



**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: Orange Technical College, Mid-Florida Campus

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

Contact Information:

Primary Contact Name: Mike Martucci

Title: Assistant Director

Mailing Address: 2900 West Oak Ridge Road

Orlando, FL, 32809

Phone Number: 407-521-6000

Email: 3564@ocps.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.

Operation Lift is designed to 'lift' financially struggling students up so they have the opportunity to gain employable skills.

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

This program will support our existing Powered Industrial Truck (Forklift) Safety program.

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

Orlando Florida is the 5th largest manufacturing company in United States. And, as such, we have many industries that require material movement and logistical support.

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.

This program is under the Florida Department of Education Safety and Maintenance Training umbrella. We offer this course at Mid-Florida and follow all State and federal (OSHA -29 CRF 1910.178) guidelines.

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.

This program will have a significant impact on the local economy as we look to add 600 jobs as well as keeping 150 people employed through re-certification. This is a short term program (3 days) with a 8 hour re-certification program - both are designed to accelerate people to the workforce. The metrics will be a 90% pass rate on the 3 day certification with a 100% pass rate on the 1 day re-certification exam.

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.

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

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?

Most of the targeted industries require manufacturing logistical support.

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?

It aligns with materials handling and storage of materials which supports most industries.

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.

This will be classroom-based instruction. Training will be held at the Orange Technical College's Mid-Florida Campus.

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

We expect to have 600 students enrolled in this program with a minimum 540 completers.

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

Beginning Date 9/1/17

End Date: 7/31/18

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

This program will be sustained in combination through the school's internal budget, industry support, business partners and other financial support programs for participants to include grants.

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.

The certification will be forklift and pallet jack safety training; while, the 1 day will be a recertification for forklift safety.



I. Does this project have a local match amount?

Yes X No

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

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

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.

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	\$ 107,550.00	
Training Materials	\$ _____	
Other	\$ _____	Please Specify:
Total Project Costs	\$107,550.00	

B. Other Workforce Training Project Funding Sources:

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

Total Amount Requested \$ 107,550.00

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.

Tuition will be provided for all students in this specific program from grant funds.

A) 600 participants x \$ 156.50 per 3 day course: \$ 93,900.00

B) 150 participants x \$ 91.00 1 day re-cert class: \$ 13,650.00

Total: \$107,550.00

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)?

School Board approval has already been requested and superintendent has approved the initial application.

- 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.

Approval has been requested for the September 12, 2017 school board meeting.

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

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

See above

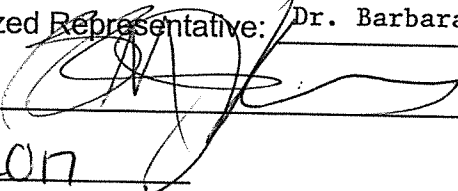
- C. Attach evidence that the undersigned has all necessary authority to execute this proposal on behalf of the entity. This evidence may take a variety of forms, including but not limited to: a delegation of authority, citation to relevant laws or codes, policy documents, etc.



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

School Board of Orange County, Florida
Name of Entity: _____

Name and Title of Authorized Representative: Dr. Barbara M. Jenkins, Superintendent

Representative Signature: 

Signature Date: 8/11/2017