



Center for Training Excellence - Application

I. Institutional Information

OTC Name, Address, Website

Contact	Name	Title	Email	Phone
Primary				
Fiscal				
Legal*				

*\*The legal contact has authority to review the award agreement on behalf of the institution and must be an employee of the district (outside legal counsel not allowed).*

II. Executive Summary

Explain how the proposed CTX submission addresses career(s) on the Ohio’s Top Jobs list, as determined by a local and regional needs assessment. Please include data on regional needs and how proposed activities support local in-demand jobs.

### III. Goals

Provide at least two goals related to the institution's customized training and business consultation services. Relate the goals to the regional economy. What is the expected impact of the goal?

#### **Goal 1**

#### **Goal 2**

#### **Additional Goals (Optional)**

#### IV. Budget and Budget Narrative

**Requested CTX Total: \$**

Please fill out the budget table below. In addition, provide a detailed narrative of each anticipated budget expenses. Examples: if accounting for salaries, provide position title, percentage of time dedicated to CTX, and responsibilities of personnel; if purchasing supplies/equipment, please explain types and purpose of items, etc.

##### **Budget**

<b>Anticipated Expenses</b>	<b>CTX \$ Amount</b>	<b>Matching \$</b>	<b>Match Description</b>
<b>Total</b>			

##### **Budget Narrative**

## V. Marketing Plan

Describe how the institution will market customized training and/or business consulting services to current and prospective businesses. Optional supportive documentation may be uploaded through the RFP portal. Supportive documentation may include screenshots or links to social media, copies of collateral, outreach plans to specific locations and groups, visuals, or informational brochures. Identify efforts that the institution will take to secure businesses and complete agreed upon services. Please identify staff that will lead this marketing effort.

## VI. Signature

Certification by Authorized Official: To the best of my knowledge and belief, the information contained in this application is true and correct. The document has been duly authorized to comply with the required assurances.

**Name and Title**

**Signature**

**Date**