

**TEXAS RESKILLING AND UPSKILLING THROUGH EDUCATION (TRUE)
GRANT PROGRAM 2022
Application**

APPLICANT NAME:

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: June 30, 2022-August 31, 2023

Application Deadline:	May 23, 2022, 5 PM Central
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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 TRUE funding recipients. Sections 1 through 5 of this Application must be completed as well as a [TRUE Budget Request form](#), [workforce participation documentation](#) and [required certification forms](#).

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

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

2. Contact Information

Name of primary 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/Organization:	
Primary Contact Person:	
Institution/Organization:	
Primary Contact Person:	

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Institution/Organization:	
Primary Contact Person:	

3. Requested Grant Amount

\$ _____

Please provide budget details in the TRUE Grant Program Budget Request form.

4. Project Description

4.1 Project Summary

Please provide information on the high value workforce education and training program(s) that will be the subject of the proposed project. Add additional rows to the table if necessary.

a) Selected Project Education and Training Program(s) (1-5 points awarded)

Name of Program	CIP CODE (4 digit)	Duration (Weeks/Months)	SCH or equivalent	Contact Hours	Name of Credential (Certificate, Badge, etc.)

b) Description of Project Program Selection (1-5 points awarded)

The rationale for the selection of the education and training project is outlined, including how it was determined that project programs are credibly viewed as high value/high need fields at the state, regional, or local level. Relevant data from current labor market information and workforce stakeholder input in hiring persons with the skills developed in the program is cited as supporting program selection. Multiple sources of relevant labor market information indicate a more robust proposal. Sub-Certificate 1 programs selected are described as being developed or scaled to be convertible or stackable to credit-bearing programs. The role played by employers or other workforce entities in the program selection process is described. Information on any similar existing programs in the region is provided with a rationale using relevant data about why local or regional demand necessitates duplication. (250 words maximum)

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c) Project Goals and Activities (1-5 points awarded)

Provide a description of the project's goals and activities. Indicate if the project is a planning engagement, an expansion or redesign of an existing program, or creation of new education and training programs. Provide specifics about the program(s) selected, including mode of instruction. Indicate the establishment of clear pathways to employment. If applicable, specify the role played by workforce partners in the project's execution of goals and activities. (250 words maximum)

d) Addressing Affordability (0 or 2 bonus Points awarded)

If applicable, provide a brief description of how the proposed credential program(s) addresses student affordability. (250 words maximum)

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e) Opportunities for Displaced Workers (0 or 2 bonus points awarded)

If applicable, provide a brief description of how the proposed credential program(s) provides opportunities to displaced workers. (250 words maximum)

4.2 Description of Applicant and Partners/Consortium Members (1-5 points awarded; Consortium proposals awarded 0 or 5 bonus points; Partnership with eligible workforce entities awarded 0 or 5 bonus points)

Provide information about the relevant capabilities in workforce education of the Applicant and partners/consortium members (if applicable) expected to participate in the project. Indicate past work on similar projects and institutional capacity to create and implement similar projects in an efficient and successful manner. If applicable, state the rationale behind the consortium or partnership arrangement, 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. Add additional rows to the table if necessary.

Activity	Duration	Estimated Completion Date