



## **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: D&H Healthcare Consultants, LLC

Federal Employer Identification Number (if applicable): ██████████

#### Contact Information:

Primary Contact Name: Douglas Braun

Title: Owner, Consultant Pharmacist

Mailing Address: 6114 Manchester Place  
Naples, FL 34110

Phone Number: 239-273-8821

Email: dhhealthcare@outlook.com

### **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.

Training of Pharmacists, Technicians and students in healthcare fields to provide medication management and drug utilization services to enhance geriatric healthcare in Florida communities.

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

Colleges and Technical centers provide knowledge based activities. I will incorporate this learning with practical skills training to round out their education to improve the healthcare process.

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

Providing training to participants will allow them to engage with various communities throughout the state to practice their skills and train others.

- 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.

Colleges and technical centers can teach knowledge based skills but do not provide adequate training in real world contact with patients. I will work with participants to bridge this gap, and use my knowledge and experience to train how to engage and work with our community to teach medication adherence, provide drug regimen and utilization reviews to enhance healthcare throughout the state.



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.

Training Pharmacists to obtain their Consultant certification will increase the amount of consultant pharmacists to provide this much needed service in the State. After a year of practice, each consultant can train 2 additional Consultants. This can lead to exponential growth in the field. Training technicians is not limited...I can train multiple techs to learn med adherence and how to teach patients. The economic impact is not only measured in dollars for job growth, but in dollars saved by reducing med waste and potential reduced hospitalizations.

**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.

Funds will be used to expand training to larger groups in more diverse areas.

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 Science

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?

292099 - Health technologists and technicians, all others





I. Does this project have a local match amount?

Yes  No

If yes, please describe the entity providing the match and the amount.

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

Attached is an explanation of how this training will enhance medication use amongst our geriatric population in Florida.

### 3. Program Budget

**Estimated Costs and Sources of Funding:** Include all applicable workforce training costs and other funding sources available to support the proposal.

A. Workforce Training Project Costs:

Equipment	<u>\$ 20,000</u>	
Personnel	<u>\$ 5,000</u>	
Facilities	<u>\$ 2,000</u>	
Tuition	<u>\$ 500</u>	
Training Materials	<u>\$ 500</u>	
Other	<u>\$ _____</u>	Please Specify: _____
<b>Total Project Costs</b>	<u><b>\$ 28,000.00</b></u>	

B. Other Workforce Training Project Funding Sources:

City/County	<u>\$ _____</u>	
Private Sources	<u>\$ _____</u>	
Other (grants, etc.)	<u>\$ _____</u>	Please Specify: _____
<b>Total Other Funding</b>	<u><b>\$ _____</b></u>	

**Total Amount Requested** \$ 28,000.00



**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 budget will include an initial purchase of computers, licensing of applicable software and preparation of training manuals. With the help of an assistant we will secure meeting space for live trainings, and market our services to colleges and technical schools. Will attend ASCP and UF sponsored events to promote services and training.

#### 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)?

None

- 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.

N/A

- ii. State whether that group can 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.



I, the undersigned, do hereby certify that I have express authority to sign this proposal on behalf of the above-described entity.

D&H Healthcare Consultants, LLC  
Name of Entity: \_\_\_\_\_

Douglas Braun, owner  
Name and Title of Authorized Representative: \_\_\_\_\_

Douglas Braun  
Representative Signature: \_\_\_\_\_

07/26/2017  
Signature Date: \_\_\_\_\_