

Everglades Restoration Agricultural Community Employment Program Employer-Based Training Grant Application

Pursuant to section 446.71, Florida Statutes, the Everglades Restoration Agricultural Community Employment Training Program was created to promote education and training programs to support the training and hiring of individuals in nonagricultural employment in areas of high agricultural unemployment.

Employers and providers interested in receiving grant funds must apply with the Florida Department of Economic Opportunity for consideration. Please complete each field of the application with detailed information. Attach additional pages as needed noting which section the response references.

Everglades Restoration Agricultural Community Employment Training Program Training Program Grant Application							
Training Frogram Grant Application							
Section 1 – Employer Information							
Company Name:							
Company URL:							
Mailing Address			City and		State		
Physical Address			County City and County		State		
Zip Code		Phone Number			•		
Employer's FEIN#:	Number of years o Florida:	f operation in the	e state of	Total # Full-Time Employe location:	es at this		
Legal Structure of Business: Sole Proprietor			☐ Partnership ☐ Corporation				
	□ Non-Pro	fit 🗆	Leased	☐ Other:			
Is your company receiving/applying for any other state or federal training funds related to this project? If yes, please list the name of the Program or Type of Grant. Yes No							
Name of Grant:			Amount of Award:				
Year Award was received:			Year training was complete:				
Description of your company, product(s) and/or service(s):							

Section 2 – Employer Contact									
Primary Contact									
Name:									
Title:					Phone			1	
111111					Number				
Mailing				City				State	
Address:									
Zip Code:			E-mail:					<u> </u>	
Zip Code.			L'illail.						
Section 3 – Trai	ining Provid	der Informatio	n						
				-titation	Deixyota	Tusining	Totalitation		
The Training Pro	oviaer will u	e: L Public	c Training Ins	stitution	☐ Private	: Training	Institution		
		Пс	1		\Box_{Σ} .	- . ,			
		☐ Comp	any Employe	e	☐ Private	Instructor	r		
								.	
Training will be	delivered:	☐ On-site	☐ At the	training ii	nstitution	⊔ At a	a remote loca	ition	
Name of Trainin	g Provider(s	s):							
Name of Trainin				Phone:					
Provider Contact	t:								
Address:									
City:		County:		State:			Zip Code:		
Address:			City			County			
Program			•			+			
Contact									
Name									
Program			F	Program					
Contact				Contact					
Title			F	E-mail					
Program						T			
Contact									
Phone						<u> </u>			
Section 4 – Proposed Training Program Description									
1. Provide the title and a detailed description of the proposed Training Program. Include how the training will									
be delivered, length of the Training Program, Training Program start and end dates, required prerequisites									
or special requirements for program entry, maximum capacity of enrollments, identify instructional									
	personnel and their qualifications, etc.								
1	- · ·	, 							
2. List the county where the proposed Training Program will be located									

3.	Identify the proposed Training Program's licensure and/or accreditation.
4.	Indicate the number of anticipated enrollments and completions. Anticipated student enrollments Anticipated Training Program completions
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3.	Describe efforts to collaborate and/or partner with local workforce development boards in development and execution of this proposed Training Program.
6.	Are you currently on the local workforce development board's Eligible Training Provider List (ETPL)? Yes No
7.	Describe efforts to recruit agricultural or migrant and seasonal farm workers to enroll in this proposed Training Program.
8.	Describe how this proposed Training Program will support economic development in the Everglades Agricultural Area.
9.	Identify the location of the proposed Training Program in proximity to the Training Program's intended participants.
10.	Identify the number of nonagricultural jobs that are anticipated to be created from this proposed Training Program.
11.	Describe how completion of this proposed Training Program will match individuals to nonagricultural employment opportunities.
12.	Describe the performance metrics the proposed Training Program will establish to measure success.
13.	Identify any certifications, degrees, or other credential that will result from the completion of this proposed Training Program.
14.	Is this an expansion of an existing Training Program? Yes No If yes, provide an explanation of how the funds from this grant will be used in collaboration with the existing program.
15.	Completion of this proposed training program should lead to employment in nonagricultural occupation(s). Indicate the targeted occupation(s) students will be trained to enter:
16.	Is the Training Program located in the Everglades Agricultural Area? Yes No If yes, provide an explanation of how the Training Program provides opportunities to obtain the qualifications and skills necessary for jobs related to federal and state restoration projects, the Airglades Airport in Hendry County, an inland Port in Palm Beach County, or other industries with verifiable interests in operating within the Everglades Agricultural Area and in counties that provide for water storage and dispersed water storage that are located in rural areas of opportunities.

Section 5 – Matching Contributions					
Employers must provide	Type of Matching	Source	Amount		
verifiable matching	Contribution (e.g. in-kind)				
contributions. Use the table to			\$		
the left to specifically identify			\$		
all matching contributions by			\$		
name and monetary value.			\$		
Attach an additional page if			\$		
necessary.			\$		
	Total Matching Contributions	\$	·		

Section 6 - Program Budget					
Training Program Costs	Amount	Description*			
Tuition and Fees	\$				
Equipment	\$				
Instructors	\$				
Supplies	\$				
*Other	\$				
A. Total Project Costs	<u></u>				
Other Funding Sources	Amount	Description*			
Matching Contributions (from section 6)	\$				
State	\$				
Federal	\$				
City/County	\$				

*Other	\$					
B. Total Other Funding	s					
Total Amount Requested (calculate A – B)	s					
Section 7 – Signatures Include evidence that the undersigned has all necessary authority to execute this proposal on behalf of the employer. This evidence may take a variety of forms including, but not limited to, a delegation of authority, citation to relevant laws or codes, policy documents, etc.						
	ertify that I have express authority to	sign this proposal on beh	nait of the above-			
described employer.						
Entity Name:						
Authorized Representative's Name:						
Authorized Representative's Signature:						
Date Signed:						
Section 8 – Authorized Use O	nly (Completed by DEO staff only)					
Date Application Received:/						
Received By (Print Name):						
Received By (Signature):						
Date Application Reviewed:/						
Received By (Print Name):						
Reviewed By (Signature):						