



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: Valencia College

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

Primary Contact Name: Kristeen Christian

Title: AVP Resource Development

Mailing Address: PO Box 3028, MC: DO-34, Orlando, FL, 32802-3028

Phone Number: 407-582-2909

Email: kchristian6@valenciacollege.edu

Secondary Contact Name: Joe Battista

Title: VP, Global, Professional, and Continuing Education

Phone Number: 407-582-6622

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.

See Attachment A

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

See Attachment A

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

See Attachment A

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

See Attachment A

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

See Attachment A

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

Yes No

See Attachment A

- 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.

See Attachment A

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.

See Attachment A

- 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 Attachment A

- 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 Attachment A

- 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.

See Attachment A

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

1,280 students enrolled with anticipated 90% completion rate.

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

Begin Date: Jan. 2019

End Date: Dec. 2029

The program will begin in January 2019 with 1,280 students enrolling in five years and 90% of these completing in 10 years. Varying programs supported operate on quarterly, semester, or weekly basis.

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

See Attachment A

- 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.

See Attachment A

- 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).

Valencia College has secured the contributions of \$1,000,000 in local funds and partnership support to support the \$3,000,000 requested.

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

See Attachment B

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 \$ 3,060,000
 Florida Job Growth Grant Fund

2.) Other Workforce Training Project Funding Sources:

City/County \$ 0
 Private Sources \$ 0

Other (grants, etc.) \$ 1,000,000
 Total Other Funding \$ 1,000,000

Please Specify: See budget

3.) Workforce Training Project Costs:

Equipment \$ 2,060,000
 Personnel \$ 0
 Facilities \$ 0
 Tuition \$ 925,000
 Training Materials \$ 0

Other \$ 75,000
Total Project Costs \$ 4,060,000

Please Specify: See budget

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.

See Attachment C. Budget Narrative

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)?

Valencia College Board of Trustees will approve all grant projects at monthly board meetings.

- 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.

Monthly meetings starting 9/12/18. They will meet again in October, December, February, April, May, June, and July. November, January, and March meetings are typically skipped in order to observe holidays and/or college breaks. The group is willing to hold a special meeting with five 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.

Valencia College Policy 6Hx28:1-0 Organization, Authority, and Location outlines the undersigned's authority to execute this proposal on behalf of the college.

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: Valencia College

Name and Title of Authorized Representative: Dr. Sanford Shugart, President

Representative Signature: *Sanford C. Shugart*

Signature Date: 9/05/2018