

September 9, 2010

RE: FastTRAC Integrated ABE and Bridge II (I & B) Program Award Announcement

Dear Ms. Harmon and Mr. Wagner:

The Minnesota Department of Employment and Economic Development (DEED) received 27 grant requests totaling over \$3 million in response to the request for proposal regarding the Minnesota FastTRAC Integrated ABE and Bridge II (1 & B) Program.

Grant requests were reviewed by representatives from DEED, the Minnesota Department of Education (MDE) – Adult Basic Education (ABE), Minnesota State Colleges and Universities – Office of the Chancellor, Minnesota Department of Human Services, Greater Twin Cities United Way, Minnesota Workforce Council Association, and Governor's Workforce Development Council to provide a global perspective on the partnership structures needed to successfully serve adults in career pathways. Ten requests were selected to receive funding totaling \$1 million.

On behalf of DEED, MDE – ABE and the Minnesota FastTRAC Initiative, we are pleased to inform you that your request for the program, Pathways to Health Care Careers, has been approved for funding in the amount of \$101,900. This amount reflects across the board reductions in funding for all awarded grant requests. Notice of Grants Available (NGA) will be sent to you by September 20, 2010.

Project team members, including planners, primary contact persons, instructors and case managers, are required to attend a full day (8:00 AM to 5:00 PM) of professional development on Tuesday, September 28, at the MN DEED Central Office in Saint Paul. More information will follow regarding the professional development day, which will include information about best practices, reporting, evaluation and communication.

By September 14<sup>th</sup>, please submit the following by email to <u>jane.xiong@state.mn.us</u>:

- Updated project budget reflecting the funded amount of
- Project timeline
- Names and contact information for team members (no more than 8) attending the required professional development day on September 28.

Throughout the grant period, FastTRAC staff will provide

- Monitoring and technical assistance
- · Consultation regarding revisions made to the work plan
- Collaboration in the selection of the working group
- Organization of periodic consultations, meeting, teleconferences, and other forums, as necessary, to review current and planned activities, share information, and promote statewide coordination
- Collaboration with the grantee, and to the extent necessary, other contractors or grantees funded by FastTRAC.

We look forward to working with you and thank you for your timely participation and cooperation throughout the planning process.

Sincerely,

Rick Caligiuri

Director, Job Seeker Services

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|                                 |                    | match (no minimum required)                                  | requested (e.g., FTE staff cost break<br>down, including fringe, indirect, non-<br>personnel)   |
|---------------------------------|--------------------|--|---|
| 1. Staff of LWIB/WSA            | or DEED for progra | amming   | L   |
| a. (specify organization)       |                    |  |   |
| b.                              |                    |  |   |
| C.                              |                    |  |   |
| Subtotal Staff                  | 0                  | 0  |   |
| 2. Travel of LWIB/WS            | 4 or WFC           |  |   |
| a. DEED & partners              | 2000               |  | Travel cost from Duluth for six participants for two meetings in Twin Cities                    |
| b.                              | 0                  |  |   |
| C                               |                    |  |   |
| Subtotal Travel                 | 2000               | 0  |   |
| 3. Administration of I          | WIB/WSA, DEED      |  |   |
| a. DEED – Job<br>Service        | 9350               |  | Grant administration  |
| b.                              |                    |  |   |
| C.                              |                    |  |   |
| Subtotal Admin                  | 9350               | 0  |   |
| 4. Contracted Service           | s (specify who/wha | at services)   |   |
| a. SOAR                         | 17,000             | 33800 ( Ordean<br>Foundation &<br>Pathways to<br>Employment) | Data management, case management,<br>STEPS and pre employment workshops,<br>Supportive services |
| b. LSC                          | 55,250             |  | Curriculum development, planning, data management, teaching                                     |
| c. ABE                          | 17,000             |  | Curriculum development, planning, data management, teaching                                     |
| Subtotal Contracted<br>Services | 89,250             | 33800  |   |
| 5. Other of LWIB/WSA            | and WFC            |  |   |
| a. SCSEP<br>Intern              |                    | 500  | Delivery of on line job search and employer specific application workshops                      |
| b. SOAR WFC rent                | 1,300              |  | Space of SOAR staff at WFC to provide single point of contact                                   |
| C                               |                    |  |   |
| Subtotal Other                  | 1,300              | 500  |   |
|                                 | 101 000            | 24200  |   |

34300

101,900

All expenditures should correspond with one of the five cost categories.

TOTAL

BUDGET INSTRUCTIONS

## **FORM A**

## MSHSL Foundation Application for Grant for Student Participation

Mission Statement: Founded in 2007, the Minnesota State High School League Foundation is a nonprofit association, serving both public and private schools, created to complement the Minnesota State High School League by providing support for Minnesota's high school youth to participate in athletics and fine arts. Minnesota State High School League Foundation's goals are to promote the growth of high school students through participation in valuable extra-curricular activities.

**Awarding of Grants:** The primary goal of the Foundation will be to award grants that assist, recognize, promote, and fund extracurricular participation by high school students in athletic and fine arts programs. These grants will be awarded based upon gender balance, school size and geographic location to the extent possible.

The Minnesota State High School League Foundation Board of Directors has determined that the number of Free and reduced lunch students in grades 9-12 will be used for classification purposes. The MSHSL Foundation wants to encourage each school to seek students whose family income may be limited and encourage them to participate in athletic and fine arts programs in each school community and to recognize the role you play in this endeavor and to assist you in your continued efforts to engage more students.

In order to receive funds from the MSHSL Foundation, member schools must complete this form AFTER OCTOBER 1, 2010. The form must be submitted to the MSHSL Foundation and POSTMARKED OR EMAILED PRIOR TO NOVEMBER 1, 2010.

| 1. Please confirm the number of free and reduced lunch students identified in your October 1, 2010 report to the Minnesota Department of Education.  Grade 9: Grade 10: Grade 11: Grade 12: Grade 12: Grade 12: Grade 12: Grade 12: Grade 13: Grade 14: Grade 15: Grade 15: Grade 16: Grade 17: Grade 18: Grade 18 |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Grade 10: Grade 11: Grade 12:  2. Of that total number of free and reduced lunch students, please indicate the total number of free and reduced lunch students who participate in your school's athletic and fine arts programs.  Identify the current number of participants for the 2010-2011 fall season and add to that total the number of 2009-2010 winter and spring participants. Please list the total UNDUPLICATED number of free and reduced lunch student participants in grades 9-12. Only count each student participant one (1) time.  TOTAL  3. Attach a copy of the resolution approved by your school board with this application and describe how the funds you may receive will be used.  Name of School:  Street Address:  City, State, Zip:  Name of Person Completing this Form  Name of School Superintendent  Mattan Cr   | 1.  | the Minnesota Department of Education. | unch students identified in your October 1, 2010 report to |  |  |  |
| 2. Of that total number of free and reduced lunch students, please indicate the total number of free and reduced lunch students who participate in your school's athletic and fine arts programs.  Identify the current number of participants for the 2010-2011 fall season and add to that total the number of 2009-2010 winter and spring participants. Please list the total UNDUPLICATED number of free and reduced lunch student participants in grades 9-12. Only count each student participant one (1) time.  TOTAL  3. Attach a copy of the resolution approved by your school board with this application and describe how the funds you may receive will be used.  Name of School: DUOTH FOST HIGH SCHOOL Street Address HOOF LITTURE SCHOOL STREET AD SON Name of Person Completing this Form  Name of School Superintendent  SCAL  Name of School Superintendent   |   | Grade 9:                               | TOTAL 365  |  |  |  |
| Identify the current number of participate in your school's athletic and fine arts programs.  Identify the current number of participants for the 2010-2011 fall season and add to that total the number of 2009-2010 winter and spring participants. Please list the total UNDUPLICATED number of free and reduced lunch student participants in grades 9-12. Only count each student participant one (1) time.  TOTAL  Attach a copy of the resolution approved by your school board with this application and describe how the funds you may receive will be used.  Name of School: DUIDHA FASH HIGH SCHOOL  Street Address GOO F UHA SHOOL  Street Address GOO F UHA SHOOL  Name of Person Completing this Form  Name of School Superintendent  Name of School Superintendent  |   |  |  |  |  |  |
| that total the number of 2009-2010 winter and spring participants. Please list the total UNDUPLICATED number of free and reduced lunch student participants in grades 9-12. Only count each student participant one (1) time.  TOTAL  3. Attach a copy of the resolution approved by your school board with this application and describe how the funds you may receive will be used.  Name of School: DUDHN EAST HIGH SCHOOL  Street Address: SHOO E UTH STREET  City, State, Zip: DUDHN ROBS  Name of Person Completing this Form  Name of School Superintendent  SCAL  Manual Association and secribe with this application and describe how the funds you may receive will be used.  Name of School: DUDHN EAST HIGH SCHOOL  Name of School Superintendent  Manual Association and secribe with this application and describe how the funds you may receive will be used.  Name of School Superintendent  Manual Association and secribe how the funds you may receive will be used.  Name of School Superintendent  | 2.  |  |  |  |  |  |
| Name of School: DUIDHN FAST HIGH SCHOOL  Street Address: DUIDHN STREET  City, State, Zip: DUIDHN, UND SSAD  Name of Person Completing this Form  Name of School Superintendent  SCAL  Market In Description  | that total the number of 2009-2010 winter and spring participants. Please list the total UNDUPLICATED number of free and reduced lunch student participants in grades 9-12. Only count each student participant one (1) time. |  |  |  |  |  |
| Name of School: DUIOTh. FAST HIGH SCHOOL  Street Address: OFF LITH STREET  City, State, Zip: DUIOTh. UN 5588  SLT21 - SHAWN ROFS  Name of Person Completing this Form  Name of School Superintendent  SLT21  SLT21  Name of School Superintendent  SLT21  SLT21  Name of School Superintendent   | 3.  |  | by your school board with this application and describe    |  |  |  |
| Street Address: SHOOF UH STREET  City, State, Zip: DUIUH, UN 5588  SLT21 - SHAWN ROFS  Name of Person Completing this Form  Name of School Superintendent  SLT21  Mult no Completing this Form   | how the funds you may receive will be used.   |  |  |  |  |  |
| City, State, Zip: DUIDHO, UN 5588  SLT21 - SHAWN ROFS  Name of Person Completing this Form  Name of School Superintendent  SLT21  Mult no Completing this Form   | Name of School: DUIUTN TUST THUN SCHOOL   |  |  |  |  |  |
| SLTDI - SHAWN ROFS  Name of Person Completing this Form  SLTDI - SHAWN ROFS  Name of School Superintendent  SLTDI - SHAWN ROFS  Name of School Superintendent  SLTDI - SHAWN ROFS  Name of School Superintendent   | Street Address: SHOO E 4th Street   |  |  |  |  |  |
| Name of Person Completing this Form  Name of School Superintendent  School Superintendent  | City, State, Zip: DUIUH, UN 5588  |  |  |  |  |  |
| Name of Person Completing this Form  Name of School Superintendent  School Superintendent  | SLID - SHAWN ROBS KEITH M. DOWN   |  |  |  |  |  |
|  | Name of Person Completing this Form   |  | Name of School Superintendent                              |  |  |  |
| Signature Signature  | SCZL  |  | flett in for-  |  |  |  |
|  | Sign  | ature                                  | Signature  |  |  |  |

THIS FORM MUST BE SUBMITTED TO THE MSHSL FOUNDATION AND POSTMARKED OR EMAILED NO LATER THAN NOVEMBER 1, 2010.

MSHSL Foundation 2100 Freeway Blvd. Brooklyn Center, MN 55430-1735 www.mshslfoundation.org

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED FOR A GRANT