

**Entity Information** 



## 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.

Name of Entity: Florida	Gateway College
Federal Employer Ident	ification Number (if applicable):
Contact Information: Primary Contact Title: President	Name: Dr. Lawrence Barrett
•	149 SE College Place
	Lake City, FL 32025
Phone Number:	386-754-4200
Email: president@	

## **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 see attached Word Document: "Florida Gateway College - FL Job Growth Word Doc - Aviation - 2017"				
B.	Describe how this proposal supports programs at state colleges or state technical centers.				
	Please see attached Word Document: "Florida Gateway College – FL Job Growth Word Doc – Aviation – 2017"				
C.	Describe how this proposal provides participants transferable, sustainable workforce skills applicable to more than a single employer.				
	Please see attached Word Document: "Florida Gateway College – FL Job Growth Word Doc – Aviation – 2017"				
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 see attached Word Document: "Florida Gateway College – FL Job Growth Word Doc – Aviation – 2017"				
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 see attached Word Document: "Florida Gateway College – FL Job Growth Word				
	Doc - Aviation - 2017"				
Add	ditional 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.				
	If additional space is needed, attach a word document with your entire answer.				
В.	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?				
	Aviation/Aerospace: Maintenance Repair and Overhaul of Aircrafts				
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 <u>Demand Occupation Lists here.</u> )				
	✓ Yes □ No				
	If yes, please indicate the occupation(s) with which the proposal aligns.				
	If no, with which occupation does the proposal align?				
	Aircraft Mechanics and Service Technicians				
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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 see attached Word Document: "Florida Gateway College – FL Job Growth Word Doc – Aviation – 2017"				
E.	Indicate the number of anticipated enrolled students and completers.				
	16 students (first year); 24 students (second year); 24 students (third year)				
F.	Indicate the length of program (e.g., quarters, semesters, weeks, etc.), including anticipated beginning and ending dates.				
	Begin Date: Jan/2019 End Date: Summer/2019				
G.	Describe the plan to support the sustainability of the proposal.				
	A majority of the costs for this program involve one-time purchases necessary for initial start-up. Continuation of the program's goals, and efforts to achieve desired outcomes will rest on industry support, local and regional commitments and student tuition and fees.				
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.				
	Please see attached Word Document: "Florida Gateway College – FL Job Growth Word Doc – Aviation – 2017"				





I.	Does this project have a loca	I match amount?						
			Yes	<b>✓</b> No				
	If yes, please describe the entity providing the match and the amount.							
	If additional space is needed, a	ttach a word document	with your entire	answer.				
J	J. Provide any additional information or attachments to be considered for the proportional space is needed, attach a word document with your entire answer.							
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3. P	rogram Budget							
	stimated Costs and Sources of Funding: Include all applicable workforce							
ιr	aining costs and other funding sources available to support the proposal.							
Α	. Workforce Training Project Costs:							
	Equipment	\$ 640,000						
	Personnel	\$ 240.000						
	Facilities	\$450.000						
	Tuition	\$ N/A as costs						
	Training Materials	\$ 110,000						
	Other	\$ 80,000	Please Specify	γ: attch'd				
	<b>Total Project Costs</b>	\$ 1,520,000	•					
Е	Other Workforce Training Project Funding Sources:							
	City/County	\$0						
	Private Sources	\$0						
	Other (grants, etc.)	\$0	Please Specif	y:				
	Total Other Funding	\$ 0	•					
	Total Amount Requested	<b>\$</b> 1.520,000						

**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 see attached Word Document: "Florida Gateway College – FL Job Growth Word Doc – Aviation – 2017"

## 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)?
  Contingent upon the award of grant funding, approval by the College's Board of Trustees must be obtained prior to the execution of the grant agreement.
- 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.

Please see attached Word Document.

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

The Board of Trustees can hold special meetings upon notice of 14 days.

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.





behalf of the above-described entity.	
Florida Gateway College Name of Entity:	
Name and Title of Authorized Representative:	Dr. Lawrence Barrett, President
Representative Signature:	- M Bar
Signature Date: 09/26/17	

I, the undersigned, do hereby certify that I have express authority to sign this proposal on