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: The School Board of Miami-Dade County

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

Contact Information:

Primary Contact Name: Dr. Angela Thomas-Dupree, D A Dorsey Technical  
Title: Principal

Mailing Address: 7100 NW 17th Avenue  
Miami, FL 33147

Phone Number: 305-693-2490

Email: Thomas-DupreeA@dadeschools.net

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.
      
      Program Title: Patient Care Assistant
      Program Type: Career Preparatory

   B. Describe how this proposal supports programs at state colleges or state technical centers.
      
      The Course Numbering System in accordance with Section 1007.24 (1), F.S. Career and Technical credit shall be awarded to the student on a transcript in

   C. Describe how this proposal provides participants transferable, sustainable workforce skills applicable to more than a single employer.
      
      The program is designed to prepare students for employment as cross trained nursing assistants (SOC 31-1014 Nursing Assistants). All other, Patient Care Assistants, Nursing Aides and Orderlies, or Home Health Aides. This program

   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.
      
      The program is comprised of courses which have been assigned course numbers in the SCNS (Statewide Course Numbering System) in accordance with Section 1007.24 (1), F.S. Career and Technical credit shall be awarded to

   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.

The program is designed to prepare students for employment as advanced cross trained Nursing Assistants, Health Care Technicians, patient Care Assistants, nursing aids and orderlies, home Aides, or Allied Health Assistants. Funding for this program could potentially transform families by providing significant income that will lessen the burden for social services agencies in the community. Throughout the course of this program, participants are encouraged by instructors, counselors, and other staff to continue their education.

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.

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? Medical and Health Services

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? Medical Assistant is listed on the 2017-2018 Regional Demand Occupational list and is aligned with the Health Science Industry.
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.

The training will be classroom-based in person at D.A. Dorsey Technical College located at 7100 NW 17th Avenue, Miami, FL 33147

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

Anticipated enrollment of fifty (50) students with 100% completion.

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

Begin Date: 8/21/2017      End Date: 8/01/2018

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

The Patient Care Assistant is a standard 290 length hours course. A concerted effort will be made to recruit and maintain student in the program. Utilizing one-on-one counseling, contacting community partners for assistance in job placement, referring students to various community resources to assist the student.

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.

At the completion of the program, the student will receive an Occupational Certificate of Completion. The program is a planned sequence of instruction consisting of five (5) occupational completion points.
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.

The clinical competencies of this program include, learning first aid and CPR, assisting the physician with medical and surgical procedures; taking vital signs. EKGs and basI  

3. Program Budget

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Personnel</td>
<td>$ 59,540.00</td>
</tr>
<tr>
<td>Facilities</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Tuition</td>
<td>$ 37,120.00</td>
</tr>
<tr>
<td>Training Materials</td>
<td>$ 17,137.50</td>
</tr>
<tr>
<td>Other</td>
<td>$ 25,075.00</td>
</tr>
<tr>
<td><strong>Total Project Costs</strong></td>
<td><strong>$ 138,872.50</strong></td>
</tr>
</tbody>
</table>

B. Other Workforce Training Project Funding Sources:

<table>
<thead>
<tr>
<th>Source</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/County</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Private Sources</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Other (grants, etc.)</td>
<td>$ 0.00</td>
</tr>
<tr>
<td><strong>Total Other Funding</strong></td>
<td><strong>$ 0.00</strong></td>
</tr>
</tbody>
</table>

**Total Amount Requested** $ 138,872.50

**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.

Fifty students to attend a 290 hour Patient Care Assistant course offered at D.A. Dorsey Technical College starting August 21, 2017 till August 1, 2018.
Personnel- Salary $50,000.00 plus fringe Retirement 8.58% FICA 6.20%, Medicare 1.45% WC/Lia/Unemployment 2.85% $9,540, total Salary $59,540,000; Tuition $742.40 x 50 = $37,120; Books $160.00 x 50 = $8,000; Student ID $20.00 x 50 = $1,000; Application Fee $15.00 x 50 = $750; Materials $182.75 x 50 = $9,137.50; Uniform $125 x 50 = $6,250; State Exam $129 x 50 = $6,450; Clinical Insurance $400.00 x 50 = $20,000.

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)?

The School Board of Miami-Dade County, FL

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.

The Miami-Dade County Public Schools Board meeting dates are: August 9, 2017; September 6, 2017; October 11, 2017; November 15, 2017; and

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

A special meeting must be requested five days prior to the requested meeting date.

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: Miami-Dade County

Name and Title of Authorized Representative: Alberto M. Carvalho, Superintendent of Schools

Representative Signature: [Signature]

Signature Date: 8/7/17
June 22, 2017

Ms. Martha K. Asbury
Assistant Deputy Commissioner
Division of Finance and Operations
Florida Department of Education
325 West Gaines Street
Room 344, Turlington Building
Tallahassee, Florida 32399-0400

Dear Ms. Asbury:

This letter is to confirm that Ms. Iraida R. Mendez-Cartaya, Associate Superintendent, Office of Intergovernmental Affairs, Grants Administration, and Community Engagement, is authorized to sign grant-related documents on my behalf.

If you have any questions or need further assistance, please contact Ms. Mendez-Cartaya at 305 995-1497 or imendez@dadeschools.net.

Sincerely,

[Signature]

Alberto M. Carvalho
Superintendent of Schools

AMC:mlp
L1136

cc: Ms. Iraida R. Mendez-Cartaya
    Mr. Ron Y. Steiger
Additional Narrative

The School Board of Miami-Dade County

Dr. Angela Thomas-Dupree, D A Dorsey Technical College

Principal

7100 NW 17th Avenue, Miami, FL 33147

Miami, FL 33147

305-693-2490

Thomas-DupreeA@dadeschools.net

Program Title: Patient Care Assistant

Program Type: Career Preparatory

Career Cluster: Health Science Program

1B. The Course Numbering System) in accordance with Section 1007.24 (1), F.S. Career and Technical credit shall be awarded to the student on a transcript in accordance with Section 1001.44(3)(b), F.S.

1C. The program is designed to prepare students for employment as cross trained nursing assistants (SOC 31-1014 Nursing Assistants). All other, Patient Care Assistants, Nursing Aides and Orderlies, or Home Health Aides. This program offers a broad foundation of knowledge and skills, expanding the traditional role of the nursing assistant, for acute and long term care settings. The program focuses on broad transferable skills and stresses understanding and demonstration of the following elements of the health care industry; planning, management, finance, technical and production skills, underlying principles of technology, labor issues, community issues and health, safety, and environmental issues. The program is a planned sequence of instruction consisting of 4 occupational completion points. It is comprised of courses which have been assigned course numbers in the SCNS Statement.

1E. The program is comprised of courses which have been assigned course numbers in the SCNS (Statewide Course Numbering System) in accordance with Section 1007.24 (1), F.S. Career and Technical credit shall be awarded to the student on a transcript in accordance with section 1001.44(3)(b), F.S.

1G. The program is designed to prepare students for employment as advanced cross trained Nursing Assistants, Health Care Technicians, patient Care Assistants, nursing aids and orderlies, home Aides, or Allied Health Assistants. Funding for this program could potentially transform families by providing significant income that will lessen the burden for social services agencies in the community. Throughout the course of this program, participants are encouraged by instructors, counselors, and other staff to continue their studies in the Health Science field.

2G. (pg. 4) The Patient Care Assistant is a standard 290 length hours course. A concerted effort will be made to recruit and maintain student in the program. Utilizing one-on-one counseling, contacting
community partners for assistance in job placement, referring students to various community resources to assist the student with successful completion of the program.

2H. At the completion of the program, the student will receive an Occupational Certificate of Completion. The program is a planned sequence of instruction consisting of five (5) occupational completion points. This program is comprised of courses which have been assigned course numbers in the SCNS (Statewide Course Numbering System) in accordance with Section 1007.24 (1), F.S. Career and Technical credit shall be awarded to the student on a transcript in accordance with Section 1001.44(3) (b), F.S.

2J. The clinical competencies of this program include, learning first aid and CPR, assisting the physician with medical and surgical procedures; taking vital signs, EKGs and basic x-rays; administering medications, and performing selected laboratory procedures including capillary stick and venipuncture. The aforementioned skills will provide greater opportunities to attain employment.

3C. Fifty students to attend a 290 hour Patient Care Assistant course offered at D.A. Dorsey Technical College starting August 21, 2017 till August 1, 2018.

Personnel- Salary $50,00.00 plus fringes Retirement 8.58% FICA 6.20%, Medicare 1.45%
WC/Lia/Unemployment 2.85% $9,540, total Salary $59,540,000; Tuition $742.40 x 50 = $37,120; Books $160.00 x 50 = $8,000; Student ID $20.00 x 50 = $1,000; Application Fee $15.00 x 50 = $750; Materials $182.75 x 50 = $9,137.50; Uniform $125 x 50 = $6,250; State Exam $129 x 50 = $6,450; Clinical Insurance $75.00 x 50 = $3,750; Liability Insurance $15.00 x 50 = $750; Fingerprints $15.00 x 50 = $750; Background Check $64.50 x 50 = $3,225; Drug Test $43.00 x 50 = $2,150; TOTAL $138,872.50

4B. i. The Miami-Dade County Public Schools Board Meeting dates are: August 9, 2017; September 6, 2017; October 11, 2017; November 15, 2017; and December 6, 2017.