

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: SCS CLEAN INS. DBD 1ST SOS STAFFING

Federal Employer Identification Number (if applicable): [REDACTED]

Primary Contact Name: PETER MENDEZ

Title: CEO

Mailing Address: 1040 BAYVIEW DR

FORT LAUDERDALEFL 33304

Phone Number: 954-900-2013

Email: pmendez@1stsos.com

Secondary Contact Name: FELIX ORTIZ

Title: Asst CEO / Controller

Phone Number: 954-900-2013

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.
 PROVIDE JOB AND TRAINING TO ALL PERSONNEL REFERRED FROM ANY UNEMPLOYMENT FLORIDA GOVERNMENT AGENCIES, CAREER SOURCES, SHERIFF RE-ENTRY PROGRAMS, WELFARE, JOBS COORDINATORS, AMERICAN VETS ASSOCIACION.
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- B.** Describe how this proposal supports programs at state colleges or state technical centers.
 WE HOLD MORE THEN (70) LUXURY HOTEL CONTRACT, IN THE SOUTH FLORIDA, NEEDING PERSONNEL IN A CONSTANT BASIS AND SKILFULLY TRAINING AND PREPARE THOSE IN NEED BE PREPARE FOR THE JOB CAPACITY AT OUR OWN COST.
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- C.** Describe how this proposal provides participants transferable, sustainable workforce skills applicable to more than a single employer.
 WE HIRE AND TRAINING OUR OWN STAFF, TO BENEFIT GOVERNMENT AGENCIES, COMMUNITIES AND FAMILIES BE PREPARE FOR THE WORK FORCE
-
- D.** Describe how this proposal supports a program(s) that is offered to the public?
 ANY ONE IN NEED OF A JOB, REFERRED BY ONE OF THE GOVERNMENT AGENCIES, WILL NOT BE DENIED A JOB, WE SKILFULLY TRAINING THE PERSONNEL DEVELOPE A SKILL, THAT WIL SUSTAING THEIR FUTURE AND REMAINS IN OUR WORK FORCE
-
- E.** Describe how this proposal is based on criteria established by the state colleges and state technical centers.
 WE HAVE PREPARE PERSONNEL, THAT PREPARE ANY ONE IN NEED OF A JOB
-
- 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.

BY QUALIFYING, HIRING AND TRAINING PEOPLE IN NEED OF A JOB, WILL ONLY HELP FLORIDA ECONOMY, WE HIRE MANNY PEOPLE IN A CONTANT BASIS, WE PREPARE THEM FOR THEIR FUTURE, WE OPEN DOOR FOR THEM, FOR THEIR FAMILIES AND OUR COMMUNITIES.

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.

WE ARE IN NEED OF EQUIPMENT,TEACHERS,SUPPLY AND FUNDS, TO COVER NEW HIRE THAT ARE IN TRAIING CONTINUE TO BE PAY WHILE PREPARING FOR THE WORK FORCE AND POSITION THAT THEY ARE HIRED

- 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?

HOSPITALITY, MAINTENANCE, REPAIR, TECHNOLOGY, CLEANTECH, DEVELOPMENT
 OTHER OCCUPATIONAL LIST.

- 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?

MAINT AND REPAIR,STIMULATION AND TRAINING,ENGINEERING, OTHER DEVELOPMENT

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 DELIVERED IN CLASS ROOMS AS WELL AS PHYSICAL,, COMPUTERS, IN PERSON
 AT LOCATION.

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

500 TO 3000

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

Begin Date: ^{BEGIN WK}

End Date: ^{END WEEK}

TIME AS NEED TO IINMIDIATLY START TO WORK

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

IS IT'S OUR BERNEFIT TO PRODUCE A GOOD AN SKILFULL WORKER, BE PREPARE TO JOIN
 OUR WORK FORCE

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.

SPECIALIST / DIFFERENT SPECIALTIES IN HOSPITALITIES, ENGINEERING, MAINT ETC.

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).

- J. Provide any additional information or attachments to be considered for the proposal.
 PREPARE PEOPLE FOR THE WORK FORCE AND CONTINUE FORWARD WITH A SKILL
 THAT WILL HELP OUR ECONOMY

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** \$500,000.00
 Florida Job Growth Grant Fund

2.) Other Workforce Training Project Funding Sources:

City/County \$0
 Private Sources \$0

Other (grants, etc.) \$0
 Total Other Funding \$0

Please Specify: _____

3.) Workforce Training Project Costs:

Equipment \$0
 Personnel \$0
 Facilities \$0
 Tuition \$0
 Training Materials \$0

Other \$0
Total Project Costs \$0

Please Specify: _____

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.

CONTINUE NEW HIRE OR PROGRAM QUALIFIERS, GET PAY WHILE GETTING PREPERE FOR THEIR FUTURE ASSIGMENT

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)?

IT'S OF A GREAT BENEFIT TO OUR COMPANY TO PREPARE AND TRAIING FUTURE EMPLOYEES, TO BE PLACED IN ANY OF OUR EMPLOYERS LOCATIONS, READY, TRAIING AND WELL QUALIFY. IT HELP OUR COMMUNITIES.

- 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.

READY NOW, 72 HOUR NOTICE SHOULD BE SUFFICIENT 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.
Yes, the undersigned has all authority to execute the proposal on behalf of the entity.
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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.

1st SOS Staffing Services

Name of Entity: _____

Name and Title of Authorized Representative: Peter Mendez / CEO
Felix Ortiz / Asst CEO

Representative Signature:  _____

Signature Date: 8/2/2018 _____