EXHIBIT C

SUB-AWARD NOTIFICATION

FOR DISBURSING SWP PROJECT FUNDS AMONG REGIONAL COLLEGE DISTRICTS

(Ifapplicable) PARTICIPATION AGREEMENT-Scope of Work, REFERENCE #

Distribution of Strong Workforce Program funds for regional project titled:

NOTE: Each College district receiving funds must invoice the disbursing college with this

document attached. **DISBURSING COLLEGE DISTRICT:** RECIPIENT COLLEGE DISTRICT(S): **SWP Regional Fiscal Agent:** SWP Regional Fiscal Agent Representative: Luann Swanberg, Director/Chair of South Central Coast Regional Consortium (SCCRC) and/or Diane Hollems, Co-Chair of SCCRC **Disbursing College Contact Information:** Project Lead: **Contact email: Contact phone:** Recipient College(s) Contact Information: NOTE: PLEASE COMPLETE FOR EACH COLLEGE RECEIVING FUNDS Name: Contact email: **Contact phone:** Name: Contact email: Contact phone: Name: Contact email: Contact phone: Name: Contact email: **Contact phone:** Name: Contact email: **Contact phone:** Name: Contact email: **Contact phone:** Name: **Contact email: Contact phone:** Name:

Contact phone:

Contact email:

Project Name:

Project Amount to College District(s):

- \$ to District:

General Project Description

Project Timeline:

Please indicate if this is a multi-year ongoing project: Yes No

Scope of Work

Qualitative Outcomes

Quantitative Outcomes

Reports

Email Report information to:

PROJECT LEAD: EMAIL ADDRESS:

Luann Swanberg, SCCRC Chair: Irswanberg@pipeline.sbcc.edu and Diane Hollems, SCCRC Co-chair: diane.hollems@gmail.com

Invoices must be addressed to: DISBURSING COLLEGE ATTENTION: (Project Lead and/or Grant Coordinator)

This document must accompany the invoice.