**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.

## Entity Information

Name of Entity: Atlantic Technical College and Technical High School

Federal Employer Identification Number (if applicable):_____

Contact Information:
     Primary Contact Name: Robert B. Crawford
     Title: Director
     Mailing Address: 4700 Coconut Creek Parkway
     Coconut Creek, FL 33063
     Phone Number: 754-321-5103
     Email: robertbcrawford@browardschools.com

## 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:**

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.

   Please refer to Attachment - FL Job Growth Grant Fund Narrative, Section 1.A.
   _____

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

   Please refer to Attachment - FL Job Growth Grant Fund Narrative, Section 1.B.
   _____

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

   Please refer to Attachment - FL Job Growth Grant Fund Narrative, Section 1.C.
   _____

D. Does this proposal support a program(s) that is offered to the public?

   ☑ Yes    ☐ No

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

   Please refer to Attachment - FL Job Growth Grant Fund Narrative, Section 1.E.
   _____

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 jobs 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.

Please refer to Attachment - FL Job Growth Grant Fund Narrative, Section 1.G.
_____

## 2. Additional Information:

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.

Please refer to Attachment - FL Job Growth Grant Fund Narrative, Section 2.A.
_____

B. Does the proposal align with Florida's Targeted Industries? (View Florida's Targeted Industries here.)

☑ Yes  ☐ No

If yes, please indicate the targeted industries with which the proposal aligns.

If no, with which industries does the proposal align?

Please refer to Attachment - FL Job Growth Grant Fund Narrative, Section 2.B.
_____

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 Occupation Lists here.)

☑ Yes  ☐ No

If yes, please indicate the occupation(s) with which the proposal aligns.

If no, with which occupation does the proposal align?

Please refer to Attachment - FL Job Growth Grant Fund Narrative, Section 2.C.
_____

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.

Please refer to Attachment - FL Job Growth Grant Fund Narrative, Section 2.D.

_____

E. Indicate the number of anticipated enrolled students and completers.

Please refer to Attachment - FL Job Growth Grant Fund Narrative, Section 2.E.

_____

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

Begin Date: ___See Section 2.F.___        End Date: _____

G. Describe the plan to support the sustainability of the proposal.

Please refer to Attachment - FL Job Growth Grant Fund Narrative, Section 2.G.

_____

H. Identify any certifications, degrees, etc. that will result from the completion of the program. Please include the Classification of Instructional Programs (CIP) code if applicable.

Please refer to Attachment - FL Job Growth Grant Fund Narrative, Section 2.H.

_____

I. Does this project have a local match amount?

☑ Yes ☐ No

If yes, please describe the entity providing the match and the amount.

Please refer to Attachment - FL Job Growth Grant Fund Narrative, Section 2.I.
_____

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

Please refer to Attachment - Letters of Support, Section 2.J.1 - 2.J.5.
_____

## 3. Program Budget

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

A. Workforce Training Project Costs:

| | |
|---|---|
| Equipment | $ Section 3.A |
| Personnel | $ |
| Facilities | $ |
| Tuition | $ |
| Training Materials | $ |
| Other | $     Please Specify: _____ |
| **Total Project Costs** | **$** |

B. Other Workforce Training Project Funding Sources:

| | |
|---|---|
| City/County | $ Section 3.B |
| Private Sources | $ |
| Other (grants, etc.) | $     Please Specify: _____ |
| **Total Other Funding** | **$** |

| | |
|---|---|
| **Total Amount Requested** | **$** |

**Note:** The total amount requested must equal the difference between the workforce training project costs in 3.A. and the other workforce training project funding sources in 3.B.

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.

Please refer to Attachment - FL Job Growth Grant Fund Narrative, Section 3.C.
_____

## 4. Approvals and Authority

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)?

The grant will be submitted to the School Board of Broward County, Florida for post approval. This is standard operating procedures.
_____

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.

   School Board meetings are held twice monthly, on Tuesdays.
   _____

   ii. State whether that group can hold special meetings, and if so, upon how many days' notice.

   The School Board does hold special meetings, when required.
   _____

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.

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

Name of Entity: Atlantic Technical College & Tech H.S.
_____

Name and Title of Authorized Representative: Robert B. Crawford, Director
_____

Representative Signature: _____

Signature Date: July 24, 2017
_____