Concept Proposal Part 1: Narrative

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Proposal (check one box)** |  | **9-12 CTE** |  | **Dual Enrollment** |

# Eligible Applicant Information

## Submitter Information

Complete the following table with the school district or FCS institution name that will be the fiscal agency. If the proposal is for a career center or charter school career dual enrollment, please list the school district that will act as the fiscal agent for the institution. Information on specific schools included in the application will be included in the Concept Proposal Part 2: Workbook.

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

|  |  |
| --- | --- |
|  **School District or FCS Institution Name** |  |
| **Counties Served by the Institution** |  |

## School Districts (9-12 projects) only

|  |  |
| --- | --- |
| **Does your district have charter schools?** |  |
| **Has your district contacted charter schools about this funding opportunity?** |  |

## Contact for Questions about the Concept Proposal

|  |  |
| --- | --- |
| **Primary Contact Information**  | **Secondary Contact Information**  |
| **Name**  |  | **Name**  |  |
| **Phone** |  | **Phone** |  |
| **Email**  |  | **Email**  |  |

## Estimated Program Completion Date (check one box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **June 30, 2025** |  | **June 30, 2026** |  | **June 30, 2027** |

## Funding Summary

|  |  |
| --- | --- |
| **Total amount requested for this project** | $ |
| **If applicable, targeted industry amount**  | $ |
| **Previously awarded CAP Grant amount**  | $ |

# Executive Summary and Business Case

|  |
| --- |
| **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)** |
| The executive summary must address: * How programs and the needs in your region were identified (e.g., your Perkins CLNA process, consultation with employers, workforce partners)
* How external workforce partners contributed to the determination of priorities
* Linkages of programs to the targeted industry (if applicable) and total funds requested for each program listed.
 |
|  |
| ***DO NOT EXCEED TWO PAGES – 1,000 WORDS*** |

# ****Support for Strategic Plan****

|  |
| --- |
| **Describe how the project will incorporate one or more of the Goals included in the State Board of Education’s K-20 Strategic Plan, outlined at:** [**http://www.fldoe.org/policy/state-board-of-edu/strategic-plan.stml**](http://www.fldoe.org/policy/state-board-of-edu/strategic-plan.stml)**. . (1,000-word limit)** |
|  |
| ***DO NOT EXCEED TWO PAGES – 1,000 WORDS*** |

# Project Deliverable Schedule

In this section, the proposal should demonstrate that the applicant has a detailed plan for implementation to help ensure the project’s success. The applicant must provide a high-level summary of the project milestones, activities required to meet the milestones and the completion date for the milestone.

Note: Do not alter this table in any form, use the designated space to enter your agency information. If working with multiple sites, enter milestones in chronological order for the project, do not separate by site/district/charter.

*NOTE: Upon recommendation for funding, the milestones with specific associated costs will be submitted in response to the Request for Application.*

|  |  |  |
| --- | --- | --- |
| **Milestone** | **Description of Activities to Meet Milestone** | **Completion date for the milestone** |
| **Example 1: Procurement**  | **General contractor will complete – the submittals/approvals/ procurement process.****999 Agency – ABC Location – XYZ Program**  | **11/30/2024** |
| **Example 2: Instructor training**  | **Instructors will receive specialized training on new equipment as they prepare to teach this program.** | **04/30/2025** |
| **Example 3: Install laboratory equipment and required software** | **Delivery of computers, laboratory equipment, and classroom supplies.** | **04/30/2025** |
| **Example 4: New or expanded program start date** | **Begin classes for the first-level courses ABC, ZXY**  | **08/15/2025** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| ***If needed, insert additional rows above this one***  |

# 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.