



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: Big Bend Technical College

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

Primary Contact Name: Jodi Tillman

Title: Director

Mailing Address: 3233 S Byron Butler Parkway
Perry, FL 32348

Phone Number: 850-838-2545

Email: jodi.tillman@taylor.k12.fl.us

Secondary Contact Name: Denise Barber

Title: Grants Facilitator/Career Pathways Specialist

Phone Number: 850-838-2545

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 attached

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

see attached

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

see attached

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

see attached

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

see attached

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.

see attached

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.

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?
This proposal will align with both Infotech and Lifesciences

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?
Licensed Practical and Licensed Vocational Nurses, Massage Therapists, Phlebotomists, Medical Secretaries

- 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.**

All programs pertaining to the Health Science cluster are classroom-based and are located on BBTC campus Perry, Taylor County, FL.

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

BBTC anticipates 30 students to complete the Practical Nursing program, 30 students to complete the Patient Care Technician program, 20 students to complete the Medical Coder/ Biller program and 15 students to complete the Massage Therapy program.

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

Begin Date: August

End Date: May

Practical Nursing/1350 hour program, Patient Care Technician/750 hour program, Massage Therapy/ 700 hour program and Medical Coder/Biller,1110 hour program. All programs are two (2) semesters.

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

Annual licensures for software and equipment maintenance repairs will be budgeted yearly into the Perkins grants and student lab fees for sustainability of the purchases through this proposal.

- 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 attached

- 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.

see attached

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** \$ 133171
 Florida Job Growth Grant Fund _____

2.) **Other Workforce Training Project Funding Sources:**

City/County \$ 0 _____
 Private Sources \$ 0 _____

Other (grants, etc.) \$ 3000 _____
 Total Other Funding \$ _____

Please Specify: Perkins

3.) **Workforce Training Project Costs:**

Equipment \$ 1331714 _____
 Personnel \$ _____
 Facilities \$ _____
 Tuition \$ _____
 Training Materials \$ _____

Other \$ _____
Total Project Costs \$ 1334714 _____

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.

All equipment and software/licensure purchases will support the FLDOE curriculum frameworks for delivery of postsecondary programs. If awarded this proposal, purchases will be made instantaneously and students will begin training immediately.

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)?

N/A

- 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.

N/A

- 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.

proposal will be signed by the Superintendent of Schools

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: Big Bend Technical College

Name and Title of Authorized Representative: Superintendent of Schools

Representative Signature: Danzy Blair Jr.

Signature Date: 9-17-18

1. Program Requirements

A. Provide the title and a detailed description of the proposed workforce training.

Bringing Modern Technology to Education in a Small Community

Big Bend Technical College (BBTC) is located in Perry, FL Taylor County. Perry is known for its tree and lumber industry and is called the Forestry Capital of the South. Perry is a small rural area with the population just over 7000 with estimated household income approximately \$32,531. Perry has one small hospital and the closest larger hospitals are at least one hour away. Most of the careers in the area are related to manufacturing, health science or corrections. In the last five (5) years BBTC has implemented the Practical Nursing, Patient Care Technician, Massage Therapy, Medical Coder/Biller, Diesel Maintenance Technician and Diesel Systems Technician I programs. These programs follow the FLDOE Frameworks with a rigorous curriculum. BBTC strives to provide students to have the cutting edge technology, with up-to-date equipment and lab simulations to enhance their clinical skills and real world experience. BBTC would like to purchase two (2) Nursing Turnkey Simulation manikins, three (3) Hospital Bed Sim Lab Starter Suites, three (3) Headwall Package with Diagnostics sets and virtual reality simulation technology for Health Science purposes. This proposal will contribute to greater job growth and opportunity by assisting students in Taylor County, Dixie County and other surrounding counties to better prepare for the workforce. The purchase of this equipment and technology will also allow BBTC to offer continuing education classes for medical personnel in Taylor County, Dixie County and other surrounding counties.

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

The support of this proposal will enhance the clinical opportunities required by the FLDOE Frameworks and bridge gaps between knowledge and training for the Practical Nursing, Patient Care Technician, Massage Therapy and Medical Coder/Biller programs. This proposal will give prospective students the same opportunities that larger colleges and technical centers offer.

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

Workforce skills obtained with the equipment purchases from this proposal will provide highly skilled participants employment opportunities to include, but not limited to: the local hospital, surrounding hospitals, medical offices, nursing facilities, health departments and physical rehab offices.

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

BBTC, a public postsecondary technical college, offers Practical Nursing, Patient Care Technician, Massage Therapy and Medical Coder/Biller programs. The support of this proposal will enhance the outcome of highly skilled Practical Nurses, Patient Care

Technicians, Massage Therapist and Medical Coder/Biller entering the workforce. The proposal will also allow BBTC to offer training to outside medical personnel that need continuing education courses.

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

Clinical instruction of nursing students will meet the requirements of Florida Statute 464.019. Clinical experience must make up or least 50% of the total program. Simulated practice and clinical experiences are included as an integral part of this program. In accordance with 64B9-15.005 F.A.C., Patient Care Technician students will perform nursing skills in the clinical and simulated laboratory settings under the supervision of a qualified instructor. Massage Therapy students must demonstrate and understand the human anatomy and physiology, kinesiology and pathology as related to the practice of massage therapy. Medical Coder/Biller must describe the anatomy and physiology of the human body. BBTC would like to give students the same opportunities as students enrolled in larger colleges to have the state of the art learning tools and equipment.

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.

Human simulation is an educational process that can be replicated in clinical practices in a safe environment. This proposal will promote economic opportunity by enhancing workforce training by bridging the education gap between knowledge and application. The estimated number of program completers combined from all Health Science programs is anticipated annually to be a minimum of 95 completers.

2.

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.

All BBTC programs lead to certificates of completions. Additionally, students are trained for the following certifications/licensures.

Practical Nursing _CIP0351390101 – Upon completion students will be able eligible to take The Florida Board of Nursing, License Practical Nursing exam

Patient Care Technician _CIP0351390205 – Students have the opportunity to test for EKG Technician Certification, Phlebotomy Technician Certification, Certified Nursing Assistant,

Patient Care Technician Certification and Emergency Medical Response Certification before becoming a program completer.

Massage Therapy_CIP0351350102 – Upon completion students will be eligible to take The Florida Board of Massage Therapy Licensure

Medical Coder/Biller _CIP0351070716 – Students will have the opportunity to test for Certified Coding Associate (CCA), Certified Professional Coder – Apprentice (CPC-A) and Certified Billing & Coding Specialist (CBCS) prior to being program completers.

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

BBTC is awarded federal funding from Carl. D. Perkins Grant to offset the cost of programs. This funding is not a large amount and can only be used throughout the school year it has been awarded therefore, there is no opportunity to budget yearly to save for large ticket items needed to give prospective students everything available to enhance classroom labs.

As stated, we do not want the fact that our students have chosen to attend school in a small rural community to hinder or impede the opportunities they are provided.

Annual licensures for software and equipment maintenance repairs will be budgeted yearly into the Perkins grants and student lab fees for sustainability of the purchases through this proposal.



Book	School Board Policies
Section	Chapter 3 School Administration
Title	Directives, Procedures and Administrative Manuals
Number	3.05
Status	Active

**TAYLOR COUNTY SCHOOL BOARD
POLICY MANUAL
CHAPTER 3.0**

3.05

DIRECTIVES, PROCEDURES, AND ADMINISTRATIVE MANUALS

The Superintendent or designee shall have authority to issue such directives and to prescribe such procedures as may be necessary to carry out the purposes of School Board rules and the provisions of Florida Statutes and State Board of Education rules. The Superintendent or designee may issue such administrative manuals or booklets of instruction as he/she may deem necessary for the effective administration of the District school system and distribute them to the employees directly concerned. Insofar as the provisions of such manuals and directives are consistent with these School Board rules, Florida Statutes, or State Board of Education rules, the provisions thereof shall be binding upon all employees.

STATUTORY AUTHORITY:
1001.41, 1001.42, F.S.

LAWS IMPLEMENTED:
1001.43, 1001.51, F.S.

TAYLOR COUNTY SCHOOL BOARD

Seller

DiaMedical USA

7013 Orchard Lake Rd, Suite #110
West Bloomfield, MI
48322



Buyer

Online Quote #1527
Online Quote Date 9/11/18
Online Quote Amount (USD) \$22,155.00

Product	Price	Qty.	Line Total
BS020803-1LO - Apollo Series Hospital Bed Sim Lab Starter Suite	\$2,995.00	3	\$8,985.00
HW020862 - 60" Sapphire Headwall Package with Diagnostics Set	\$4,390.00	3	\$13,170.00

Subtotal \$22,155.00

Total Before Shipping (USD) \$22,155.00



14700 SW 136th Street
Miami FL 33196
T: 305-971-3790 | F: 305-252-0755

Quotation

Quote Number: 43384
Quote Date: 06/14/18
Page: 1 of 2

Quoted To:

Big Bend Technical College
3233 S Byron Butler Pkwy
Perry FL 32348-6402
USA

Ship To:

Big Bend Technical College
3233 S Byron Butler Pkwy
Perry FL 32348-6402
USA

Contact:

Danielle Sadler
850-838-6950
Danielle.sadler@taylor.k12.fl.us

Customer ID	Good Through	Payment Terms	Shipping Method	Sales Representative
C111431	07/14/18	Net 20	UPS Ground	Michael Graf

Qty.	Item	Description	Unit Price	Amount
1	GSO-2018.004.L	SUSIE® 1001 Nursing Turnkey Simulation Package Offer. Includes SUSIE® S1001 Nursing Care Patient Simulator and SLE Educational Package (light skin tone), Gaumard Vitals™ Bedside Virtual Patient Monitor, and GaumardCares Bronze 3-Year Service Plan for SUSIE S1001 (USA only)	18,695.00	\$ 18,695.00
1	GSO-2018.004.D	SUSIE® 1001 Nursing Turnkey Simulation Package Offer. Includes SUSIE® S1001 Nursing Care Patient Simulator and SLE Educational Package (dark skin tone), Gaumard Vitals™ Bedside Virtual Patient Monitor, and GaumardCares Bronze 3-Year Service Plan for SUSIE S1001 (USA only)	18,695.00	\$ 18,695.00

Customer must supply Sales Tax Exempt Certificate and W-9 with Purchase Order, if applicable.

Please note that the exact shipping charges and taxes will be determined at the time of shipment.

Subtotal	\$ 37,390.00
Other Discounts	0.00
Est. Sales Tax	2,393.59
Est. Freight	717.00
Total US\$	\$ 40,500.59

0.00

Prices and taxes are subject to change without notice.

To gather information about the products quote we invite you to visit our website: <http://www.gaumard.com>

If you should have any questions, please feel free to contact your sales representative Michael Graf at michaelg@gaumard.com



Gaumard[®]
Simulators for Health Care Education

14700 SW 136th Street
Miami FL 33196
T: 305-971-3790 | F: 305-252-0755

Quotation

Quote Number: 43384
Quote Date: 06/14/18

Page: 2 of 2

Quoted To:

Big Bend Technical College
3233 S Byron Butler Pkwy
Perry FL 32348-6402
USA

Ship To:

Big Bend Technical College
3233 S Byron Butler Pkwy
Perry FL 32348-6402
USA

Contact:

Danielle Sadler
850-838-6950
Danielle.sadler@taylor.k12.fl.us

Estimated shipping date: Approximately 4 to 6 weeks after receipt of order.
Shipment Via: UPS Ground

Prices and taxes are subject to change without notice.

To gather information about the products quote we invite you to visit our website: <http://www.gaumard.com>

If you should have any questions, please feel free to contact your sales representative Michael Graf at michaelg@gaumard.com



490 De Guigne Drive, Suite 200
 Sunnyvale, CA 94085
 Phone: (408) 498-4050
 Email: orders@zspace.com

Quote #: Q-03796
Date: 9/13/2018
Expires On: 2/28/2019
Expected Start Date: 4/4/2019
Term(Month): 12
Prepared By: Kristine George
 kgeorge@zspace.com

Bill To:

Big Bend- Denise Barber
 3233 S Byron Butler Pkwy
 Perry
 FL
 32348-6499
 USA

Ship To:

Big Bend Technical College
 3233 S Byron Butler Pkwy
 Perry
 FL
 32348-6499
 USA

Product Code	Product Description	Quantity	Term (Months)	Unit Price	Extended Price
MED-SW-CSA-01-12	VIVED-Anatomy Software - Annual license per system	10	12	\$ 350.00	\$ 3,500.00
EDU-SW-VBD-01-12	Annual AIO SW License: Visible Body Human Anatomy Atlas	10	12	\$ 140.00	\$ 1,400.00
EDU-SW-ECG-01-12	Virtual ECG Training Application annual license per station	10	12	\$ 245.00	\$ 2,450.00
HW-ZVU-03-00	zView Camera and Armature for zSpace AIO	1		\$ 199.00	\$ 199.00
SW-PRM-ZVU-01-00	zView Software License - perpetual license per system	1		\$ 150.00	\$ 150.00
EDU-SVC-PKG-00-01	1 Day On-Site Technical Services for zSpace designed for either the setup and installation of zSpace, or needed on-site technical remediation/support. Maximum 15 units at 2 locations per day.	1		\$ 2,000.00	\$ 2,000.00
EDU-SVC-TRN-00-01	1 Day On-site Professional Development for zSpace designed to train end users on the technology, hardware, software, and instructional application of zSpace. 2 participants per zSpace. Maximum of 20 participants total.	1		\$ 3,000.00	\$ 3,000.00
zSpace AIO	zSpace All-In-One (AIO) Station (includes zSpace Studio and Leoply)	10		\$ 3,365.00	\$ 33,650.00
EDU-SW-AHC-01-12	Annual AIO SW License: VIVED Anatomy and Volume, Visible Body Human Anatomy Atlas, Virtual ECG Training Application	10		\$ 0.00	\$ 0.00
EDU-SW-VVV-01-12	VIVED Volume Viewer - Annual license, per system	10	12	\$ 350.00	\$ 3,500.00
				Total	\$ 49,849.00

