



Connecticut
Business
Training
Networks
Grant
Application

CONNECTICUT BUSINESS TRAINING NETWORKS

Please read and consider carefully the grant eligibility requirements and evaluation criteria.

Please follow the instructions on the Application Form.

Only applications that meet all the requirements and criteria will be considered.

Application Procedure

A. Grant Submission Process

- You may use a copy of the form (attached)
- You may use the electronic form available on the CBIA Website, Workforce Development section (<http://www.cbia.com>); DECD Website, (<http://www.state.ct.us/e.cd>), Industry Clusters Section; or CERC Website, (<http://www.cerc.com>).

B. Applications should be sent to:

Connecticut Business and Industry Association (CBIA)
Attn.: Judith Resnick, Director CT Business Training Networks
350 Church Street
Hartford, CT 06103-1106

C. Grant Review Process

- Grant proposals may be submitted at any time.
- Grants will be reviewed as they are received.
- Awardees will be notified by letter of the grant review outcome.
- Grants awards or rejections will be announced within 45 days of submission.
- Grant proposal awardees will be listed on the Web Page of the Connecticut Business and Industry Association, the Department of Economic and Community Development and the Connecticut Economic Resource Center.

D. Evaluation Criteria

Applications that do not meet all requirements or are incomplete will not be considered for funding.

- Grant proposals will be evaluated on the following criteria.
- | | |
|--|-----|
| Project objectives and plan | 25% |
| Potential to impact member companies | 25% |
| Potential to impact member companies employees | 25% |
| Measurable outcomes | 15% |
| Budget | 10% |

E. Technical Assistance

Technical assistance will be provided as needed. Please contact Judith Resnick, Director, at CBIA for assistance (860) 244-1900; FAX: (860) 278-8562; e-mail: resnickj@cbia.com.

CONNECTICUT TRAINING NETWORKS GRANT APPLICATION

I. NAME OF NETWORK:

Primary Industry (ies) _____

II. NETWORK COMPOSITION (MEMBERS)

Company Name #1 _____

Address _____

City/Zip Code _____

Number of Employees at this site _____

Contact Person _____ Title _____

Phone _____ Fax _____

e-mail _____

Company Name #2 _____

Address _____

City/Zip Code _____

Number of Employees at this site _____

Contact Person _____ Title _____

Phone _____ Fax _____

e-mail _____

Company Name #3 _____

Address _____

City/Zip Code _____

Number of Employees at this site _____

Contact Person _____ Title _____

Phone _____ Fax _____

e-mail _____

Company Name #4 _____

Address _____

City/Zip Code _____

Number of Employees at this site _____

Contact Person _____ Title _____

Phone _____ Fax _____

e-mail _____

Company Name #5 _____

Address _____

City/Zip Code _____

Number of Employees at this site _____

Contact Person _____ Title _____

Phone _____ Fax _____

e-mail _____

(For each additional member company, please provide the same information requested above on a separate sheet.)

■ Geographic proximity of Network companies _____

VI. NETWORK PROJECT OBJECTIVES AND WORK PLAN

- List project objectives, making sure to indicate how they relate to the Area (s) of Focus selected above (Section IV). Please provide a brief detailed work plan answering the following questions.

1. What do you propose to do?
2. How will you carry out the proposed activities?

Objective #1: _____

start date: _____ completion date _____

Relationship to Area-of-Focus

What do you propose to do?

How will you carry out the activities?

Objective #2: _____

start date: _____ completion date _____

Relationship to Area-of-Focus

What do you propose to do?

How will you carry out the activities?

Objective #3: _____

start date: _____ completion date _____

Relationship to Area-of-Focus

What do you propose to do?

How will you carry out the activities?

For additional objectives, please provide the same information requested above on a separate piece of paper.

VII. NETWORK DELIVERABLES AND PERFORMANCE MEASURES

For each objective listed above, describe the project deliverables and how you will measure their achievement. Quantify where possible.

Objective #1: _____

Deliverables:

Measures:

Objective #2: _____

Deliverables:

Measures:

Objective #3: _____

Deliverables:

Measures:

For additional objectives, please provide the same information requested above on a separate piece of paper.

VIII. NETWORK BUDGET

Please describe how the grant funds will be used and the sources of the funds, grant funds and matching funds (100% cash and/or in-kind).

EXPENSES

DESCRIPTION OF ACTIVITIES	GRANT FUNDS	CASH MATCH	IN-KIND MATCH	TOTAL
SUB-TOTALS (grant funds) (matching)				
TOTAL EXPENSES				

NETWORK COMMITMENT LETTER #1

Director, Connecticut Business Training Networks
CBIA
350 Church Street
Hartford, CT 06103-1106

Dear

_____ Company is pleased to be a member in the formation of _____
(network name) Training Network. We actively support the Network in its application for a Connecticut
Business Training Networks Grant and recognize the benefits of inter-firm training collaboration. We are
committed to the development of a CBTN for the purposes of identifying common training needs,
developing curriculum and field testing programs and procedures.

_____ Company endorses the efforts of the _____ Network and will
remain actively involved as a partnering organization. We understand that the Network is expected to
become a self-sustaining entity and that grant funding is intended to support the _____
stage only.

_____ Company has made a commitment towards establishing the _____
Network and to the cost sharing requirements outlined in the grant proposal.

Sincerely,

Name

Title

A separate copy of this letter should be signed by each member company.

COMMITMENT LETTER #2

Director, Connecticut Business Training Networks
CBIA
350 Church Street
Hartford, CT 06103-1106

Dear

The undersigned companies are committed to the development of a Connecticut Business Training Networks for the purposes of identifying common training needs, developing curriculum and field testing programs and procedures.

We feel that the _____ Network has strong potential to extend the leverage and reach of the individual member companies. We intend to actively share in the development, implementation, and the requisite costs as indicated in the grant proposal. We understand that the Network is expected to evolve into an active, self-sustaining organization and that grant funding is intended to support the _____ stage only.

Network Name

	COMPANY NAME (PLEASE PRINT NAME)	SIGNATURE	TITLE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

in partnership with

*Governor's
Council on Economic Competitiveness
and Technology*

CBIA
*Connecticut
Business & Industry
Association*



D E C D

*State of Connecticut
Department of Economic and
Community Development*

 **Connecticut**
Economic Resource Center, Inc.

**Connecticut
Department of Labor**
Working with you for a better future.

350 Church Street, Hartford, CT 06103-1106 • 860 244-1900 • (FAX) 860 278-8562

 **Connecticut Business
Training Networks**