



2021-2022 Florida Job Growth Grant Fund Workforce Training Grant Proposal

Proposal Instructions: Please read this document carefully and provide the information requested below. Some questions may request that a separate narrative be completed. If additional space is needed, attach a word document with your entire answer.

Entity Information

Name of Entity: _____

Federal Employer Identification Number (if applicable): _____

Primary Contact Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

Email: _____

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.

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

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

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

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

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.
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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.
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- 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?
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- 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?
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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.

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

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

Begin Date: _____

End Date: _____

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

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.

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** \$ _____
 Florida Job Growth Grant Fund

A. Other Workforce Training Project Funding Sources:

City/County \$ _____

Private Sources \$ _____

Other (grants, etc.) \$ _____

Please Specify: _____

Total Other Funding \$ _____

B. Workforce Training Project Costs:

Equipment \$ _____

Personnel \$ _____

Facilities \$ _____

Tuition \$ _____

Training Materials \$ _____

Other \$ _____

Please Specify: _____

Total Project Costs \$ _____

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.
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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)?

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- 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.

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- 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.
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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.

Name of Entity: _____

Name and Title of Authorized Representative: _____

Representative Signature: _____

Signature Date: _____