

TEXAS HIGHER EDUCATION COORDINATING BOARD  
**TEXAS RESKILLING AND UPSKILLING FOR EDUCATION (TRUE)**

**INSTITUTIONAL CAPACITY GRANTS**

**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, application 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 Texas Higher Education Coordinating Board or renegotiated to acceptance, will form a binding agreement.

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Name/Title of Person Authorized to Submit Application:

Name:

Name/Title of Primary Institutional Contact:

Name:

Telephone No.:

Email Address:

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: October 15, 2021 – June 30, 2022**

Application Deadline:                      September 30, 2021, 5 PM CST/CDT

Eligible entities submitting applications after this date will not be considered for funding. The information provided in this Request for Applications (RFA) will serve as the basis for selection of TRUE funding recipients. Sections 1 through 6 of this RFA must be completed as well as a TRUE Budget Request form 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 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:	
Telephone No.:	
Email Address:	
Mailing Address:	
Other Contact Person:	
Position/Title:	
Telephone No.:	
Email Address:	

- (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:	

**3. Requested Grant Amount**

\$ \_\_\_\_\_

Please provide budget details in the **TRUE Institutional Capacity Grants Budget Request form**.

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**4. Cost Sharing Funds**

Please fill out the table below to identify sources of funding for cost-sharing for the proposed project.

Award recipients will certify that they have secured cost-sharing funds at twenty-five percent (25%) or more of the value of the grant awarded by this initiative. Funding for the required cost-sharing may come from a variety of sources, including federal, state, and/or local funding. Cost-sharing requirements may be met through partnerships with local governmental entities, chambers of commerce, community-based organizations, or public-school districts.

In-kind expenditures by award recipients may be included in the cost-sharing calculation. In the case of Consortia, not all participating members need to provide cost-sharing funds, as long as the total meets the cost-sharing ratio requirement. The time frame for expenditure of cost-sharing funds may extend up to six (6) months beyond the end of TRUE Institutional Capacity Grants funding.

The following may not be utilized for cost sharing purposes: previously allocated GEER funds, Perkins Basic Grants, WIOA funding, and allocations for personnel other than programmatic staff and faculty.

Add additional rows to the table if necessary.

Category (Grants/Cash/In-Kind)	Source	Dollar Amount (\$)

**5. Project Description**

**5.1 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) 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

- b) Please provide a brief description of how the project’s high value workforce education and training program(s) were selected. Include relevant data used to support selection of the program(s). Where applicable, be sure to indicate the role played by employers or other

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workforce stakeholders in the selection process. (250 words maximum, excluding exhibits which may be attached.) (1-5 points awarded)

- c) Please provide a description of the project's goals and activities. Include a description of how the program(s) will be delivered (e.g., digitally, face-to-face or hybrid). Where applicable, be sure to indicate if program(s) will be convertible or stackable to credit-bearing programs. (250 words maximum) (1-5 points awarded)

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

Provide information about the relevant capabilities in workforce education 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)

**6. 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