



## **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: Community Vision, Inc.

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

#### Contact Information:

Primary Contact Name: Donna Sines

Title: Executive Director

Mailing Address: 704 Generation Point, Suite 101  
Kissimmee, FL 34744

Phone Number: (407) 530-4713

Email: dsines@communityvision.org

### **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.

Name of the Program: Project OPEN

Description: Full response can be found in attached word doc.

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

Full response can be found in attached word doc.

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

Full response can be found in attached word doc.

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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.

Full response can be found in attached word doc.

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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.

Full response can be found in attached word doc.

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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.

Full response can be found on attached word doc.

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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?

Aviation/Aerospace (SOC: 49-2091), Life Sciences (SOC: 31-9099)

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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?

Aircraft mechanics/service technicians (SOC: 49-3011), electricians (SOC: 47-2111), phlebotomists (SOC: 31-9097), welders/cutters/solderers/brazers (SOC: 51-4121).

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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.

The training will be delivered through classrooms. The location of the training site varies per program. Details on classroom locations can be found in attached word doc.

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

Based on previous classes, on average, we anticipate 20 students to enroll and complete their program.

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

Begin Date: May 2018                      End Date: Dec 2018

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

Full response can be found in attached word doc.

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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.

Full response can be found in attached word doc.

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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.

See attached word document for narrative project match description

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

If additional space is needed, attach a word document with your entire answer.

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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	<u>\$ 0</u>		
Personnel	<u>\$ 211,080</u>		
Facilities	<u>\$ 0</u>		
Tuition	<u>\$ 210,000</u>		
Training Materials	<u>\$ 33,600</u>		
Other	<u>\$ _____</u>	Please Specify:	_____
<b>Total Project Costs</b>	<b><u>\$ 454,680</u></b>		

B. Other Workforce Training Project Funding Sources:

City/County	<u>\$ 210,275</u>		
Private Sources	<u>\$ 33,500</u>		
Other (grants, etc.)	<u>\$ 70,000</u>	Please Specify:	HFUW
<b>Total Other Funding</b>	<b><u>\$ 313,775</u></b>		

**Total Amount Requested**      **\$ 140,905**

**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.

See attached word document for proposal timeline and implementation steps.

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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)?

Grant approval may be executed by Executive Director upon successful acceptance of grant award as designated by organization By-Laws.

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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.

Not applicable

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

Not applicable

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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: Community Vision, Inc.

Name and Title of Authorized Representative: Donna Sine, Executive Director

Representative Signature: Print, sign, scan and attach with form submission.

Signature Date: \_\_\_\_\_