



## **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: State College of Florida, Manatee-Sarasota

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

#### Contact Information:

Primary Contact Name: Dr. Rosie Fairchild

Title: Dean, Nursing and Health Professions

Mailing Address: 7131 Professional Parkway E.  
State College of Florida, Manatee-Sarasota

Phone Number: 941-363-7267

Email: fairchr@scf.edu

### **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.

Please see attached documentation.

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

Please see attached documentation.

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

Please see attached documentation.

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- 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.

Please see attached documentation.

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- 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.

Please see attached documentation.

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**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.

N/A

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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?

Telecommunications, information technology, healthcare

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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? (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?

Registered nurses, physical therapists, physical therapy assistants, occupational therapists, occupational therapy assistants, radiologic technologists, medical assistants.

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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) where the training will be available.

Combination of classroom-based and computer-based training for Manatee and Sarasota county regions; potential to share training methods/materials statewide.

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E. Indicate the number of anticipated enrolled students and completers.

Based on number of health professions students/providers in SCF region, conservative estimate would be approximately 500+ completers; for statewide programming, 1500+

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

Begin Date: Fall Qtr 1, 2018      End Date: Continual

G. Describe the plan to support the sustainability of the proposal.

Please see attached documentation.

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H. Identify any certifications, degrees, etc. that will result from the completion of the program. Please include the Classification of Instructional Programs (CIP) code if applicable.

Certification as Telehealth Facilitator: Training for entry level telehealth care delivery;  
Certification as Telehealth Practitioner: Training for midlevel(NP)& physician providers, includes practice with assessment, intervention, evidence-based treatment algorithms.

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I. Does this project have a local match amount?

Yes       No

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

Matches provided as gifts-in-kind: Manatee Memorial is providing Medical Director for programs; GlobalMed is discounting telehealth equipment; Dr. J. Bencie, MD consult.

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

Please see letters of support for telehealth care delivery training programs from healthcare systems, executives and community health stakeholders in the region.

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### 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	\$ 486,827.00		
Personnel	\$ 214,330.00		
Facilities	\$ 20,200.00		
Tuition	\$ 0		
Training Materials	\$ 37,587.00		
Other	\$ 183,781.00	Please Specify:	Misc. _____
<b>Total Project Costs</b>	<b>\$ 942,725.00</b>		

B. Other Workforce Training Project Funding Sources:

City/County	\$ 8,000.00		
Private Sources	\$ 85,000.00		
Other (grants, etc.)	\$ _____	Please Specify:	_____
<b>Total Other Funding</b>	<b>\$ 93,000</b>		

**Total Amount Requested**      **\$ 849,725.00**

**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.

Please see attached documentation.

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#### 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)?

State College of Florida, Manatee-Sarasota District Board of Trustees must approve the execution of a grant agreement.

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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.

See attached

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- ii. State whether that group can hold special meetings, and if so, upon how many days' notice.

Usually, 12 days notice is required to schedule a special meeting.

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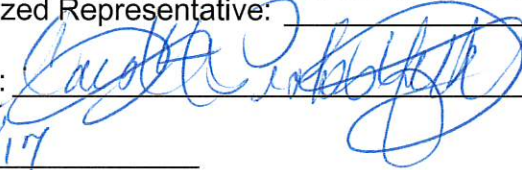
- C. Attach evidence that the undersigned has all necessary authority to execute this proposal on behalf of the entity. This evidence may take a variety of forms, including but not limited to: a delegation of authority, citation to relevant laws or codes, policy documents, etc.



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

Name of Entity: State College of Florida, Manatee-Sarasota

Name and Title of Authorized Representative: Dr. Carol F. Probstfeld, President

Representative Signature: 

Signature Date: 9/18/17