

# Application: Veterans Resource Center Project

## High Tech Center Training Unit In collaboration with the Chancellor's Office of the California Community Colleges

- We welcome your application to participate in the Veterans Resource Center (VRC) pilot project. *Before completing this application*, please read the attached materials about the project for establishing a Veterans Resource Center (VRC) on your campus.

- **Submit this application (1 original & 2 copies) by March 1, 2010, to:**

Veterans Resource Center Project  
High Tech Center Training Unit 21050  
McClellan Rd. Cupertino, CA 95014

- Identify the VRC Project Coordinator for your college:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

- The above-named VRC Project Coordinator should initial the following checklist of items where space is provided, confirming that your college will be able to meet the basic requirements. Please provide a brief narrative or attachment where requested (as indicated by underlining).
- Unless otherwise identified as “optional,” all items are to be considered required.

### **Three components:**

We recognize the importance of all three components: academics, camaraderie, and wellness. Because a VRC represents more than a vets clubhouse, we will direct continuing efforts to promote academics and wellness—as well as camaraderie—for our veteran students.

- On a separate sheet, provide one specific example for each of the following, describing how you will promote this component in your VRC:

○ Academics

○ Camaraderie

○ Wellness

- Time commitment (for pilot project duration):**  
College commitment of two years (4 continuous semesters or the equivalent; does not require VRC to be open during intersession, summer session)

- Dedicated space:**  
Minimum accessible space (as defined by ADA) of 400 sq. ft., designated as Veterans Resource Center. A separate entry is required.

Please attach a basic floor plan, including dimensions.

- Equipment:**
- 2 scanners
  - 2 printers

*Circle one:*

Would your college also be able to provide 2 computers & 2 monitors? Yes / No

(Providing your own equipment is OPTIONAL.)

- Furnishings:**
- Study area (1 table, 4 chairs)
  - Couch
  - Coffee table
  - Small refrigerator & microwave
  - Coffee urn
  - Television/DVD player (OPTIONAL)

- Staff:**
- Please describe on a separate sheet how you will provide staff to cover the VRC during hours of operation (25 hours/week minimum).
  - Seventy percent (70%) of these hours need to be covered by veterans, whether veteran students (Work-Study) or faculty/staff who are veterans.
  - Suggested staff can also be provided through Veterans Services, DSPPS, Counseling, Financial Aid.

**Collaboration:**

(1) Attach a list of 6-10 individuals and their offices you have contacted who will comprise a Veterans Task Force.

*Required members include:*

- Veterans Certifying Official
- Financial Aid
- DSPS

*Additional suggested members may include, but are not limited to:*

- Director (or designee), Admissions & Records
- Director (or designee), Outreach
- Academic Counseling
- Student Health Clinic/Mental Health or Counseling Services
- Veterans Resource Center staff (e.g., Work-Study veteran student)
- President, campus vets club
- Independent veteran student (not associated with VRC)
- Faculty
- Off-campus VA representative

(2) Identify the closest VA Readjustment Counseling Center (i.e., Vets Center) to your campus, including contact information:

▪ Contact individual:

▪ Title:

▪ Address:

▪ Phone:

(3) An Academic Counselor will work directly with vets in the VRC 4 hours/week.

(4) VRC staff will attend and possibly host trainings 3 days/year.



(5) Data collection:

▪College agrees to track:

○The number of veteran students served

○The number of referrals made to on- and off-campus resources.

▪The HTCTU will provide the tool to track services and necessary report forms.

▪Reports will be submitted at the end of each term for a total of two years.

(6) Attach a letter of support from your college's President/Superintendent.

(7) Provide signatures of the following individuals (or their equivalent):

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean, Student Services

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Veterans Services staff or Veterans Certifying Official

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Coordinator, DSPS

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Assistive Technology/Alternate Media Specialist, DSPS

*Thank you for your interest in participating in this new project.*

*Questions? Please contact:*

*Gaeir Dietrich, Director, High Tech Center Training Unit*

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