



2021-2022 Florida Job Growth Grant Fund Workforce Training Grant Proposal

Proposal Instructions: Please read this document carefully and provide the information requested below. Some questions may request that a separate narrative be completed. If additional space is needed, attach a word document with your entire answer.

Entity Information

Name of Entity: Big Bend Technical College

Federal Employer Identification Number (if applicable): _____

Primary Contact Name: Jodi Tillman

Title: Director

Mailing Address: 3233 S. Byron Butler Parkway
Perry, FL 32348

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Secondary Contact Name: Debra Caley

Title: Grants Facilitator

Phone Number: 850.838.2545

Workforce Training Grant Eligibility

Pursuant to 288.101, F.S., the Florida Job Growth Grant Fund was created to promote economic opportunity by improving public infrastructure and enhancing workforce training. This includes workforce training grants to support programs offered at state colleges and state technical centers.

Eligible entities must submit proposals that:

- Support programs and associated equipment at state colleges and state technical centers.
- Provide participants with transferable and sustainable workforce skills applicable to more than a single employer.
- Are offered to the public.
- Are based on criteria established by the state colleges and state technical centers.
- Prohibit the exclusion of applicants who are unemployed or underemployed.

1. Program Requirements:

(If additional space is needed, attach a word document with your entire answer.)

Each proposal must include the following information describing how the program satisfies the eligibility requirements listed on page 1.

A. Provide the title and a detailed description of the proposed workforce training.

Virtual Reality (VR) and High Tech Manikin Training Lab - The funds will be used to purchase state-of-the-art programmable manikins and virtual reality equipment and software to replicate real-world scenarios to supplement clinical experiences, which with the pandemic is more crucial than ever.

B. Describe how this proposal supports programs at state colleges or state technical centers.

Funds will be used to equip BBTC's Health Sciences Lab with state-of-the-art programmable manikins for advanced training in the Practical Nursing Program. Additional funds will be used to purchase virtual reality equipment and software to replicate real-world scenarios to supplement clinical and work place situations.

C. Describe how this proposal provides participants transferable, sustainable workforce skills applicable to more than a single employer.

Funds will provide safe space for trial, error, and problem-solving training as well as the ability to learn workforce skills including upskilling through continuous learning and the capacity to develop clinical judgment and key transferable skills necessary for safe nursing care.

D. Describe how this proposal supports a program(s) that is offered to the public?

While a primary resource for the Practical Nursing program, the technology will also be available for training for students in the Patient Care Technician, Nursing Assistant and Phlebotomy programs as well. All of these programs are offered to the public via enrollment at BBTC.

E. Describe how this proposal is based on criteria established by the state colleges and state technical centers.

According to FLDOE, students in the PN program must meet the requirements of Florida Statute 464.019. According to the frameworks, "Clinical experience must make up at least 50% of the total program. Simulated practice and clinical experiences are included as an integral part of this program.

F. Does this proposal support a program(s) that will not exclude unemployed or underemployed individuals?

Yes No

None of BBTC's programs excluded unemployed or underemployed individuals.

- G.** Describe how this proposal will promote economic opportunity by enhancing workforce training. Please include the number of program completers anticipated to be created from the proposed training. Further, please include the economic impact on the community, region, or state and the associated metrics used to measure the success of the proposed training.

Quality patient care hinges on having a well-educated nursing workforce. Research has shown that lower mortality rates, fewer medication errors, and positive outcomes are all linked to nurses that are trained well. The cumulative growth in the aging population in the U.S. calls for a high demand for a wide range of needs and support services. Qualified health care is important to the well-being of all communities and the ability to have access to high-level technology is imperative, especially in a rural environment.

2. Additional Information:

(If additional space is needed, attach a word document with your entire answer.)

- A.** Is this an expansion of an existing training program? Yes No
 If yes, please provide an explanation for how the funds from this grant will be used to enhance the existing program.

The ability to purchase high-end training equipment will greatly enhance the existing Practical Nursing Program as well as the Patient Care Technician, Nursing Assistant and Phlebotomy programs, by affording students the ability to participate in virtual and simulated clinical experiences, which have been greatly limited due to COVID.

- B.** Does the proposal align with Florida’s Targeted Industries? Yes No
[\(View Florida’s Targeted Industries here.\)](#)

If yes, please indicate the specific targeted industries with which the proposal aligns.
 If no, with which industries does the proposal align?

While not listed as part of the Life Sciences industry, Nursing is part of the Health Science Industry which supports the more than 46,000 healthcare establishments in Florida.

- C.** Does the proposal align with an occupation(s) on the Statewide Demand Occupations List and/or the Regional Demand Occupations List?
[\(View Florida’s Demand Occupations Lists here.\)](#) Yes No

If yes, please indicate the specific occupation(s) with which the proposal aligns.
 If no, with which occupation does the proposal align?

29-2061 Licensed Practical and Licensed Vocational Nurses, 31-1-11 Home Health Aides, 31-1014 Nursing Assistants, 31-9097 Phlebotomists, 31-9099 Healthcare Support Workers, All Other

- D. Indicate how the training will be delivered (e.g., classroom-based, computer-based, other).
 If in-person, identify the location(s) (e.g., city, campus, etc.) where the training will be available.
 If computer-based, identify the targeted location(s) (e.g. city, county, statewide, etc.) where the training will be available.

Training will be delivered in a classroom/laboratory setting on BBTC's campus.

- E. Indicate the number of anticipated annual enrolled students and completers in the proposed program.

Practical Nursing - 30 students
 Patient Care Technician - 45 students
 Nursing Assistant - 15 students
 Phlebotomy - 15 students

- F. Indicate the length of program (e.g., quarters, semesters, weeks, etc.), including anticipated beginning and ending dates.

8/9/2021

5/26/2022

Begin Date: _____

End Date: _____

Practical Nursing - 1350 hours, PCT - 600 hours, NA - 160 hours, Phlebotomy - 120 hours.

- G. Describe the plan to support the sustainability of the program after grant completion.

BBTC will use Perkins grant funds and CAPE bonus funding to support the sustainability of the program.

- H. Identify any certifications, degrees, etc. that will result from the completion of the program. Please include the Classification of Instructional Programs (CIP) code and the percent of completers in each code, corresponding with Section E.

All programs lead to a Career Certificate and industry certification(s) and/or licensures. Practical Nursing - 0351390101 Licensed Practical Nurse license; Patient Care Technician - 0351390205 CNA license, Phleb.Tech cert, PCT cert, EKG Tech cert; Nursing Assistant - 0351390200 CNA license, Phlebotomy 0351100901- Ph Tech

- I. Does this project have a local match amount?

Yes

No

If yes, please describe the entity providing the match and the amount. (Do not include in-kind.)

While not a match - the school will supplement any additional expenses with CAPE Bonus and/or Perkins funds. The continuing annual cost of the licensing will be paid for by CAPE and/or Perkins as well.

- C. Provide a detailed budget narrative, including the timing and steps necessary to obtain the funding, how equipment purchases will be associated with the training program, if applicable, and any other pertinent budget-related information.

Juno (mid-fidelity simulator) \$20,000; Susie (Advanced) Basic Nursing skills Manikin \$2,500; Keri Complete Basic Nursing Skills Manikin 2 x \$2000 each - \$4000; Simulated Clinical Experiences (SCE) - Nursing Assessment (\$2000), Nursing Fundamentals (\$2500), Medical Surgery (\$3500) - \$8,000; 8 Virtual Reality Capable PC Computers @\$3000/per computer = \$24,000; 8 Vive Pro VR Headset @\$800= \$6400; 16 Vive Pro 2 Wireless Adapters @\$350 = \$5600; Acadius Nursing Software - \$10,000/year (future years will be paid out of CAPE and/or Perkins funds); 5 - 40 inch flat screen TVs @\$400 = \$2,000; Mounts, cables, VR Rack, storage, padded flooring, classroom set up \$3500; On-site training for Juno \$4,000.

4. Approvals and Authority

(If additional space is needed, attach a word document with your entire answer.)

- A. If entity is awarded grant funds based on this proposal, what approvals must be obtained before it can execute a grant agreement with the Florida Department of Economic Opportunity (e.g. approval of a board, commission or council)?

While the grant award does not need to be approved, any purchased over \$10,000 would need to be board approved.

- B. If approval of a board, commission, council or other group is needed prior to execution of an agreement between the entity and the Florida Department of Economic Opportunity:

- i. Provide the schedule of upcoming meetings for the group for a period of at least six months.
- ii. State whether entity is willing and able to hold special meetings, and if so, upon how many days' notice.

No Board approval is required for the execution of this agreement.

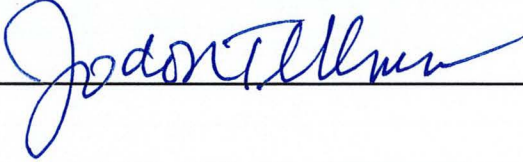
- C. Attach evidence that the undersigned has all necessary authority to execute this proposal on behalf of the entity. This evidence may take a variety of forms, including but not limited to: a delegation of authority, citation to relevant laws or codes, policy documents, etc.

As the Director of Big Bend Technical College, I have all of the necessary authority to execute this proposal.

I, the undersigned, do hereby certify that I have express authority to sign this proposal on behalf of the above-described entity and to the best of my knowledge, that all data and information submitted in proposal is truthful and accurate and no material fact has been omitted.

Name of Entity: Big Bend Technical College

Name and Title of Authorized Representative: Jodi Tillman, Director

Representative Signature: 

Signature Date: 9/13/2021