

2018-2019 Florida Job Growth Grant Fund Workforce Training Grant Proposal

Proposal Instructions: The Florida Job Growth Grant Fund Proposal (this document) must be completed and signed by an authorized representative of the entity applying for the grant. Please read the proposal carefully as some questions may require a separate narrative to be completed. If additional space is needed, attach a word document with your entire answer.

Entity Information

Name of Entity: Southwest Florida Women's Foundation, Inc.

Federal Employer Identification Number (if applicable): ██████████

Primary Contact Name: Brenda Tate

Title: CEO

Mailing Address: 27911 Crown Lake Blvd., Suite 223
Bonita Springs, FL 34135

Phone Number: (239) 281-2233

Email: brenda@fundwomenfl.org

Secondary Contact Name: Charlotte Newell

Title: Programs Coordinator

Phone Number: (230) 908-0301

Workforce Training Grant Eligibility

Pursuant to 228.101, 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.

Earn to Learn FL™ helps low- to moderate-income students, men and women, earn post-secondary education with little or no student debt. (See narrative)

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

The post-secondary school's accepted or enrolled students to be included in the 3-year project are listed. (See narrative)

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

Earn to Learn FL™ financial aid will focus on programs to train students in jobs that require post-secondary career and technical education (CTE). (See narrative)

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

Earn to Learn FL™ was designed to address the low educational attainment rate for men and women in Southwest Florida. (See narrative)

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

E. Assuming the funding gap is \$4,500 for a student to complete a 2-year CTE program at a state college or state technical center, (See narrative)

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

Yes No

- 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.

Assuming the funding gap is \$4,500 for a student to complete a 2-year CTE program at a state college or state technical center, it is projected a \$4million Florida Job Growth grant would produce the following (actual numbers will vary based on each programs price and number of semesters to complete). (See narrative)

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.

These funds will expand Earn to Learn FL capacity beyond associate, undergraduate and graduate degrees to include qualified Career and Technical Education students.

- 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?

See attached narrative for Table 18. Adult Vocational Long-term Growth Occupations

- 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 List 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?

See attached narrative for Table 18. Adult Vocational Long-term Growth Occupations

- 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 where the training will be available.

Training will be delivered by the post-secondary schools listed on page 1 of attached narrative.

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

- 850+ eligible students will complete financial literacy training
- 850 eligible students save \$500 from their earnings
- 850 eligible students will secure \$4,000 Earn to Learn FL match
- \$4,500 per eligible student will be transferred to their school's student account based on balance due prior to each semester

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

Begin Date: 01/01/2019

End Date: 12/31/2021

6 month start up and student recruitment period - 6 month wrap up period
 24 months - 6 semesters

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

Our plan is to expand Earn to Learn FL™ to serve the entire state of Florida based on expansion areas identified and prioritized with a state university anchor and state colleges and local school district technical colleges organized like the pilot area of Southwest Florida. (See narrative)

- 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 completer in each code, corresponding with Section E.

The focus will be on programs that support employment in Table 18. Adult Vocational Long-term Growth Occupations in the attached narrative.

- 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).

Even though the current answer is No, to date approximately \$400,000 has been raised and invested to develop Earn to Learn FL. That investment creates the solid platform for Earn to Learn FL to expand and include students pursuing Career and Technical Education programs.

J. Provide any additional information or attachments to be considered for the proposal.

Attachments: Project Narrative, Budget, Flow of Funds, Earn to Learn FL Snapshot, Letters of Support

3. Program Budget

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

Estimated Costs and Sources of Funding: Include all applicable workforce training costs and other funding sources available to support the proposal.

1.) **Total Amount Requested** \$ 4,000,000
 Florida Job Growth Grant Fund _____

2.) Other Workforce Training Project Funding Sources:

City/County \$ _____
 Private Sources \$ _____

Other (grants, etc.) \$ _____ Please Specify: _____
 Total Other Funding \$ _____

3.) Workforce Training Project Costs:

Equipment \$ _____
 Personnel \$ 300,000
 Facilities \$ _____
 Tuition \$ 3,400,000
 Training Materials \$ _____

Other \$ 300,000 Please Specify: In Narrative
Total Project Costs **\$ 4,000,000**

Note: The total amount of the project should equal the total amount requested plus the total other funding.

- 4.) 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.

Detailed budget narrative to follow under separate cover.

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)?

Approval of Board of Directors

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- 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.
 - i. 3rd Wednesday of each month at 8:30AM
 - ii. Willing to hold special meeting if needed.

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- 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.

Bylaws attached.

Section V. Execution of Documents. The Board may authorize the Chair or the Vice Chair or any other officer or officers or agent or agents to enter into any contract or execute and deliver any instrument in the name of and on behalf of the SWFLWF, and such authority may be delegated by the person so aut

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: Southwest Florida Women's Foundation, Inc.

Name and Title of Authorized Representative: Brenda Tate, CEO

Representative Signature: *Brenda Tate*

Signature Date: August 29, 2018