



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: Big Bend	Technical College (BBTC)	
Federal Employer Ident	ification Number (if applicable):	
Contact Information: Primary Contact Title:	Name:	
Mailing Address:	3233 S Byron Butler Parkway	
	Perry, FL 32348	
Phone Number:	850-838-2545 gtaylor.k12.fl.us	

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.	Medical Administrative Specialist				
B.	Describe how this proposal supports programs at state colleges or state technical centers. This proposal will support Big Bend Technical College by afforing the institution the opportunity to open a new postsecondary adult vocational (PSAV) program trains for one of the statewide and regional targeted ocupations.				
C.	Describe how this proposal provides participants transferable, sustainable workforce skills applicable to more than a single employer. Medical Administrative Specialist may pursue entry-level positions as a medical secretary, receptionist, customer service representative, and front office staff. Working environments may include but are not limited to physician's offices, hospitals, outpatient clinics, nursing homes and long-term care facilities.				
D.	Does this proposal support a program(s) that is offered to the public?				
	✓ Yes				
E.	Describe how this proposal is based on criteria established by the state colleges and state technical centers.				
	This program is a career preparatory program approved by the Flordia Department of Education				
F.	Does this proposal support a program(s) that will not exclude unemployed or underemployed individuals?				
	✓ Yes No				





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. This program will train students as required by the Florida Department of Education using a rigorous curriculum. Successful completion of this program will enable students to go work in a high skill, high wage career. Based on the Florida Statewide Occupations List there are 687 annual openings with a 2.27% annual growth rate. 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. 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? Life Sciences

G. Describe how this proposal will promote economic opportunity by enhancing

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?

Medical Secretaries SOC Code 436013





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. This program will be a classroom-based program offered at Big Bend Technical College, Perry				
E.	Indicate the number of anticipated enrolled students and completers.				
F.	Indicate the length of program (e.g., quarters, semesters, weeks, etc.), including anticipated beginning and ending dates. January 10, 2018 Begin Date: End Date:				
G	Describe the plan to support the sustainability of the proposal.				
Ο.	This program will be supported by Workforce funding which is allocated by the Florida Legislature each year, also the program will generate tuition in addition to Perkins funding for established programs. These funding sources will provide the sustainability for the program.				
Н.	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.				
	The CIP code for this program is 0551071603 and students will be eligible to take the Certified Medical Administrative Assistant (CMAA) certification along with the Microsoft Office Specialist Certification.				



3.



l.	Does this project have a local	match amount?		
			Yes	✓ No
	If yes, please describe the enti	ty providing the	match and the am	nount.
J.	Provide any additional informati Taylor and surrounding counties are small training that leads to industry certification	all rural areas. With t	his proposal this program	n will provide valuable
Pre	ogram Budget			
	stimated Costs and Sources ining costs and other funding so	_		
A.	Workforce Training Project Co	sts:		
	Equipment	\$		
	Personnel	\$ 49,025		
	Facilities	\$		
	Tuition	\$		
	Training Materials	\$ 24,110		
	Other	\$	Please Specif	fy:
	Total Project Costs	\$ 73135		
В.	Other Workforce Training Proje	ect Funding Sou	irces:	
	City/County	\$		
	Private Sources	\$		
	Other (grants, etc.)	\$ 49,025	Please Specif	fy:
	Total Other Funding	\$		
	Total Amount Requested	\$ 24,110		

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.

The Medical Administrative Specialist Program is a year long program that is scheduled to begin January, 2018. Please see attached budget narrative for this program.

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)?
	No approval needed

- 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:
 - Provide the schedule of upcoming meetings for the group for a period of at least six months.
 - State whether that group can hold special meetings, and if so, upon how many days' notice.
- 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 the behalf of the above-described entity.	at I have express authority to sign this proposal on
Big Bend Technical College	
Name of Entity:	
	Jodi Tillman, Director
Name and Title of Authorized Represe	ntative:
Representative Signature:	Godwy/lh
Signature Date: $\sqrt{24/12}$	

Big Bend Technical College Budget Narrative

Medical Administrative Specialist

ltem	Quantity		Amount		Total
EMR Software	1	\$	1,690.00	\$	1,690
Gearplayer 4 Transcription Software	20	\$	119.95	\$	2,399
ICD-10-PCS 2018: The Complete Official Code Book	10	\$	89.20	\$	892
Keyboarding in SAM 365 & 2016 With Mindtap Reader	20	\$	148.99	\$	2,980
Mindtap Computing for Microsoft Office 365 & Office 2016:Introductory	20	\$	162.86	\$	3,257
Bundle: The Administrative Professional: Technology & Procedures	20	\$	198.46	\$	3,969
Bundle: Communications + Speech	20	\$	96.95	\$	1,939
Medical Law and Ethics (Bundle with Medical Terminology)	20	\$	224.95	\$	4,499
Professional in Health Care Plus	20	\$	96.47	\$	1,929
Comprehensive Health Insurance: Billing, Coding and Reimbursement	20	\$	27.76	\$	555
Training Cost		*		\$	24,110
Training Cost				Y	24,110
Instructor Cost	1	\$	49,024.50	\$	49,025
Total Program Training Cost				\$	73,134

THE DISTRICT SCHOOL BOARD OF TAYLOR COUNTY



318 North Clark Street Perry, Florida 32347 (850) 838-2500 - Telephone (850) 838-2501 - Fax Taylor.k12.fl.us Danny Glover Jr., Superintendent

July 25, 2017

To whom it may concern:

This letter confirms that Jodi Tillman, Director at Big Bend Technical College is authorized to represent Big Bend Technical College on behalf of Taylor County School District in the execution of The Florida Job Growth Grant Fund Proposal. Please contact the stated authorized person above if you have any questions regarding this proposal.

Sincerely,

Dany Dloury

Danny Glover, Jr., Superintendent of Schools

Taylor County School District