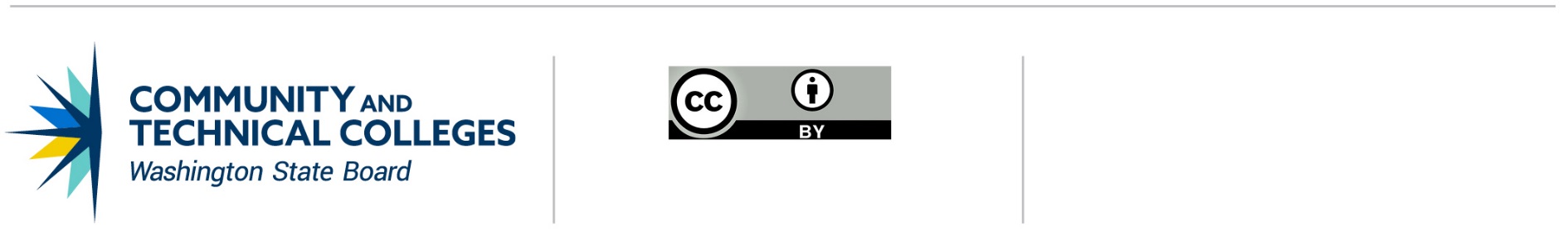
**Professional/Technical Program Restart Grant**

**Program Matrix**

**Instructions:** Please complete one program matrix for **each** program being submitted for Professional/Technical Restart funding. Copy the chart as many times as necessary within the document, but keep all program matrices in the same document and save it as a PDF file. Upload it as an attachment to your OGMS Professional/Technical Program Restart application.

**College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Information** | | | | | | | | | | | | |
| **Program Title** | | **CIP and EPC or Plan Code (ctcLink)** | | **Credential(s) Awarded and Number of Credits** | | **Quarters Offered per Year** | | | **Career Launch Endorsed (“CLER”)** | | **Notes/Clarification (Optional)** | |
|  | |  | |  | |  | | | Yes  No | |  | |
| **Program Status** | | | | | | | | | | | | |
| **Program Status**  **(Please elaborate in “Program Needs”)** | | **Avg. # of Students per Quarter Pre-COVID** | | **Avg. # of Students per Quarter Since COVID** | | **Projected # of Students per Quarter with Restart Funding** | | | **Notes/Clarification (Optional)** | | | |
| Closed  Suspended  Modified  Other | |  | |  | |  | | |  | | | |
| **Funding Request** | | | | | | | | | | | | |
| **Salaries, Wages, and Benefits** | **Goods and Services** | | **Building Rental and Utilization** | | **Travel** | | **Contracts** | **Capital Outlays** | | **Indirect** | | **Total** |
|  |  | |  | |  | |  |  | |  | |  |
| **Questions**  (Please delete questions from response fields before submitting.) | | | | | | | | | | | | |
| **Pandemic-Impacted Program Needs** | | Please describe in specific detail how the program(s) to be supported with Professional/Technical Restart funds have been adversely impacted by COVID-19, what the most pressing needs are, and how this funding will be used to bring them closer to full operational capacity. What is the college’s plan for sustaining the program(s) when Professional/Technical Restart funds are exhausted? | | | | | | | | | | |
| **Labor Market Need** | | How have the industries associated with the program(s) been impacted by COVID-19 and what are the prospects for employment in these fields in a post-pandemic economy? Will the program(s) in question be expanded, scaled, or modified to meet new or changing needs of local, regional, or state economies? Please use applicable labor market information, data, studies and reports, and/or employer attestation statements to support your response if possible. | | | | | | | | | | |
| **Outreach and Recruitment to Impacted Populations** | | How do the demographics of the students served by the program(s) demonstrate efficacy in providing access and support to underserved and/or vulnerable populations? How will Professional/Technical Restart funding be used to recruit or provide outreach to those disproportionately impacted by the pandemic (e.g. dislocated workers, women, adult learners, people or color, rural communities, etc.)? | | | | | | | | | | |
| **Timeline** | | Please provide a detailed and realistic timeline for the expenditure of Professional/Technical Restart funds, steps required and benchmarks for reestablishing and/or modifying the proposed program(s), and the comprehensive restart of the program(s) in question. | | | | | | | | | | |
| **Experiential and Work-Based Learning** | | Describe the experiential or work-based learning component(s) included in the program. How have these activities been impacted by COVID-19 and how will Professional/Technical Restart funding contribute to resumption, innovations, expansion, and/or improvement of experiential learning opportunities? | | | | | | | | | | |
| **Partnerships** | | With which education, industry, labor, government, or community partners will you collaborate in restarting your program(s)? Please explain their respective roles and the outcomes associated with them? | | | | | | | | | | |
| **Equitable Distribution (Optional)** | | If not addressed elsewhere, please describe any geographic/demographic considerations or issues of program/resource scarcity unique to your region that should be taken into account in prioritizing this request. | | | | | | | | | | |