



“Explore The Trades Skills Lab, Built by Ferguson”

School Information

1. Name of School:
2. Address:
3. Primary Contact Name:
4. Primary Contact Job Title:
5. Primary Contact Email:
6. Primary Contact Phone Number:
7. Secondary Contact Name:
8. Secondary Contact Job Title:
9. Secondary Contact Email:
10. Secondary Contact Phone Number:
11. What grade levels does the school serve?
 - Middle School (grades 6-8)
 - High School (grades 9-12)
12. Number of students served:
13. What percentage of the student body receives free and reduced lunch?
14. What is the demographic makeup of the student body?
 - Male %: _____

- Female %: ____
- BIPOC %: ____

15. Describe the need for trades programming at the school.

16. What trade will outfit the new skills lab?

- Plumbing
- HVAC

17. What is the curriculum for the proposed trades class?

18. What is the estimated number of students who will be impacted?

19. Who is the instructor for the class and are they licensed? Please list their licensure and/or certification.

20. Is there space readily available for a new trades program in the building? If not, will an existing space need to be retrofitted for the new classroom? Please describe the space updates required.

21. Does the school have existing trades and/or technical classes?

22. Was the school planning to create a trades classroom prior to this project? If so, please note applicable partnerships that will help support this class (i.e. local service business, contractor, etc.).

23. What is your plan to sustain the program after the initial funding?

24. What is your plan to recruit students for the program? Do you currently have students interested in pursuing this trades program?

25. What is the anticipated date by which the class could be open to the student body?

Industry Partner Information

1. Does the school currently partner with local industry?
2. If so, please explain the history of the partnership and how it benefits both the school and the business.
3. What goals would the industry partner and school look to achieve with this partnership?
4. What are the metrics by which you'll measure success?
5. Did this partnership exist prior to this project?
6. How do you envision this partnership to grow over the years?
7. If this application is not selected, is it financially feasible for this partnership to continue?

I understand and acknowledge that the equipment will never be sold on a public site, such as Craigslist or Facebook Marketplace, or used in a personal residence or on property other than the selected school.

I confirm that all statements above are accurate and true to the best of my knowledge.

Should this application be accepted, I agree to track student participation and progress for the purpose of the grant evaluation process.

Signature: _____ **Date:** _____