Workforce Development Capitalization Incentive Grant (Cap Grant)

Concept Proposal

The Workforce Development Capitalization Incentive Grant is created in s. 1011.801, F.S., to provide grants to school districts and Florida College System institutions to fund some or all of the costs associated with the creation or expansion of career and technical education programs that lead to industry certifications included on the CAPE Industry Certification Funding List. The programs may serve secondary students or postsecondary students if the postsecondary and technical education program also serves secondary students. Funds must be used for the creation or expansion of a program that serves secondary students.

Eligible applicant means:

* a school district offering secondary career and technical education programs, or
* any of the following institutions which offer career dual enrollment programs:
  + a school district career center under s.1001.44, F.S.,
  + a district charter technical career center under s. 1002.34, F.S.,
  + a Florida College System institution under s. 1000.21(3), F.S.

NOTE: If expansions are proposed at charter schools, the school district which charters the institution will include these schools in their application. Charter schools which are not chartered through a school district and authorized through an independent chartering entity may apply as the primary fiscal agent.

Only one application may be submitted by an eligible applicant for each type of proposal. The types of proposals are the following:

* 9-12 CTE Program Expansion or Creation
* Dual Enrollment Expansion or Creation

Please read the proposal carefully and prepare a submission in the format prescribed below. A complete application must be emailed to [capgrant@fldoe.org](mailto:capgrant@fldoe.org) and include two documents:

1. Signed cover letter from the school district or Florida College System (FCS) institution and signed by the Superintendent, Florida College System president, or authorized representative for the eligible applicant (required format: PDF document)
2. Narrative proposal for Parts A through F (required format: Word document)

# Part A: Eligible Applicant Information and Executive Summary

## A-1: Submitter Information

Complete the following table with school district or FCS institution name which will be the fiscal agency. If the proposal is for a career center or charter school career dual enrollment, please list the school district which will act as the fiscal agent for the institution. Information on schools in the application will be included later.

**Eligible Applicant Information (Entity reported must be the Fiscal Agent)**

|  |  |
| --- | --- |
| **School District or FCS Institution Name** |  |
| **Counties Served by the Institution** |  |
| **Type of Proposal**  **(9-12 CTE or Dual Enrollment)** |  |

**Contact for Questions about the Concept Proposal**

|  |  |
| --- | --- |
| **Primary Contact Name** |  |
| **Primary Contact Name** |  |
| **Phone Number** |  |
| **Email** |  |

## A-2: Executive Summary and Business Case

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| **Provide a brief executive summary of your concept proposal and how funds will be used to expand opportunities for high school students in your region or statewide. (1,000 word limit)** |
|  |

# Part B: Program Detail

Proposals are limited to the following eligible programs:

* Multi-course secondary career preparatory or technology education program approved for students in grades 9-12 and adopted in Rule 6A-6.0571, F.A.C.
* Postsecondary career education program in which secondary students are dual enrolled.

All eligible programs must lead to an industry certification on the CAPE Industry Certification Funding List.

## B-1: New/Expanded Program Development Summary: 9-12 CTE Programs

This section is completed where type of proposal in Part A is 9-12 CTE. If proposal is for dual enrollment programs, this section is not completed (see B-2).

List all new programs, school name and location, anticipated date for first student enrollment, and planned program capacity.

For use of funds for a 9-12 career preparatory or technology education program, one of the conditions must be met: the district currently offers three courses in the program in the school where the expansion is planned or the district agrees to offer three courses in the program for new program development in a school.

15 rows are provided for entry. If more rows are needed, the submitter may add additional rows to the table.

| **[A]**  **K-12 Program Number/Name** | **[B]**  **Course Numbers** | **[C]**  **Industry Certification Code and Title** | **[D]**  **School Name and Address** | **[E]**  **Month and Year for Anticipated New/Expanded Enrollment** | **[F]**  **Current Capacity**  Enter “0” for new programs | **[G]**  **New Capacity** | **[H]**  **Program Capacity**  (Current plus new Capacity) |
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| **TABLE B-1: TOTAL PROGRAM CAPACITY FOR ALL PROGRAMS** |  |  |  |

## B-2: New Program Development Summary: Postsecondary Programs with Dual Enrollment

This section is completed where type of proposal in Part A is Dual Enrollment.

List all new programs, school name and location, anticipated date for new student enrollment, program capacity and number of anticipated dual enrollment students.

| **[A]**  **Postsecondary Program Number and Name** | **[B]**  **Industry Certification Code and Title** | **[C]**  **School Name and Address** | **[D]**  **Month and Year for New/Expanded Enrollment** | **[E]**  **Current Capacity**  Enter “0” for new programs | **[F]**  **New Capacity** | **[G]**  **Program Capacity**  **[E]+[F]** | **[H]**  **New Dual Enrollment Capacity** | **[I]**  **Total Dual Enrollment Capacity** | **[J]**  **% Dual Enrolled**  **[I] / [G]** |
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| **TABLE B2: TOTAL PROGRAM CAPACITY FOR ALL PROGRAMS** |  |  |  |  |  |  |

# Part C: Evaluation of High Skill, High Wage Program Impact

Complete the appropriate table below based upon the type of application. For each program listed in Part B, provide information on occupational linkages and a brief summary of the economic impact of these occupations on Florida’s economy and the students who complete the program.

## C-1: 9-12 Program - Occupational Impact Summary

This section is completed where type of proposal in Part A is 9-12 CTE.

|  |  |  |
| --- | --- | --- |
| **Program Number/Name** | **Occupation(s) to which the Program is Linked**  (SOC and Title) | **Economic Outcome Summary for the Occupation(s)**  Include projected employment information and associated wages for the occupations |
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## C-2: Dual Enrollment Programs - Occupational Impact Summary

This section is completed where type of proposal in Part A is Dual Enrollment.

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| **Program Number/Name** | **Occupation(s) to which the Program is Linked**  (SOC and Title) | **Economic Outcome Summary for the Occupation(s)**  Include projected employment information and associated wages for the occupations |
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# Part D: Estimated Costs for Creation or Program Expansion

Complete the following cost tables with information on the proposed expenditure of funds. If additional rows are needed in the tables below, please add above the total line. ***Round all costs to the nearest whole number.***

## D-1: Summary of Total Funds by Type of Expenditure

In this table, provide the summary of requested funds by the types of expenditures authorized by statute and/or State Board of Education rule. The following are non-allowable costs: indirect costs, purchase of land and land improvements, construction of new structures and buildings, recurring instructional costs, and promotional and advertising materials.

|  |  |  |
| --- | --- | --- |
| **Category** | **Expenditure Type** | **Funds Requested ($)** |
| 1 | Instructional equipment |  |
| 2 | Laboratory equipment |  |
| 3 | Supplies |  |
| 4 | Personnel |  |
| 5 | Student Services |  |
| 6 | Fixed Capital |  |
| 7 | Other |  |

|  |  |
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| **TOTAL** (must equal the sum of the expenditure types above)  NOTE: Total will be used for efficiency calculation in Part E. | **$** |

In the following section, please provide a detailed summary of the anticipated costs associated with the proposal for the major funding categories.

## D-2: Instructional Equipment, Laboratory Equipment, Supplies, Student Services or Other

| **Expense Type** | **Description** | **Program(s) Impacted by Expenditure**  K-12 program number and name or postsecondary program number and name | **Funds Requested ($)** |
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| **TOTAL** (must equal sum of 1, 2, 3, 5, and 7 in table D-1) | **$** |

## D-3: Personnel Costs

Funds may not be expended on recurring instructional costs. Funds requested should include total salary and benefits costs. Concepts selected for funding will be asked to provide the DOE 101S with the required breakout of funds in their final submission.

| **Staffing Role** | **Description**  Include FTE, position title, and short description of job duties | **Program(s) Impacted by Expenditure**  K-12 program number and name or postsecondary program number and name | **Funds Requested ($)** |
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| **TOTAL** (must equal category 4 in table D-1) | **$** |

## D-4: Fixed Capital Outlay Costs

Allowable projects for expenditures include major repairs and renovations to real property which materially extend its useful life or materially improve or change its functional use, including furniture and equipment necessary to furnish and operate a new or improved facility. The facility must be owned by the fiscal agent in the application or an entity with an active charter agreement with the fiscal agent.

| **Expense Type** | **Description of Need** | **Facility Name and Address** | **Program(s) Impacted by Expenditure**  K-12 program number and name or postsecondary program number and name benefiting from the expense | **Funds Requested ($)** |
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| **TOTAL** (must equal category 6 in table D-1) | **$** |

# Part E: Efficient Use of Resources Calculation

The concept proposal must demonstrate a return on investment appropriate for the investment in the program. Complete the following table, E-1, for 9-12 CTE proposals and table E-2 for Dual Enrollment proposals.

## E-1: Funds per Total Program Capacity for 9-12 CTE Proposals

Round all amounts in rows C and E to the nearest dollar.

|  |  |  |
| --- | --- | --- |
| **A** | **Total Funds Requested in the Concept Proposal**  *(Total from Table D-1)* | **$** |
| **B** | **Program Capacity**  *(Table B-1, Column H)* |  |
| **C** | **Funds Requested per Capacity**  *(A/B)* | **$** |
| **D** | **New Capacity**  *(Table B-1, Column G)* |  |
| **E** | **Funds Requested per New Capacity**  *(A/D)* | **$** |

## E-2: Funds per Total Program Capacity for Dual Enrollment Proposals

Round all amounts in rows C, E, and G to the nearest dollar.

|  |  |  |
| --- | --- | --- |
| **A** | **Total Funds Requested in the Concept Proposal**  *(Total from Table D-1)* | **$** |
| **B** | **Program Capacity**  *(Table B-2, Column G)* |  |
| **C** | **Funds requested per Capacity**  *(A/B)* | **$** |
| **D** | **Total Dual Enrollment Capacity**  *(Table B-2. Column I)* |  |
| **E** | **Funds Requested per Dual Enrollment Capacity**  *(A/D)* | **$** |
| **F** | **New Capacity**  *(Table B-2. Column F)* |  |
| **G** | **Funds Requested per New Capacity**  *(A/F)* | **$** |

# Part F: Project Deliverable Schedule

Provide a high-level summary of the project milestones, activities required to meet the milestones, and the complete date for the milestone.

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| **Milestone** | **Description of Activities to Meet Milestone** | **Completion date for milestone** |
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ASSURANCES

Applicants must thoroughly read the assurances to determine whether to submit an application for the grant. If awarded funds, the applicant will become a grantee and must agree to all terms and conditions.

* The agency understands that the grant is a one-time, non-recurring grant to be used to create or expand eligible programs.
* Funding sources for this equipment have been evaluated. The amount received from this grant may be combined with other sources, but it must supplement and not supplant.
* The equipment will be purchased, installed, and available for use by students by the earlier possible date.
* If fixed capital outlay expenditures are included, the agency confirms that all facilities impacted are owned and operated by the fiscal agent.
* If the agency is responsible for charter schools, these entities have been contacted regarding the availability of these funds and have been permitted to participate in the district’s application.
* The agency agrees to comply with all applicable rules for expenditure of state funds as well as any conditions in the Request for Application upon award.