

2019-2020 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: Behavioral Foundation Centers Incorporated

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

Primary Contact Name: Marrie K. Sallade

Title: Chief Executive Officer

Mailing Address: 537 Deltona Blvd. Suite 101 Deltona, FL 32725

Phone Number: 904-878-8683

Email: Admin@behavioralfoundation.org

Secondary Contact Name: _____

Title: _____

Phone Number: _____

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:

(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.

"RBT Assistance Program" - Provides financial assistance and on-the-job training for individuals to achieve the Registered Behavior Technician credential through the Behavior Analysis Certification Board and to become Medicaid Credentialed and able to work anywhere in the state of FL. Includes: 40 hour coursework requirement (\$150), Hands-on Competency Assessment (\$50), Certification Exam and requirements (\$200), 8-weeks of hands-on shadowing and on-the-job training to obtain Medicaid Credential (\$4,800) - Total cost per participant \$5,200

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

State colleges and technical centers provide the 40 hour coursework program, but the student is required to go out and find their own work location in order to complete the hands-on competency assessment and on-the-job training. This program connects students from the local coursework programs directly to positions where they can complete the remainder of the process in order to become certified and credentialed to work throughout the state of Florida.

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

RBT's are in high demand across the state of Florida. Becoming a Medicaid-Credentialed Registered Behavior Technician allows an individual to work for any agency that provides ABA services to Medicaid recipients. There are more than 40,000 recipients of ABA services throughout the state of Florida and waitlists are often 6-12 months based on the hiring and training of new RBT's!

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

Any person with an interest in working with individuals with developmental disabilities can participate in this program. Individuals who are Spanish speaking, or bilingual are in great demand! The field is open and actively seeking both men and women to perform this role as well as culturally diverse individuals who can provide supports for minority groups who struggle to find culturally-alike providers for their family members.

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

State colleges and technical centers utilize the requirements of the BACB credential to create and develop their RBT coursework programs, but are unable to provide the hands-on components of the training - requiring students to go out and seek a location to complete that portion of the program. This program utilizes those same criteria to fill in the gaps of the colleges and technical centers in order to send fully qualified RBT's out in to the workforce.

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.

This program will enhance workforce training by providing unskilled workers with a globally recognized certification, and a state-wide credential. We anticipate 10 individuals completing the program in approximately 90 days. The average pay for an RBT is between \$15 and \$20/hr. This denotes an economic impact of creating 10 new jobs at a value of \$312,000 - \$416,000 annually in income.

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?

The program falls within the Professional Services industry.

- C.** Does the proposal align with an occupation(s) on the Statewide Demand Occupations List and/ or the Regional Demand Occupations List? Yes No
 ([View Florida's Demand Occupations Lists here.](#))
 If yes, please indicate the specific occupation(s) with which the proposal aligns.
 If no, with which occupation does the proposal align?

The occupation is Registered Behavior Technician - which falls in to professional therapy, medical, and mental health services.

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, etc.) where the training will be available.

The training will be conducted in a combination of a computer-based and learning clinic/hands-on format in the area of Deltona, Florida.

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

The current proposal is for 10 participants enrolled and completing the program in a 90 day period.

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

Begin Date: 10/1/19

End Date: 12/31/19

90 day program

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

After grant completion, the agency anticipates sustaining the program through employing participants and utilizing a portion of the profits to fund new students entering the program.

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 completers in each code, corresponding with Section E.

Program participants will complete their certification as a Registered Behavior Technician and will receive their Medicaid provider credential.

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.

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** \$ 52,000
 Florida Job Growth Grant Fund

A. Other Workforce Training Project Funding: Sources:

City/County	\$ _____
Private Sources	\$ _____
Other (grants, etc.)	\$ _____
Total Other Funding	\$ _____

Please Specify: _____

B. Workforce Training Project Costs:

Equipment	\$ _____
Personnel	\$ 48,000
Facilities	\$ _____
Tuition	\$ 1,500
Training Materials	\$ _____
Other	\$ 2,500
Total Project Costs	\$ 52,000

Please Specify: Certification Exam fees

Note: The total amount requested must be calculated by subtracting the total other workforce training project funding sources in A. from the total workforce training project costs in 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 personnel are already in place to provide the hands-on training program. The computer-based program is already in place as well. No equipment or materials are necessary to be purchased. The program will initiate with the 40hr coursework followed by the immediate onset of the hands-on competency and certification exam. After those items are completed (within the first 30 days), the following 60 days will include the hands-on, on-the-job training and the completion of the Medicaid Credentialing.

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)?

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.
 - ii. State whether entity is willing and able to hold special meetings, and if so, upon how many 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.

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: Behavioral Foundation Centers Incorporated

Name and Title of Authorized Representative: Marrie K. Sallade - CEO

Representative Signature: 

Signature Date: 9/5/19