ICCB Competency-Based Education Development Grant Cover Page

College Name:

Funding Amount Requested:

The applicant should identify the project lead (main point of contact for the grant) as well as at least 3 other project members. At least one should be faculty.

Project Lead:

Project Member 1 (name/title/email):

Project Member 2 (name/title/email):

Project Member 3 (name/title/email):

Other Project Members (name/title/email):

Fiscal Contact (name/title/email):

Industry Sector Focus (Select One):

   Manufacturing

   Finance and Business Services

   Allied Health

Program Name/ 6-Digit CIP of Program

List any and all stackable credentials, industry certifications, licensure requirements within the program:

Project Goals:

Identify all project goals the college intends to meet or complete by grant end outside of the project deliverables of the grant.