



**FLORIDA DEPARTMENT OF EDUCATION
Request for Proposal (RFP Discretionary)**

Bureau / Office

Division of Florida Colleges

TAPS Number

TAPS# 25A307

Program Name

Linking Industry to Nursing Education (LINE) Fund

Specific Funding Authority

2024 General Appropriation Line Item #129

Funding Purpose / Priorities

The purpose of the Linking Industry to Nursing Education (LINE) Fund is to incentivize collaboration between nursing education programs and health care partners to combat the growing nursing shortage in the state. The LINE Fund is a competitive grant program that provides matching funds, on a dollar-for-dollar basis, to participating agencies that partner with a health care provider to:

- Recruit faculty and clinical preceptors;
- Increase capacity of high-quality nursing education programs; and
- Increase the number of nursing education program graduates who are prepared to enter the workforce.

Funds may be used to award scholarships to students who are residents of the state, recruit additional faculty, purchase equipment and support simulation centers to advance high-quality nursing education programs throughout the state. Funds may not be used for the construction of new buildings.

Total Funding Amount

\$29,000,000

Type of Award

Discretionary Competitive

Budget / Program Performance Period

July 1, 2024, through June 30, 2025

Pre-award costs are authorized for any allowable expenditure incurred on or after July 1, 2024.

Target Population(s)

The target population is Florida residents enrolled in nursing education programs at eligible postsecondary institutions.

Eligible Applicant(s)

- Florida College System institutions under section (s.) 1000.21(3), Florida Statutes (F.S.)
- School district postsecondary technical career centers under s. 1001.44, F.S.
- Charter technical career centers under s. 1002.34, F.S.
- Independent nonprofit colleges or universities located and chartered in this state and accredited by an agency or association that is recognized by the database created and maintained by the United States Department of Education to grant baccalaureate degrees.
- Independent schools, colleges, or universities with an accredited program as defined in s. 464.003 which is located in this state and licensed by the Commission for Independent Education pursuant to s. 1005.31.

All eligible applicants must meet performance metrics set forth in s. 1009.8962, F.S.

- For a certified nursing assistant (CNA) program, data supporting a completion rate of at least 70 percent for the prior year.
- For a licensed practical nurse, associate of science in nursing and bachelor of science in nursing program, data supporting a first-time passage rate on the National Council of State Boards of Nursing Licensing Examination of at least 75 percent for the prior year, based on a minimum of 10 testing participants.

To be eligible to apply, agencies must present data that demonstrate a performance metric has been met for at least one eligible, active program. Applicants with more than one program type are not required to have met performance metrics for every active program if at least one program meets the statutory requirement. Additionally, school districts with more than one postsecondary technical center are not required to meet performance metrics for all operating postsecondary technical centers in order to apply; however, awarded funds may only be spent at the postsecondary technical centers that meet performance metrics. Note: new programs that have not been active long enough to calculate performance on the metrics may not be used for eligibility determinations.

Please refer to the tables provided in Attachment B as a resource to determine LINE Fund eligibility. For CNA programs, school district and FCS institution completion rates have been calculated by the Florida Department of Education. For all institutional types, first-time NCLEX passage rates provided by the Florida Board of Nursing for 2023 are included. Agencies wishing to provide alternative data to justify eligibility must do so when submitting the Notice of Intent-to-Apply.

Note: For all institutional types, first-time NCLEX passage rates from the Florida Board of Nursing, or institutional completion rates (CNA programs only) for 2023 are provided. An agency may submit data demonstrating a performance metric has been met for that year.

Application Due Date

Thursday, October 10, 2024 no later than 11:59 pm (EDT)

Eligible Applicant(s) must upload all proposal documents via the Florida Department of Education ShareFile, no later than 11:59 pm (EDT). Once an agency submits a Notice of Intent-to-Apply, they will be granted access to the ShareFile account. All required proposal documents must be uploaded to this ShareFile by the Application Due Date listed above.

Notice of Intent-to-Apply

A Notice of Intent-to-Apply form must be completed and signed by an authorized agency official and submitted to LINE_Fund@fldoe.org by **Tuesday, September 10, 2024, no later than 11:59 pm (EDT)**.

Applicants are required to identify the health care partner(s) in this notice. The Notice of Intent-to-Apply also includes a section for agencies to provide evidence of eligibility based on the performance metrics requirements outlined in s. 1009.8962, F.S. Attachment B serves as a data resource to determine LINE Fund eligibility. Agencies wishing to provide alternative data to justify eligibility must do so when submitting the Notice of Intent-to-Apply. For all institutional types, first-time NCLEX passage rates from the Florida Board of Nursing, or institutional completion rates (CNA programs only) for 2023 are provided. An agency may submit data demonstrating a performance metric has been met for that year.

Note: Eligible organizations that file a Notice of Intent-to-Apply are not required to submit a proposal.

Matching Requirement

Pursuant to Rule 6A-10.0352, F.A.C., applicants must identify a health care partner whose monetary contributions will be matched by the LINE fund on a dollar-for-dollar basis.

The following definitions are specific to the matching requirement of the LINE Fund:

- “Health care partner” means a health care provider as defined in Section 768.38(2), F.S., to include the following:
 - A provider as defined in Section 408.803, F.S.
 - A clinical laboratory providing services in this state or services to health care providers in this state, if the clinical laboratory is certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder.
 - A federally qualified health center as defined in 42 U.S.C. s. 1396d(l)(2)(B), as that definition exists on the effective date of this act.
 - Any site providing health care services which was established for the purpose of responding to the COVID-19 pandemic pursuant to any federal or state order, declaration, or waiver.
 - A health care practitioner as defined in s. 456.001, F.S.
 - A health care professional licensed under part IV of chapter 468.
 - A home health aide as defined in s. 400.462(15), F.S.
 - A provider licensed under chapter 394 or chapter 397 and its clinical and nonclinical staff providing inpatient or outpatient services.
 - A continuing care facility licensed under chapter 651.
 - A pharmacy permitted under chapter 465.

For purposes of the LINE Fund, the health care partner must be located and licensed to operate in the state and make a monetary contribution to the postsecondary institution.

- “Match” means the LINE funds provided to the institution on a dollar-for-dollar basis, subject to funds availability, in proportion to the health care partner’s contribution.
- “Health care partner’s contribution” means the dollars provided by an eligible health care partner to an eligible postsecondary institution. For postsecondary institutions with a direct

support organization (DSO), the partner's contribution may be made to either the institution or the DSO.

Applicants are required to first identify the prospective health care partner in the Notice of Intent-to-Apply, which must be submitted by September 6, 2024. Additionally, in the proposal narrative, applicants must provide detailed information regarding the health care partner's contribution and how the funds, provided by both the health care partner and LINE Fund, will meet the purpose and priorities outlined in Rule 6A-10.0352(5), F.A.C.

Applicants are allowed to have more than one health care partner when applying for the LINE Fund. If an applicant has more than one health care partner, the applicant should submit one proposal with all health care partners with the total funds contributed detailed. Additionally, the applicant should submit a completed Health Care Partner Certification Form (Attachment F) for each health care provider.

Applicants are not required to have received the health care partner's contribution at the time of proposal submission. However, if the contribution has not yet been received, a pledge, signed by the health care partner, will be required with the proposal materials. Applicants who have not received the health care partner's contribution may be chosen to receive LINE Funds; however, funds will not be dispersed to the applicant until documentation is submitted to the department showing the receipt of the health care partner's contribution. Applicants who are selected to receive LINE Funds must be in receipt of the health care partner's contribution by **October 25, 2024**, in order to be dispersed LINE program funds.

Should the appropriation be insufficient to fund all proposals that meet the requirements, award amounts may be prorated depending on the number of approved proposals, the dollar amounts requested and the region(s) served by the proposal. The Department will notify agencies of the approved proposals and award amounts. The Department will release funds to agencies on a dollar-for-dollar basis, subject to funds availability, upon receipt of documentation of the health care partner providing the cash contribution to the agency. Acceptable documentation includes financial statements, bank statements, budget reports, or bank letters that show the cash transaction(s).

Contact Persons

Program Contact

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Assurances

The FDOE has developed and implemented a document entitled **General Terms, Assurances and Conditions for Participation in Federal and State Programs** to comply with:

2 C.F.R. 200 Uniform Grant Guidance (UGG) requiring agencies to submit a common assurance for participation in federal programs funded by the United States Education Department (USED);

Applicable regulations of other Federal agencies; and State regulations and laws pertaining to the expenditure of state funds.

In order to receive funding, **applicants must have on file with the Florida Department of Education, Office of the Comptroller, a signed statement by the agency head certifying applicant adherence to these General Assurances for Participation in State and Federal Programs.** The complete text may be found in Section D of the Green Book.

School Districts, Community Colleges, Universities, and State Agencies

The certification of adherence, currently on file with the FDOE Comptroller's Office, shall remain in effect indefinitely. The certification does not need to be resubmitted with this application, unless a change occurs in federal or state law, or there are other changes in circumstances affecting a term, assurance or condition.

Private Colleges, Community-Based Organizations and Other Agencies

In order to complete requirements for funding, applicants of this type must certify adherence to the General Assurances for Participation in State and Federal Programs by submitting the certification of adherence page, signed by the agency head with each application.

Note: The Uniform Grants Guidance (UGG) combines and codifies the requirements of eight Office of Management and Budget (OMB) Circulars: A-89, A-102 (former 34 CFR part 80), A-110 (former 34 CFR part 74), A-21, A-87, A-122, A-133, A-50. For the FDOE this means that the requirements in EDGAR Parts 74 and 80 have also been subsumed under the UGG. The final rule implementing the UGG was published in the Federal Register on December 19, 2014, and became effective for new and continuation awards issued on or after December 26, 2014.

Technical assistance documents and other materials related to the UGG, including frequently asked questions and webinar recordings, are available at The Chief Financial Officers Council web site: <https://cfo.gov/cofar>.

Risk Analysis

Every agency must complete a Risk Analysis form. The appropriate DOE 610 or DOE 620 form will be required prior to a project award being issued. If an agency is submitting applications for multiple programs, only one Risk Analysis is required.

School Districts, State Colleges, and State Universities, and State Agencies must use the DOE 610 form. Once submitted and approved, the risk analysis will remain in effect unless changes are required by changes in federal or state law, changes in the circumstances affecting the financial and administrative capabilities of the agency or requested by the Department. A change in the agency head or the agency's head of financial management requires an amendment to the form. The DOE 610 form may be found at <http://www.fldoe.org/core/fileparse.php/5625/urlt/doi610.xls>

Governmental and Non-Governmental Entities must use the DOE 620 form. The DOE 620 form is required to be submitted each state fiscal year (July 1-June 30) prior to a Project Award being issued for that agency. An amendment is required if significant changes in circumstances in the management and operation of the agency occurs during the state fiscal year after the form has been submitted. The appropriate Risk Analysis form may be found at <https://www.fldoe.org/core/fileparse.php/5625/urlt/doi620.xlsx>

Grants Management Training

Non-public entities are required to take the Grants Fiscal Management Training and Assessment annually. The agency head and/or the agency's financial manager (CFO) must complete this

<http://www.flgov.com/wp-content/uploads/orders/2011/11-116-suspend.pdf>.

State of Florida, Executive Order 20-44

In accordance with Executive Order 20-44, each grantee meeting the following criteria: 1) all entities named in statute with which the agency must form a sole source, public private agreement and 2) all entities that, through contract or other agreement with the State, annually receive 50% or more of their budget from the State or from a combination of State and Federal funds shall provide to the department an annual report in the format required by the department. This report shall detail the total compensation for the entities' executive leadership teams. Total compensation shall include salary, bonuses, cashed-in leave, cash equivalents, severance pay, retirement benefits, deferred compensation, real-property gifts, and any other payout. In addition, the grantee shall submit with the annual report the most recent Return of Organization Exempt from Income Tax, Form 990, if applicable, or shall indicate that the grantee is not required to file such Form 990. This report shall be submitted by March 1 of each year. Executive Order 20-44 may be obtained via this link:

https://www.flgov.com/wp-content/uploads/orders/2020/EO_20-44.pdf

Return on Investment (State funded projects only)

The recipient is required to provide quarterly return on investment program activities reports to the Department. Return on investment reports should describe programmatic results that are consistent with the expected outcomes, tasks, objectives and deliverables detailed in the executed grant agreement. Beginning at the end of the first full quarter following execution of the grant agreement, the recipient shall provide these quarterly reports to the Department within 30 days after the end of each quarter and thereafter until notified that no further reports are necessary. This report shall document the positive return on investment to the state resulting from the funds provided under the agreement. These reports will be summarized and submitted to the Office of Policy and Budget and are requested so Legislative staff can review the project results throughout the year and develop a basis for budget review in the event subsequent funding is requested for future years.

Reports should summarize the results achieved by the project for the preceding quarter and be cumulative for succeeding quarters. Although there may be some similarity between activity reports and deliverables submitted to the Department as specified in the grant agreement for payment purposes, please note that this return on investment report is separate from those requirements.

All reports shall be submitted to the designated project manager for the Department. All questions should be directed to the project manager.

Support for Strategic Imperatives

Describe how the project will incorporate one or more of the Goals included in the State Board of Education's K-20 Strategic Plan.

<http://www.fldoe.org/policy/state-board-of-edu/strategic-plan.stml>.

Notice of Intent-to-Apply

Applicants must submit a Notice of Intent-to-Apply to LINE_Fund@fldoe.org by September 6, 2024. The Notice of Intent form, located in Attachment C, must be fully completed and signed by an authorized entity. Eligible organizations that file a Notice of Intent-to-Apply are not required to submit a proposal.

Method of Answering Frequently Asked Questions (FAQs)

Attachments

- A – Proposal Review Criteria and Checklist (Informational Only)
- B – Data to Determine Program Eligibility (6 pages)
- C – Notice of Intent-to-Apply Form (3 pages)
- D – DOE 100A, Project Application Form (2 pages)
- E – Example DOE 101S, Budget Narrative Form
- F – Health Care Partner Certification Form (2 pages)
- G – Project Performance Accountability Form

District	School Name	Cohort of CNA Entrants	Completers from Cohort	Completion Rate
HENDRY	CLEWISTON ADULT SCHOOL	*	*	*
INDIAN RIVER	TREASURE COAST TECHNICAL COLLEGE	10	10	100%
LEE	FORT MYERS TECHNICAL COLLEGE	13	11	84.6%
LEE	CAPE CORAL TECHNICAL COLLEGE	16	15	93.8%
LEON	LIVELY TECHNICAL COLLEGE	75	13	18.7%
MARION	MARION TECHNICAL COLLEGE	14	12	85.7%
MIAMI-DADE	NORTH MIAMI SENIOR ADULT EDUCATION	13	0	0.0%
MIAMI-DADE	SOUTH DADE TECHNICAL COLLEGE	23	0	0.0%
ORANGE	ORANGE TECHNICAL COLLEGE	10	9	90%
SARASOTA	SUNCOAST TECHNICAL COLLEGE	18	16	88.9%
SUMTER	SUMTER COUNTY ADULT CENTER	*	*	*
SUWANNEE	RIVEROAK TECHNICAL COLLEGE	12	8	66.7%

Source: Florida Department of Education

Notes: Students are counted as enrolled for the first time in a certified nursing assistant program ('H170602', 'H170690') if they had a course record in the Fall of calendar year (CY) 2022 and were not found enrolled in the program in the Summer of CY 2022 or any time during the prior reporting year. Students are counted as a completer if they are found with a Career and Technical Education Certificate (Data Element 185125, Full Program Completer = 'V'). Students are counted as earning an industry certification if they are found with an industry certification outcome = 'P' for the industry certification number FDMQA002 (Data Element 140500 and 140462, respectively). Total Completions represents an unduplicated count of students who were found as either a completer or industry certification earner in the Fall of CY 2022 or Spring of CY 2023. Data are masked for cohorts with less than five students to protect student privacy.

Table 2. 2023 First-Time Passage Rates on National Council of State Boards of Nursing Licensing Examination, School District Career Centers and Charter Technical Centers

District	School Name	LPN 2023 Passage Rates
BAY	TOM P. HANEY TECHNICAL COLLEGE	83.33%
BRADFORD	NORTH FLORIDA TECHNICAL COLLEGE	100.00%
BROWARD	ATLANTIC TECHNICAL COLLEGE	97.96%
BROWARD	MCFATTER TECHNICAL COLLEGE	88.57%
BROWARD	SHERIDAN TECHNICAL COLLEGE	90.20%
CHARLOTTE	CHARLOTTE TECHNICAL COLLEGE	92.31%
CITRUS	WITHLACOOCHEE TECHNICAL COLLEGE	100.00%
COLLIER	IMMOKALEE TECHNICAL COLLEGE	90.00%
COLLIER	LORENZO WALKER TECHNICAL COLLEGE	94.87%
GADSDEN	GADSDEN TECHNICAL INSTITUTE	66.67%
HILLSBOROUGH	ERWIN TECHNICAL COLLEGE	85.19%
INDIAN RIVER	TREASURE COAST TECHNICAL COLLEGE	94.74%
LAKE	LAKE TECHNICAL COLLEGE	82.00%
LEE	CAPE CORAL TECHNICAL COLLEGE	100.00%
LEE	FORT MYERS TECHNICAL COLLEGE	69.57%
LEON	LIVELY TECHNICAL CENTER	81.48%
MANATEE	MANATEE TECHNICAL COLLEGE	87.80%
MARION	MARION TECHNICAL COLLEGE	80.00%
MIAMI-DADE	LINDSEY HOPKINS TECHNICAL COLLEGE	93.33%

District	School Name	LPN 2023 Passage Rates
MIAMI-DADE	MIAMI LAKES EDUCATIONAL CENTER AND TECHNICAL COLLEGE	80.00%
MIAMI-DADE	ROBERT MORGAN EDUCATIONAL CENTER AND TECHNICAL COLLEGE	92.31%
OKALOOSA	OKALOOSA TECHNICAL COLLEGE	94.44%
ORANGE	ORANGE TECHNICAL COLLEGE - ORLANDO CAMPUS	93.62%
OSCEOLA	OSCEOLA TECHNICAL COLLEGE	95.00%
PINELLAS	PINELLAS TECHNICAL COLLEGE - CLEARWATER	80.77%
PINELLAS	PINELLAS TECHNICAL COLLEGE - ST. PETERSBURG	84.31%
POLK	RIDGE TECHNICAL COLLEGE	92.59%
POLK	TRAVISS TECHNICAL COLLEGE	95.83%
SANTA ROSA	RADFORD M. LOCKLIN TECHNICAL COLLEGE	100.00%
SARASOTA	SUNCOAST TECHNICAL COLLEGE	28.57%
ST. JOHNS	FIRST COAST TECHNICAL COLLEGE	88.33%
SUWANNEE	RIVEROAK TECHNICAL COLLEGE	80.65%
TAYLOR	BIG BEND TECHNICAL COLLEGE	76.00%
WALTON	EMERALD COAST TECHNICAL COLLEGE	80.00%
WASHINGTON	FLORIDA PANHANDLE TECHNICAL COLLEGE	93.75%

Source: Florida Board of Nursing

Florida College System

Table 3. 2022-23 FCS Completion Rate for 1st Time Students Enrolled in Certified Nursing Assistant Programs by College

FCS Institution	Cohort of CNA Entrants	Completers from Cohort	Completion Rate
CHIPOLA COLLEGE	22	18	81.8%
INDIAN RIVER STATE COLLEGE	52	47	90.4%
DAYTONA STATE COLLEGE	13	11	84.6%
SANTA FE COLLEGE	16	*	12.5%
TALLAHASSEE COMMUNITY COLLEGE	11	*	36.4%

Source: Florida Department of Education

Notes: Students are counted as enrolled for the first-time in a certified nursing assistant program ('0351390200', '0351390203') if they have both a program record and course record in the Fall of calendar year (CY) 2022 and were not found enrolled in the program in the Summer of CY 2022 or any time during the prior reporting year. Students are counted as a completer if they are found with a certificate of program completion (Data Element 2103, Degree = 4). Students are counted as earning an industry certification if they are found with an industry certification outcome = 'P' for the industry certification number FDMQA002 (Data Element 3304 and 3302, respectively). Total Completions represents an unduplicated count of students who were found as either a completer or industry certification earner in the Fall of CY 2022 or Spring of CY 2023. Data are masked for cohorts with less than five students to protect student privacy.

Table 4. 2023 First-Time Passage Rates on National Council of State Boards of Nursing Licensing Examination, Florida College System Institutions

FCS Institution	LPN 2023 Passage Rates	RN 2023 Passage Rates
EASTERN FLORIDA STATE COLLEGE	95.00%	85.33%

FCS Institution	LPN 2023 Passage Rates	RN 2023 Passage Rates
BROWARD COLLEGE		83.78%
COLLEGE OF CENTRAL FLORIDA		91.67%
CHIPOLA COLLEGE		84.62%
DAYTONA STATE COLLEGE	91.67%	94.50%
FLORIDA SOUTHWESTERN STATE COLLEGE		69.51%
FLORIDA STATE COLLEGE AT JACKSONVILLE	88.89%	88.57%
THE COLLEGE OF THE FLORIDA KEYS		79.03%
GULF COAST STATE COLLEGE	97.14%	87.04%
HILLSBOROUGH COMMUNITY COLLEGE		78.57%
INDIAN RIVER STATE COLLEGE	88.24%	92.54%
FLORIDA GATEWAY COLLEGE	90.00%	96.61%
LAKE-SUMTER STATE COLLEGE		95.08%
STATE COLLEGE OF FLORIDA, MANATEE-SARASOTA		92.57%
MIAMI DADE COLLEGE		79.53%
NORTH FLORIDA COLLEGE	71.43%	86.05%
NORTHWEST FLORIDA STATE COLLEGE		89.86%
PALM BEACH STATE COLLEGE	77.27%	81.57%
PASCO-HERNANDO STATE COLLEGE	100.00%	98.45%
PENSACOLA STATE COLLEGE	76.19%	79.14%
POLK STATE COLLEGE		95.05%
ST. JOHNS RIVER STATE COLLEGE	94.12%	96.19%
ST. PETERSBURG COLLEGE		91.93%
SANTA FE COLLEGE	100.00%	91.11%
SEMINOLE STATE COLLEGE OF FLORIDA		97.98%
SOUTH FLORIDA STATE COLLEGE	100.00%	85.48%
TALLAHASSEE COMMUNITY COLLEGE		84.75%
VALENCIA COLLEGE		84.86%

Source: Florida Board of Nursing

Independent Colleges and Universities of Florida Member Institutions

Table 5. 2023 First-Time Passage Rates on National Council of State Boards of Nursing Licensing Examination, Independent Colleges and Universities of Florida Member Institutions

Institution	City	Program Type	RN 2023 Passage Rates
ADVENTHEALTH UNIVERSITY	ORLANDO	BSN	76.03%
AVE MARIA UNIVERSITY	AVE MARIA	BSN	95.24%
BARRY UNIVERSITY COLLEGE OF NURSING AND HEALTH SCIENCES	MIAMI SHORES	BSN	82.20%
BETHUNE-COOKMAN UNIVERSITY - BSN	DAYTONA BEACH	BSN	85.71%
FLORIDA SOUTHERN COLLEGE	LAKELAND	BSN	96.23%
HODGES UNIVERSITY	FORT MYERS	BSN	83.33%
JACKSONVILLE UNIVERSITY - BSN	JACKSONVILLE	BSN	94.81%

Institution	City	Program Type	RN 2023 Passage Rates
KEISER UNIVERSITY - NEW PORT RICHEY	NEW PORT RICHEY	ASN	84.31%
KEISER UNIVERSITY - ORLANDO CAMPUS	ORLANDO	ASN	85.71%
KEISER UNIVERSITY - ORLANDO CAMPUS	ORLANDO	BSN	86.79%
KEISER UNIVERSITY - PEMBROKE PINES	PEMBROKE PINES	BSN	62.16%
KEISER UNIVERSITY - PORT SAINT LUCIE	PORT SAINT LUCIE	ASN	80.43%
KEISER UNIVERSITY - PORT ST. LUCIE CAMPUS	PORT SAINT LUCIE	BSN	98.36%
KEISER UNIVERSITY - SARASOTA	SARASOTA	ASN	65.71%
KEISER UNIVERSITY - SARASOTA	SARASOTA	BSN	93.62%
KEISER UNIVERSITY- FORT LAUDERDALE-ADN	FORT LAUDERDALE	ASN	87.80%
KEISER UNIVERSITY-FT. LAUDERDALE	FORT LAUDERDALE	BSN	80.70%
KEISER UNIVERSITY- JACKSONVILLE-ADN	JACKSONVILLE	ASN	96.67%
KEISER UNIVERSITY- MELBOURNE CAMPUS-ADN	MELBOURNE	ASN	98.18%
KEISER UNIVERSITY- MIAMI-ADN	MIAMI	ASN	86.67%
KEISER UNIVERSITY- TAMPA	TAMPA	ASN	90.00%
KEISER UNIVERSITY- WPB-ADN	WEST PALM BEACH	ASN	84.09%
KEISER UNIVERSITY- WPB-BSN	WEST PALM BEACH US70511500	BSN	60.00%
KEISER UNIVERSITY- WPB-BSN	WEST PALM BEACH US70513500	BSN	86.05%
KEISER UNIVERSITY	CLEARWATER	ASN	100.00%
KEISER UNIVERSITY	DAYTONA BEACH	ASN	97.06%
KEISER UNIVERSITY	FORT MYERS	BSN	94.29%
KEISER UNIVERSITY-LAKELAND	LAKELAND	ASN	92.59%
KEISER UNIVERSITY-LAKELAND	LAKELAND	BSN	97.14%
KEISER UNIVERSITY-NAPLES	NAPLES	BSN	62.50%
KEISER UNIVERSITY-TALLAHASSEE-ADN	TALLAHASSEE	ASN	89.29%
NOVA SOUTHEASTERN UNIVERSITY	MIAMI	BSN	88.29%
NOVA SOUTHEASTERN UNIVERSITY	FORT LAUDERDALE	BSN	87.35%
NOVA SOUTHEASTERN UNIVERSITY	FORT MYERS	BSN	87.18%
PALM BEACH ATLANTIC UNIVERSITY	WEST PALM BEACH	BSN	83.13%
SOUTHEASTERN UNIVERSITY	LAKELAND	BSN	72.09%
ST. THOMAS UNIVERSITY	MIAMI GARDENS	BSN	92.31%
UNIVERSITY OF MIAMI	CORAL GABLES	BSN	93.02%
UNIVERSITY OF TAMPA	TAMPA	BSN	100.00%

Source: Florida Board of Nursing

Commission for Independent Education Licensed Institutions

Table 6. 2023 First-Time Passage Rates on National Council of State Boards of Nursing Licensing Examination, Commission for Independent Education-Licensed Institutions

Institution	Program Type	Passage Rates 2023
BETHESDA COLLEGE OF HEALTH SCIENCES	ASN	100.00%
ACADEMY FOR NURSING AND HEALTH OCCUPATIONS	ASN	95.38%
ACADEMY FOR NURSING AND HEALTH OCCUPATIONS	LPN	93.62%
HERZING UNIVERSITY	ASN	80.60%
HERZING UNIVERSITY	BSN	88.64%
HERZING UNIVERSITY	LPN	87.10%
LINCOLN MEMORIAL UNIVERSITY	ASN	100.00%
LINCOLN MEMORIAL UNIVERSITY	BSN	94.12%
UTICA UNIVERSITY, ST. PETERSBURG, US70510300	BSN	91.30%
UTICA UNIVERSITY, ST. PETERSBURG, US70516200	BSN	100.00%

Source: Florida Board of Nursing

Notice of Intent-to-Apply Form Linking Industry to Nursing Education (LINE) Fund

Enclosed is the Notice of Intent-to-Apply form, which is required in order to submit a proposal for the Linking Industry to Nursing Education (LINE) Fund. The purpose of the LINE Fund is to meet local, regional and state workforce demand by recruiting faculty and clinical preceptors, increasing the capacity of high-quality nursing education programs and increasing the number of nursing education program graduates who are prepared to enter the workforce.

To apply for the LINE Fund, this Notice of Intent-to-Apply form must be completed and signed by an authorized agency official and submitted to LINE_Fund@fldoe.org by **September 10, 2024**. Eligible organizations that file a Notice of Intent-to-Apply are not required to apply.

Part I – Intent to submit proposal

Please print or type

Agency Name:	Agency Type: (Mark with X) <input type="checkbox"/> School district <input type="checkbox"/> Florida College System institution <input type="checkbox"/> Independent Colleges and Universities of Florida member <input type="checkbox"/> Licensed by the Commission for Independent Education member Private institutions only: (Mark with X) <input type="checkbox"/> Certification that the applicant is an independent nonprofit college or university located and chartered in this state and accredited by an agency or association that is recognized by the database created and maintained by the United States Department of Education to grant baccalaureate degrees <input type="checkbox"/> Certification that the applicant is an accredited program as defined in s. 464.003, located in this state and licensed by the Commission for Independent Education	
Mailing Address:		
City:	State:	Zip Code:
Name of Authorized Officer:	Title of Authorized Officer:	
Phone Number of Authorized Officer:	Email Address of Authorized Officer:	

If multiple health care partners are anticipated, please provide the information below for each partner by copying and pasting the table

Health Care Partner Name:			
Mailing Address:		Fund, Foundation, Assn. Name <i>(if applicable)</i> :	
City:	State:	Zip Code:	Total cash contribution: \$

National Council of State Boards of Nursing Licensing Examination (NCLEX) in 2023?			
If yes, what is the first-time passage rate on the NCLEX for 2023?			
Data Source	Attachment B __ Other (Please specify and provide documentation) __	Attachment B __ Other (Please specify and provide documentation) __	Attachment B __ Other (Please specify and provide documentation) __

I certify that the institution listed above has confirmed it is an eligible applicant and intends to submit a proposal for the Linking Industry to Nursing Education (LINE) Fund. Additionally, it is understood that in order to apply for the LINE Fund, the institution must have an eligible health care partner under section (s.) 768.38(2), Florida Statutes (F.S.), who has pledged a monetary contribution to the institution, to be spent on an eligible purpose, as defined in s. 1009.8962, F.S. and Rule 6A-10.0325, F.A.C.

Signature _____ Date _____

FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

Please return to: Florida Department of Education Submit application and all documents to FDOE via the FDOE ShareFile.	A) Program Name: Linking Industry to Nursing Education (LINE) Fund TAPS NUMBER: 25A307	DOE USE ONLY Date Received
B) Name and Address of Eligible Applicant:		Project Number (DOE Assigned)
C) Total Funds Requested: \$ <hr style="width: 20%; margin: 10px auto;"/> <i>DOE USE ONLY</i> Total Approved Project:	D) Applicant Contact & Business Information	
	Contact Name: Fiscal Contact Name: Mailing Address: Physical/Facility Address:	Telephone Numbers: E-mail Addresses: UEI number: FEIN number:
CERTIFICATION		
<p>I, _____, (Please Type Name) as the official who is authorized to legally bind the agency/organization, do hereby certify to the best of my knowledge and belief that all the information and attachments submitted in this application are true, complete and accurate, for the purposes, and objectives, set forth in the RFA or RFP and are consistent with the statement of general assurances and specific programmatic assurances for this project. I am aware that any false, fictitious or fraudulent information or the omission of any material fact may subject me to criminal, or administrative penalties for the false statement, false claims or otherwise. Furthermore, all applicable statutes, regulations, and procedures; administrative and programmatic requirements; and procedures for fiscal control and maintenance of records will be implemented to ensure proper accountability for the expenditure of funds on this project. All records necessary to substantiate these requirements will be available for review by appropriate state and federal staff. I further certify that all expenditures will be obligated on or after the effective date and prior to the termination date of the project. Disbursements will be reported only as appropriate to this project, and will not be used for matching funds on this or any special project, where prohibited.</p> <p>Further, I understand that it is the responsibility of the agency head to obtain from its governing body the authorization for the submission of this application.</p>		
E) _____ Signature of Agency Head	_____ Title	_____ Date

Instructions for Completion of DOE 100A

- A.** If not pre-populated, enter name and TAPS number of the program for which funds are requested.
- B.** Enter name and mailing address of eligible applicant. The applicant is the public or non-public entity receiving funds to carry out the purpose of the project.
- C.** Enter the total amount of funds requested for this project.
- D.** Enter requested information for the applicant's program and fiscal contact person(s). These individuals are the people responsible for responding to all questions, programmatic or budgetary information included in this application. The Data Universal Numbering System (DUNS), or unique agency identifier number, requirements are explained on page A-2 of the Green Book. The Applicant name must match the name associated with their DUNS registration. The Physical/Facility address and Federal Employer Identification Number/Tax Identification Number (FEIN/FEID or TIN) (also known as) Employer Identification Number (EIN) are collected for department reporting.
- E. The original signature of the appropriate agency head is required.** The agency head is the school district superintendent, university or community college president, state agency commissioner or secretary, or the chairperson of the Board for other eligible applicants.
- **Note: Applications signed by officials other than the appropriate agency head identified above must have a letter signed by the agency head, or documentation citing action of the governing body delegating authority to the person to sign on behalf of said official. Attach the letter or documentation to the DOE 100A when the application is submitted.**

EXAMPLE Budget Narrative Form (DOE 101S Form)

A. Name of Eligible Recipient/Fiscal Agent: _____

B. DOE Assigned Project Number: _____

C. TAPS Number: _____ **#25A307** _____

NOTE: See the DOE101S form "Instructions" tab in the Excel workbook for instructions on completing the form. Show all amounts in whole dollars only.

(1)	(2)	(3)	(4)	(5)	(6)
FUNCTION	OBJECT	ACCOUNT TITLE, NARRATIVE, AND EXPLANATION	FTE	AMOUNT (whole \$)	% ALLOCATED to this PROJECT
####	###	Student Scholarships: Scholarships to eligible students; may cover tuition, course fees, exam fees and other approved costs for approved nursing programs.		\$200,000	
####	###	Instructional Equipment: Purchase of one (1) simulation center to be used by students in eligible ASN program.		\$305,850	
####	###	Salaries: Two (2) Full-Time Nursing Faculty to be hired to expand eligible ASN program. Amount reflects annual salary for the duration of the grant period. Note: - If these are hourly positions, please include hourly rate and expected hours worked weekly. - In this section, please include a brief job description for each position in which the salary would be covered by grant funds.	2.0	\$100,000	
####	###	Retirement:		\$11,500	
####	###	FICA:		\$6,200	
####	###	Medicare:		\$1,450	
####	###	Health/Life:		\$25,000	
			Total	\$650,000	
<p>* Showing the percentage on benefits is optional. **Administrative Cost cannot exceed 5% of the total grant allocation. The DOE 101S, Budget Narrative, must detail administrative services using appropriate and individual object codes; a single listing of "administrative services" is not permissible.</p>					

Health Care Partner Contribution Certification Form Linking Industry to Nursing Education (LINE) Fund

Enclosed is the certification form, required for the proposal of the Linking Industry to Nursing Education (LINE) Fund, which is intended to meet local, regional and state workforce demand by recruiting faculty and clinical preceptors, increasing the capacity of high-quality nursing education programs and increasing the number of nursing education program graduates who are prepared to enter the workforce.

To apply for the LINE Fund, this certification form must be completed and signed by an authorized official of both the health care partner and the recipient agency and included in the proposal. Applicants are allowed to have more than one health care partner when applying for the LINE Fund. If an applicant has more than one health care partner, the applicant should submit one proposal with all health care partners with the total funds contributed detailed. Additionally, the applicant should submit this form for each health care provider.

Part I (to be completed by the health care partner)

Please print or type

Health Care Provider Name:			
Recipient Agency Name:			
Confirmation that health care partner meets eligibility criteria under section 768.38(2), Florida Statutes, (*see note below) and is located and licensed to operate in the State of Florida. (Mark with X) <input type="checkbox"/> Meets criteria <input type="checkbox"/> Does not meet criteria			
Mailing Address:			Fund, Foundation, Assn. Name <i>(if applicable)</i> :
City:	State:	Zip Code:	Total cash contribution: \$
Name of Authorized Officer:		Title of Authorized Officer:	
Phone Number of Authorized Officer:		Email Address of Authorized Officer:	
I certify that the information submitted is correct and represents the health care partner's intent to make a cash contribution under the provisions of the LINE Fund. It is understood that if the educational institution is awarded a LINE Fund award, the institution will not receive the matching funds until the health care partner's contribution is received by the institution.			
Signature _____		Date _____	

Part II (to be completed by the recipient agency)

Please print or type

Agency Name:	Agency Type: (Mark with X) <input type="checkbox"/> School district <input type="checkbox"/> Florida College System institution <input type="checkbox"/> Independent Colleges and Universities of Florida member <input type="checkbox"/> Commission for Independent Education licensee
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Mailing Address:		
City:	State:	Zip Code:
Name of Authorized Officer:	Title of Authorized Officer:	
Phone Number of Authorized Officer:	Email Address of Authorized Officer:	

**Note:* Pursuant to Section 768.38(2), a “healthcare provider” is defined as:

- A provider as defined in s. 408.803, F.S.
- A clinical laboratory providing services in this state or services to health care providers in this state, if the clinical laboratory is certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder.
- A federally qualified health center as defined in 42 U.S.C. s. 1396d(1)(2)(B), as that definition exists on the effective date of this act.
- Any site providing health care services which was established for the purpose of responding to the COVID-19 pandemic pursuant to any federal or state order, declaration, or waiver.
- A health care practitioner as defined in s. 456.001, F.S.
- A health care professional licensed under part IV of chapter 468.
- A home health aide as defined in s. 400.462(15), F.S.
- A provider licensed under chapter 394 or chapter 397 and its clinical and nonclinical staff providing inpatient or outpatient services.
- A continuing care facility licensed under chapter 651.
- A pharmacy permitted under chapter 465.

Project Performance Accountability Form
Submit this form with the grant proposal
(DO NOT ALTER THIS FORM)

Definitions

- **Scope of Work-** The major tasks that the grantee is required to perform
- **Tasks-** The specific activities performed to complete the Scope of Work
- **Deliverables-** The products and/or services that directly relate to a task specified in the Scope of Work. Deliverables must be quantifiable, measurable, and verifiable
- **Evidence-** The tangible proof
- **Due Date-** Date for completion of tasks
- **Unit Cost-** Dollar value of deliverables

Scope of Work Tasks/Activities	Deliverables	Evidence (verification)	Due Date (completion)	Unit Cost
Expend funds on LINE Fund eligible purposes, as defined in Rule 6A-10.0352(2)(e).	Expend funds to increase the capacity of high-quality nursing education programs and increase number of nursing education program graduates who are prepared to enter the workforce.	<ul style="list-style-type: none"> • Grant Activity Summary Report • DOE399 (FDOE Project Disbursement Report) 	Quarterly Fiscal and Performance Reports: <ul style="list-style-type: none"> • January 15, 2025 • April 15, 2025 • July 15, 2025 	<ul style="list-style-type: none"> • Cost reimbursement • Agencies will provide a DOE399 to validate the actual cost