



## **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: \_\_\_\_\_

Federal Employer Identification Number (if applicable): XXXXXXXXXX \_\_\_\_\_

Contact Information:

Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### **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.

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

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

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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.

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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.

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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.

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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?

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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?

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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.

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

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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 proposal.

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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.

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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.

\_\_\_\_\_

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

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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	\$	_____	
Personnel	\$	_____	
Facilities	\$	_____	
Tuition	\$	_____	
Training Materials	\$	_____	
Other	\$	_____	Please Specify: _____
<b>Total Project Costs</b>	<b>\$</b>	<b>_____</b>	

B. Other Workforce Training Project Funding Sources:

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

**Total Amount Requested**      **\$** \_\_\_\_\_

**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.
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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)?
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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.
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- ii. State whether that group can 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.



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: \_\_\_\_\_

Name and Title of Authorized Representative: \_\_\_\_\_

Representative Signature: Shannon Landin

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