



**Everglades Restoration Agricultural Community Employment Training Program
 Tuition 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 Tuition Grant Application				
Section 1 – Entity Information				
Entity Name:				
Mailing Address:		City:		State:
Physical Address:		City:		State:
Zip Code:		Phone Number:		
Federal Employer Identification Number:				

Section 2 – Entity Contact				
Primary Contact Name:				
Title:		Phone Number:		
Mailing Address:		City:		State:
Zip Code:		E-mail:		



Section 3 – Training Program Information

Program Name					
Program Address:		City:			
County:		State:		Zip Code:	
Program Contact Name:					
Program Contact Title:		Program Contact E-mail:			
Program Contact Phone:					

Section 4 – Training Program Description

1. Provide the title and a detailed description of the 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.
2. List the county where the Training Program is located.
3. Identify the Training Program’s licensure and/or accreditation.
4. Identify the location of the Training Program in proximity to the Training Program’s intended participants.
5. Describe efforts to collaborate and/or partner with local workforce development boards in development and execution of this proposed Training Program.
6. Is this program currently on the local workforce development board’s Eligible Training Provider List (ETPL)?
 Yes No
7. Describe how the Training Program will support economic development in the Everglades Agricultural Area.
8. Identify the number of nonagricultural jobs that are anticipated to be created from the Training Program.

9. Describe how completion of the Training Program will match individuals to nonagricultural employment opportunities in areas of high agricultural unemployment.

10. Describe the performance metrics the Training Program will establish to measure success.

11. Identify any certifications, degrees, or other credential that will result from the completion of the Training Program.

12. 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.

13. Completion of the Training Program should lead to employment in nonagricultural occupation(s). Indicate the targeted occupation(s) students will be trained to enter:

14. 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 - Cost of Attending School		
Training Program Costs	Amount	Description*
Tuition and Fees	\$ _____	
Books, tools, supplies, uniforms	\$ _____	
School-determined additional costs of attendance & living expenses	\$ _____	
*Other	\$ _____	
A. Total Training Costs	\$ _____	
Other Funding Sources	Amount	Description*
Federal/State grants and scholarships	\$ _____	

Other grants/scholarships	\$ _____	
*Other	\$ _____	
B. Total Other Funding	\$ _____	
Tuition Funding Requested	\$ _____	

Section 6 – Applicant Information

Name:					
Address:		City:		County:	
State:			Zip Code:		
Telephone Number:			Email:		

Is the Applicant a citizen of the United States or a non-citizen whose status permits employment in the United States?

Yes No

Please attach supporting documentation to this application. Approved documentation includes, but is not limited to: (1) U.S. Passport or U.S. Passport Card; (2) Permanent Resident Card or Alien Registration Receipt Card; (3) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa; (4) Employment Authorization Document that contains a photograph; (5) Valid driver’s license or government-issued identification document provided it contains a photograph or identifying information such as name, date of birth, and address; (6) U.S. military card; (7) For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a.) Foreign passport; and b.) Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form; (8) Employment authorization document issued by the Department of Homeland Security; (9) U.S. Citizen ID Card; or (10) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal.

Does the Applicant currently reside, and has resided for at least three of the last five immediately preceding years, in Hendry or Palm Beach Counties? Yes No

Please attach supporting documentation to this application. Approved documentation includes: (1) monthly mortgage statement, mortgage payment booklet or residential rental/lease agreement for the last five immediately preceding years; (2) utility bills for the last five immediately preceding years; (3) mail from financial institutions for the last five immediately preceding years; or (4) W-2 forms from the last five immediately preceding years.

Is the Applicant already accepted to, or enrolled in, a public or private technical or vocational training institution?

Yes No

Section 7 – Signatures

Include evidence that the undersigned has all necessary authority to execute this proposal on behalf of the entity and the Applicant. 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.

I, the undersigned, do hereby certify that I have express authority to sign this proposal on behalf of the above-described entity and applicant.

Entity Name:

Authorized Representative's Name:

Authorized Representative's Signature:

Date Signed:

Applicant's Name:

Applicant's Signature:

Date Signed:

Section 8 – Authorized Use Only (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): _____