

SKILLED TRADE EDUCATION AND WORKFORCE DEVELOPMENT FUND APPLICATION FORM for Plumbing, Electrical, Mechanical, and Roofing Trades

This application is for project funds per Oklahoma Statutes, Title 59, Section 1000.4a. All application approvals are subject to the availability of funds and may be for any amount up to the amount requested. Approval of funds is to be at the discretion of the Construction Industries Board.

Any application submitted that does not meet statutory requirements or contain complete responses to requirements per this application form will be considered incomplete and will not be accepted. If the application is not received by the bi-annual deadline, then the application will not be processed however applicant can reapply prior to the next deadline.

Current Application Deadline: July 15, 2024	<u> </u>		
Date of Application:			
Name of Oklahoma State Board of Career and	d Technology Fully	Accredited Vocational or	Technical School:
Name of Applicant:			
First Name	Middle Initial	Last Name	
Applicant Position/Title:			
Name of Authorized Party, if different from App	olicant:		
First Name	Middle Initial	Last Name	
Applicant Position/Title:			
Agreement Contact Person Name:			
First Name	Middle Initial	Last Name	
Position/Title:			
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Phone:	Email:		
Address:			
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Dollar Amount Applying for: \$				
Selections can be from a list of projects found on our website.				
Name of Project:				
Mark here if the project is not from those listed on the website:				
If project is not from those listed on the website, provide a detailed project description:				
If more space is needed, attach additional information to application form.				
Detailed Description of Cost Estimate for the Project Amount Applied for:				
(Funds remitted pursuant to an agreement are to be used solely for costs of equipment, materials, personnel, and other costs required for development and implementation of the workforce development				
and to promote the plumbing, electrical, mechanical, and roofing licensed/registered skilled trades as a career in Oklahoma.)				

If more space is needed, attach additional information to application form.



Describe in Detail the Goals of the Project and Trades and Career Pathways:	How People Will Be Educated in or about These Skilled
If more space is needed, attach additional information to application	n form.
Expected Time Required to Complete Project:	
Describe Any Deadlines/Due Dates Involved in	the Project:

If more space is needed, attach additional information to application form.



Describe Any Other Parties/Vendors that Would Be Involved in Completing the Project::
If more space is needed, attach additional information to application form.
Describe in Detail How You Will Incorporate this Project into Your Programs Once Completed:
If more space is needed, attach additional information to application form.
Describe in Detail Any Anticipated Risks that Could Interfere with the Project's Viability, Completion of the Project, Time Frame for Completion, and Variances Between Estimated and Final Cost of the Project:



Application proposals will be prioritized and evaluated by the Board based upon sufficient justification, project cost, anticipated return on investment, best value and viability of the proposal.

Approved Applications or Agreements may be cancelled by the Board or Applicant for any reason following a 30-day written notice period.

By signing this Application the Applicant confirms the information provided is true and correct, Applicant agrees to provide status reports periodically, or when requested and upon completion of the Agreement, Reports shall be written to the Board providing an accounting of expenditures, describing an explanation of how the funds were used, the services provided, and the success of outreach demonstrating a return on investment. This report shall include but is not to be limited to: an accounting of accomplishments, number of new or potential industry members educated in or about careers in the trades, etc.

Signature:	Date:
Printed Name and Position:	

Official CIB Use Only:
Date Received: MM/DD/YYYY Yes No
Application is complete and accepted for Board consideration
Staff Initials: