
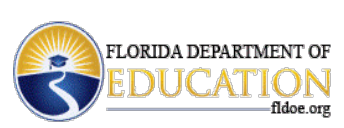


**Florida Department of Education
Project Award Notification**

1 PROJECT RECIPIENT Liberty County School District	2 PROJECT NUMBER 390-92510-5SC01	
3 PROJECT/PROGRAM TITLE Workforce Development Capitalization Incentive Grant (Cap Grant) <div style="text-align: right;">TAPS 25B178</div>	4 AUTHORITY 1011.801, F.S. 24-25 General Appropriations Act L.I. 120 USDE or Appropriate Agency FAIN#:	
5 AMENDMENT INFORMATION Amendment Number: Type of Amendment: Effective Date:	6 PROJECT PERIODS Budget Period: 07/01/2024 - 06/30/2027 Program Period: 07/01/2024 - 06/30/2027	
7 AUTHORIZED FUNDING Current Approved Budget: \$65,000.00 Amendment Amount: Estimated Roll Forward: Certified Roll Amount: Total Project Amount: \$65,000.00	8 REIMBURSEMENT OPTION Quarterly Advance to Public Entity	
9 TIMELINES <ul style="list-style-type: none"> Last date for incurring expenditures and issuing purchase orders: <u>06/30/2027</u> Date that all obligations are to be liquidated and final disbursement reports submitted: <u>08/20/2027</u> Last date for receipt of proposed budget and program amendments: <u>05/30/2027</u> Refund date of unexpended funds; mail to DOE Comptroller, 325 W. Gaines Street, 944 Turlington Building, Tallahassee, Florida 32399-0400: Date(s) for program reports: Federal Award Date : 		
10 DOE CONTACTS Program: Claudia Campagnola Phone: (850) 245-9081 Email: Claudia.Campagnola@fldoe.org Grants Management: Unit B (850) 245-0735	Comptroller Office Phone: (850) 245-0401	UEI#: LVN6Y885WAC4 FEIN#: F596000720001
11 TERMS AND SPECIAL CONDITIONS <ul style="list-style-type: none"> This project and any amendments are subject to the procedures outlined in the <u>Project Application and Amendment Procedures for Federal and State Programs</u> (Green Book) and the General Assurances for Participation in Federal and State Programs and the terms and requirements of the Request for Proposal or Request for Application, RFP/RFA, hereby incorporated by reference. Any unexpended general revenue funds must be returned by check issued to the Florida Department of Education, with the final expenditure report. The check must clearly identify the project number for which funds are being returned. In the event that the Governor and Cabinet are required to impose a mandatory reserve on the current year appropriation, this Agreement shall be amended to place in reserve the amount determined by the Department of Education to be necessary because of the mandatory reserve in the appropriation. All provisions not in conflict with any amendment(s) are still in full force and effect and are to be performed at the level specified in the project award notification. The Department's approval of this contract/grant does not excuse compliance with any law. Other: 		
12 APPROVED: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  <hr style="width: 100%;"/> Authorized Official on behalf of the Commissioner of Education </div> <div style="text-align: center;"> 3-12-25 <hr style="width: 100%;"/> Date of Signing </div> <div style="text-align: right;">  </div> </div>		

DOE-200

Revised 07/15

**INSTRUCTIONS
PROJECT AWARD NOTIFICATION**

- 1** Project Recipient: Agency, Institution or Non-Governmental entity to which the project is awarded.
- 2** Project Number: This is the agency number, grant number, and project code that must be used in all communication. (Projects with multiple project numbers will have a separate DOE-200 for each project number).
- 3** Project Description: Title of program and/or project. TAPS #: Departmental tracking number.
- 4** Authority: Federal Grants - Public Law or authority and CFDA number. State Grants - Appropriation Line Item Number and/or applicable statute and state identifier number.
- 5** Amendment Information: Amendment number (consecutively numbered), type (programmatic, budgeting, time extension or others) in accordance with the Project Application and Amendment Procedures for Federal and State Programs (Green Book), and effective date.
- 6** Project Periods: The periods for which the project budget and program are in effect.
- 7** Authorized Funding: Current Approved Project (total dollars available prior to any amendments); Amendment Amount (total amount of increase or decrease in project funding); Estimated Roll Forward (roll forward funds which have been estimated into this project); and Total Project Amount (total dollars awarded for this project).
- 8** Reimbursement Options:
 - Federal Cash Advance –On-Line Reporting required monthly to record expenditures.
 - Advance Payment – Upon receipt of the Project Award Notification, up to 25% of the total award may be advanced for the first payment period. To receive subsequent payments, 90% of previous expenditures must be documented and approved by the Department.
 - Quarterly Advance to Public Entity – For quarterly advances of non-federal funding to state agencies and LEAs made in accordance within the authority of the General Appropriations Act. Expenditures must be documented and reported to DOE at the end of the project period. If audited, the recipient must have expenditure detail documentation supporting the requested advances.
 - Reimbursement with Performance - Payment made upon submission of documented allowable expenditures, plus documentation of completion of specified performance objectives.
- 9** Timelines: Date requirements for financial and program reporting/requests to the Department of Education.
- 10** DOE Contacts: Program contact for program issues, Grants Management Unit for processing issues, and Comptroller's Office number for payment information.
- 11** Terms and Special Conditions: Listed items apply to this project. (Additional space provided on Page 2 of 2 if needed.)
- 12** Approved: Approval signature from the Florida Department of Education and the date signature was affixed.

FLORIDA DEPARTMENT OF EDUCATION

PROJECT APPLICATION

Please return to: Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0735	A) Program Name: <p style="text-align: center;">Workforce Development Capitalization Incentive Grant (Cap Grant)</p> <p style="text-align: center;">TAPS NUMBER: 25B178</p>	DOE USE ONLY Date Received <p style="text-align: center;">11/13/2024</p>								
B) Name and Address of Eligible Applicant: Liberty County School Board 11051 NW SR 20 Bristol, FL 32321		Project Number (DOE Assigned) <p style="text-align: center;">390-92510-5SC01</p>								
C) Total Funds Requested: <p style="text-align: center;">\$65,000</p> <hr style="width: 20%; margin: 10px auto;"/> <p style="text-align: center;">DOE USE ONLY</p> <p>Total Approved Project:</p> <p style="text-align: center;">\$ 65,000</p>	D) Applicant Contact & Business Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Contact Name: Mandie Fowler</td> <td>Telephone Numbers:</td> </tr> <tr> <td>Fiscal Contact Name: Katy Gunn</td> <td>850-643-2275</td> </tr> <tr> <td>Mailing Address: 11051 NW SR 20 Bristol, FL 32321</td> <td>E-mail Addresses: Mandie.fowler@lcsb.org Katy.gunn@lcsb.org</td> </tr> <tr> <td>Physical/Facility Address: 11051 NW SR 20 Bristol, FL 32321</td> <td>UEI number: LVN6Y885WAC4 FEIN number: F596000720001</td> </tr> </table>		Contact Name: Mandie Fowler	Telephone Numbers:	Fiscal Contact Name: Katy Gunn	850-643-2275	Mailing Address: 11051 NW SR 20 Bristol, FL 32321	E-mail Addresses: Mandie.fowler@lcsb.org Katy.gunn@lcsb.org	Physical/Facility Address: 11051 NW SR 20 Bristol, FL 32321	UEI number: LVN6Y885WAC4 FEIN number: F596000720001
Contact Name: Mandie Fowler	Telephone Numbers:									
Fiscal Contact Name: Katy Gunn	850-643-2275									
Mailing Address: 11051 NW SR 20 Bristol, FL 32321	E-mail Addresses: Mandie.fowler@lcsb.org Katy.gunn@lcsb.org									
Physical/Facility Address: 11051 NW SR 20 Bristol, FL 32321	UEI number: LVN6Y885WAC4 FEIN number: F596000720001									
CERTIFICATION <p>I, <u>Kyle Peddie</u>, (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>										
<table style="width: 100%;"> <tr> <td style="width: 40%; vertical-align: bottom;"> E) Signature of Agency Head </td> <td style="width: 20%; vertical-align: bottom; text-align: center;"> Superintendent Title </td> <td style="width: 40%; vertical-align: bottom; text-align: right;"> 11/13/2024 Date </td> </tr> </table>			E) Signature of Agency Head	Superintendent Title	11/13/2024 Date					
E) Signature of Agency Head	Superintendent Title	11/13/2024 Date								

2024-25 Workforce Development Capitalization Incentive Grant

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 program needs were identified in our region based on the Perkins CLNA process meetings & survey, consultation with the local Chipola Regional Workforce Development Board, and targeted needs based on workforce partner input.
- External workforce partners contributed to the determination of priorities through the identification of the new hospital construction and the critical shortage of nursing staff currently paired except for increased need and continued decline of licensed CNAs/LPNs/RNs. Priorities also were set based on the shortages of skilled construction workers and demands for Adobe certifications for post-secondary students. All three programs are already established at LCHS and include three courses. There are no recurring costs associated with the program expansions and all three expansion courses will be a part of the LCHS master schedule beginning fall of 2025.
- According to the [2024-25 Florida Commerce Regional Demand Occupational List](#), all three targeted programs are growing for Region 3.
 - [Extension of Medical Program](#), total funds requested \$25,000 to include instructor training, equipment, supplies and testing fees to support expansion of program to include additional **CAPE certification (NATHA003 AND NATHA009)**.
 - [Expansion of Construction Program](#), total funds requested \$20,000 to include instructor training, equipment, supplies, and testing fees to support expansion of program to include additional **CAPE certification (NCCER005)**.
 - [Extension of Computer Science Program](#) total funds requested \$20,000 to include instructor training, equipment, supplies and testing fees to support expansion of program to include additional CAPE certification (ADOBE024).

DO NOT EXCEED TWO PAGES – 1,000 WORDS

2024-25 Workforce Development Capitalization Incentive Grant

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>.

Goal 1 Highest Student Achievement, Measure 8 (K-12) - High School Graduation Rate Plus

- Students who are successfully involved in CTE programs are more likely to graduate and all program completers will graduate with CTE certifications.

Goal 2 Seamless Articulation and Maximum Access, Measure 5 (Postsecondary) – Florida Postsecondary Continuation Rate

- Students will be matched with a postsecondary program to continue their current CTE program either during dual enrollment or after graduation.

Goal 3 Skilled Workforce and Economic Development, Measure 3 – Increasing Participation and Performance in Meaningful Accelerated Pathways

- All LCSB programs are designed to provide the best return-on-investment, with a focus on high demand, high wage fields.

DO NOT EXCEED TWO PAGES – 1,000 WORDS

2024-25 Workforce Development Capitalization Incentive Grant

Assurances

Applicants must read the assurances to decide whether to apply 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 state fund expenditure and any conditions in the Request for Application upon award.

[illegible]

Evaluation of High Skill, High Wage Program Impact

For each program listed in the "Program Detail" tab, provide information on occupational linkages and a brief summary of the economic impact of these occupations in Florida's economy for the students who complete these programs.

- [1. Florida Commerce – Current Employment Projections](#)
- [2. Florida Commerce – Local Targeted Occupations List](#)
- [3. Labor Market Estimating Conference](#)
- [4. Master Credentials List \(for SOC code linkages to postsecondary programs\)](#)

[illegible]

**FLORIDA DEPARTMENT OF EDUCATION
BUDGET NARRATIVE FORM 101S**

A) Name of Eligible Recipient/Fiscal Agent:	Liberty County
B) DOE Assigned Project Number:	390-92510-5SC01
C) TAPS Number:	25B178

(1)	(2)	(3)	(4)	(5)	(6)
FUNCTION	OBJECT	Account Title and Narrative	FTE POSITION	AMOUNT	% Allocated to This Project
5300	360	Rentals: Instructional Equipment: Applied Cybersecurity (\$3,757): 1 Year Technology Rental Fees, to include: CompTIA ITF+ (COMPT018) Admin Dashboard (1 @ \$194), CompTIA ITF+ Student Access Key (15 @ \$96 each, \$1,440 total), CompTIA ITF+ Instructor Ebook (1 @ \$53), CompTIA ITF+ Exam Voucher (15 @ \$138 each, \$2,070 total) Allied Health Assisting (\$10,000): 1 Year Technology Rental Fees to include: Personability, MA skills Builder, Anatomy and Physiology- 3d software		\$ 13,757.00	
5300	510	Supplies: Allied Health Assisting (\$6,000): Supplies to support HOSA student competitions to include: Gloves, masks, gowns, PPE, and cleaning supplies. Building Trades & Construction Design Technology (\$2,0000): Supplies (wood, clamps, screws, nails, small hand tools, pencils, saws) Applied Cybersecurity (\$243): Student Toolkits for computer hardware repair 5 @ \$20 each; Classroom supplies (folders, markers, paper, binders)		\$ 8,243.00	
5300	641	Capitalized Furniture, Fixtures, & Equipment: Building Trades & Construction Design Technology: 48 + 96 inch plasma table \$ 8,000.00		\$ 8,000.00	
5300	642	Non-Capitalized Furniture, Fixtures, & Equipment: Allied Health Assisting (\$10,000): Non-capitalized equipment to include: CPR manikins,EDs,CPR- certifications, Blood Pressure cuffs and stethoscopes, Microscopes and clinical lab materials, Manikns, Organs and dissection kits; Materials: Building Trades & Construction Design Technology (\$8,000): Non-capitalized equipment to include: Jet 15 inch planer; Festool miter saw; Festool domino jointer		\$ 18,000.00	
5300	644	Non-Capitalized Computer Hardware: Materials: Applied Cybersecurity: Cleartouch Interactive Flat Panel with PC Module. Includes wall mount, Android wireless module and 5 year extended warranty \$4,500; 21 student laptops at \$550 each \$11700; Laptop Cart \$800		\$ 17,000.00	
D) TOTAL				\$ 65,000.00	

DOE ATTESTATION (Program and Grants Management)

The cost for each line item budget category has been evaluated and determined to be allowable, reasonable and necessary as required by Section 216.3475, Florida Statutes. Documentation is on file evidencing the methodology used and the conclusions reached.



**Florida Department of Education
Division of Career and Adult Education**

PROJECTED EQUIPMENT PURCHASES FORM

Equipment projected to be purchased from this grant must be submitted on this form **or** in a format that contains the information appearing on this form.

A) Liberty County
Name of Eligible Recipient

B) 390-92510-5SC01
Project Number (DOE USE ONLY)

TAPS Number 25B178

Agencies are accountable for all equipment purchased using grant funds including those below the agencies threshold.

PROJECTED EQUIPMENT PURCHASES
(Cells will expand when text is typed.)

ITEM #	FUNCTION CODE	OBJECT CODE	ACCOUNT TITLE	DESCRIPTION	SCHOOL / PROGRAM	NUMBER OF ITEMS	ITEM COST (\$)	TOTAL AMOUNT (\$)
	A	B	C	D	E	F	G	H
1	5300	641	Capitalized Equipment	Capitalized equipment: 48 + 96 inch plasma table to be used by construction students	LCHS: Building Trades	1	8,000	8,000
2								
3								
4								

Inventory Guidelines

The following elements are required on the inventory of all equipment purchased.

2 C.F.R. 200, Uniform Guidance, 200.313 Equipment: Property records must be maintained that include a description of the property, a serial number or other identification number, the source funding for the property, who holds title, the acquisition date, and cost of the property, percentage of Federal participation in the cost of the property, the location, use and condition of the property, and any ultimate disposition data including the date of disposal and sale price of the property.

State Requirements for inventory elements are located in Rule 69I-72.003, Florida Administrative Code, Recording of Property.

Does the agency's inventory system contain all required federal and state elements listed above? YES x NO

Project Performance Accountability 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 (product or service)	Evidence (verification)	Due Date (completion)	Unit Cost
Order all new equipment and software	<ul style="list-style-type: none">• New equipment and software ordered	<ul style="list-style-type: none">• Paid invoices	June 30, 2027	\$36,000
Order all supplies and consumables	<ul style="list-style-type: none">• Supplies and consumables ordered	<ul style="list-style-type: none">• Paid invoices	June 30, 2027	\$29,000