



Responsive Programming Fund Application
Submit all proposals to proposals@healthcareerfund.org

COVER SHEET

1. Proposals may be submitted by either union or management representatives but support from both parties is required and will be confirmed.
2. Discuss your project with the Training Fund Executive Director and review the complete program guidelines on the Training Fund website before completing your application.
3. Please be as brief as possible when answering these questions. The committee will request more follow up information if needed to evaluate your proposal.

IMPORTANT NOTE: The application is a fillable PDF form only on a PC. This feature will not work on Macs or mobile devices.

NAME OF PERSON SUBMITTING PROPOSAL:

JOB TITLE:

EMPLOYER AND LOCATION:

CONTACT INFO (EMAIL AND PHONE):

MANAGEMENT SUPPORT NAME AND CONTACT INFO (if different from above):

UNION SUPPORT NAME AND CONTACT INFO (if different from above):

DATE OF SUBMISSION:

PROJECT TITLE:

ACKNOWLEDGEMENT

I understand that by submitting this proposal to the Training Fund's Responsive Programming Committee that the Training Fund's Executive Director will use the above contact information to confirm support of the proposal by both management and labor.

The application contains 15 questions. You have up to one page to answer each question. If additional space is needed you may submit attachments.

Contact Destiny Williams for directions on submitting attachments or supplemental information to accompany your application. Email: dwilliams@healthcareerfund.org or call 425.255.0315

QUESTIONS ABOUT WHY THIS TRAINING IS IMPORTANT

1. BRIEFLY DESCRIBE THE TRAINING BEING PROPOSED

2. HOW WOULD THIS TRAINING BENEFIT WORKERS AND MANAGEMENT?

3. WHAT UNMET TRAINING NEED DOES THIS PROPOSAL ADDRESS?

4. WHAT DOES SUCCESS LOOK LIKE FOR THIS PROJECT? BE SPECIFIC ON YOUR OUTCOME GOALS.



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QUESTIONS ABOUT THE INTENDED TRAINEES

5. WHAT JOB TITLES WOULD POTENTIALLY PARTICIPATE IN AND BENEFIT FROM THE PROPOSED TRAINING? WHAT BARGAINING UNIT(S) DO THESE JOB TITLES BELONG TO?

6. APPROXIMATELY HOW MANY WORKERS COULD BENEFIT FROM THIS TRAINING (IF KNOWN)? BRIEFLY EXPLAIN HOW YOU ARRIVED AT YOUR ESTIMATE.

7. HOW WOULD POTENTIAL TRAINING ENROLEES BE INFORMED ABOUT THE OPPORTUNITY IF THIS PROJECT IS FUNDED?

8. HAVE YOU ALREADY DISCUSSED THIS IDEA WITH MANAGERS OR WORKERS AT OTHER TRAINING FUND PARTNER EMPLOYERS? IF YES, WITH WHO? PLEASE DESCRIBE:

9. DO YOU BELIEVE THE PROPOSED TRAINING WOULD BE OF BENEFIT TO WORKERS IN SIMILAR POSITIONS AT OTHER TRAINING FUND EMPLOYERS? WHY OR WHY NOT?

QUESTIONS ABOUT PROJECT PLANNING AND LOGISTICS

10. WHAT HELP WOULD BE NEEDED FROM EACH PARTNER TO IMPLEMENT THIS PROJECT?

Check any/all that apply and indicate which partners will be involved.

Anticipated Assistance Needed	Training Fund	Union	Employer
Identifying trainers			
Curriculum design/development			
Project mgmt/oversight			
Access to specialized training space/location			
Access to specialized training materials/equipment			
Recruiting enrollees			
Clinical Affiliation Agreements			
Other (pls specify)			

11. APPROXIMATELY HOW MUCH WOULD THE PROPOSED TRAINING COST AND HOW LONG WILL IT TAKE (IF KNOWN)?

12. WHO WOULD DELIVER THE PROPOSED TRAINING (IF KNOWN)?

13. DO YOU HAVE A SPECIFIC TIMEFRAME IN MIND FOR LAUNCHING THIS TRAINING? WHAT FACTORS DRIVE THE DESIRED START DATE (IF YOU HAVE ONE)?

14. WHAT MAJOR PROJECT PLANNING AND IMPLEMENTATION STEPS NEED TO HAPPEN BEFORE TRAINING CAN BEGIN?

15. ANYTHING ELSE YOU WANT TO SHARE ABOUT THE PROPOSED TRAINING?