, Data Analytics or Front-line Healthcare)	Undergrad (U) or Grad (G) level	Duration (Wks/Mons)	SCH or equivalent	Contact Hours	Mode of Delivery (Digital, Face-to-Face, Hybrid)	Name(s) of Linking Degree Programs

b) Please provide a brief description of how the project’s credential(s) programs were selected. Include relevant data and information resources used to support selection of the programs. Be sure to indicate the role played by employers or other workforce stakeholders in the development of the project. (250 words maximum) (1-5 points awarded)

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- c) Please provide a description of the project's goals and activities. Indicate if the project is for a planning period or to execute project objectives. (250 words maximum) (1-5 points awarded)



4.2 Description of Applicant Institution and Consortium Members (1-5 points awarded; Consortia proposals receive 5 bonus points)

Provide information about the relevant capabilities in instructional design of the Applicant Institution and partners/consortium members (if applicable) expected to participate in the project. State the rationale behind the consortium, describe each members' level of commitment to the project, and indicate how the sharing of responsibilities between members in the consortium will be accomplished. (250 words maximum)

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5. Project Timeline (1-5 points awarded)

Please provide an estimated timeline for project activities over the course of the grant period. Be sure that this chart aligns with project activities described in Project Summary 5.1.c (above) as well as any additional tasks associated with the project.

Add additional rows to the table if necessary.

Activity	Duration	Estimated Completion Date