



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

**\*Corrected date listed in Application Due Date/Second Review Period 9-6-22**

**Bureau / Office**

Division of Florida Colleges

**TAPS Number**

TAPS#23B123

**Program Name**

Linking Industry to Nursing Education (LINE) Fund

**Specific Funding Authority**

2022 General Appropriation Line Item #126A

**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-to-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**

**\$19,000,000**

Applications will be accepted during two review periods (see "Application Due Date"). During the first review period, funds will be reserved for each institutional system, including:

- \$8,396,834 for Florida College System institutions
- \$5,678,538 for school district career centers and charter technical career centers
- \$4,606,627 for independent nonprofit colleges and universities affiliated with Independent Colleges and Universities of Florida

- \$318,001 for independent nonprofit colleges and universities licensed by the Commission for Independent Education

After the first review period, all remaining funds will be eligible for any eligible agency demonstrating demand for grants.

**Type of Award**

Discretionary Competitive

**Budget / Program Performance Period**

July 1, 2022, through June 30, 2023

Pre-award costs are authorized for any allowable expenditure incurred on or after July 1, 2022, the effective date for Senate Bill 2524.

**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 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.

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 70 percent for the prior year.

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 2020 are included. Agencies wishing to provide alternative data to justify eligibility may do so when submitting the Notice of Intent-to-Apply.

## **Application Due Date**

Applications will be accepted during two review periods. If an agency submits an incomplete application, the agency will have an opportunity to revise and resubmit the incomplete portions; in which case, the agency's start date will reset to the date on which a completed application is received.

During the first review period, funds will be reserved for each institutional system, including:

- \$8,396,834 for Florida College System institutions
- \$5,678,538 for school district career centers and charter technical career centers
- \$4,606,627 for independent nonprofit colleges and universities affiliated with Independent Colleges and Universities of Florida
- \$318,001 for independent nonprofit colleges and universities licensed by the Commission for Independent Education

After the first review period, all remaining funds will be eligible for any eligible agency demonstrating demand for grants.

## **Notice of Intent-to-Apply**

For consideration in either review period, a Notice of Intent-to-Apply form must be completed and signed by an authorized agency official and submitted to [LINE\\_Fund@fldoe.org](mailto:LINE_Fund@fldoe.org) by September 15, 2022. 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 may do so when submitting the Notice of Intent-to-Apply.

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

## **First Review Period**

For consideration in the first review period, completed applications must be received by close of business (5:00 pm EDT) on October 17, 2022. Of the total funds appropriated to the program, the allocations listed above for each system will be reserved for applications received by October 17, 2022. Beginning on October 18, 2022, all remaining funds will be eligible for any eligible institution demonstrating demand for grants.

## **Second Review Period**

For consideration in the second review period, completed applications must be received by close of business (5:00 pm EDT) on November 1, 2022. Agencies that do not submit an application to FDOE by November 1, 2022, will not be considered.

## **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-to-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-to-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 15, 2022. Additionally, in the application 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 application 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 application submission. However, if the contribution has not yet been received, a pledge, signed by the health care partner, will be required with the application 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 March 1, 2023, 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 application. 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**

*Katie Grissom*

*Director of Workforce and Academic Alignment*

*(850)245-9035*

[\*Katie.grissom@fldoe.org\*](mailto:Katie.grissom@fldoe.org)

### **Grants Management Contact**

*Felicia Williams-Taylor*

*Director of Grants Management*

*850-245-0717*

[\*Felicia.Williams-Taylor@fldoe.org\*](mailto:Felicia.Williams-Taylor@fldoe.org)

## **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/doe610.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/doe620.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 training within 60 days of the date of execution (Block 12) on the DOE 200, Project Award Notification. Training and assessment can be found using the following link:

<https://portal.fldoesso.org/PORTAL/Sign-On/SSO-Home.aspx>

Non-participation in the training program may result in termination of payment(s) until training is completed.

## **Funding Method**

### **Reimbursement with Performance**

Payment is rendered upon submission of documented allowable disbursements, plus documentation of completion of specified performance objectives.

### **Fiscal Records Requirements and Documentation**

Applicants must complete a Budget Narrative form, DOE101S. Budget pages must be completed to provide sufficient information to enable FDOE reviewers to understand the nature and reason for the line item cost.

All Funded programs and any amendments are subject to the procedures outlined in the FDOE Project Application and Amendment Procedures for Federal and State Programs (Green Book) and the General Assurances for Participation in Federal and State Programs, which may be found at <http://www.fldoe.org/finance/contracts-grants-procurement/grants-management/project-application-amendment-procedur.stml>.

All accounts, records, and other supporting documentation pertaining to all costs incurred shall be maintained by the recipient for five years. Supporting documentation for expenditures is required for

all funding methods. Examples of such documentation include but are not limited to: invoices with check numbers verifying payment, and/or bank statements; time and effort logs for staff, salary/benefits schedules for staff. All must be available upon request.

Budgeted items must correlate with the narrative portion of the project application that describes the specific activities, tasks and deliverables to be implemented.

All project recipients must submit a completed DOE 399 form, Final Project Disbursement Report, by the date specified on the DOE 200 form, Project Award Notification.

### **Allowable Expenses**

Program funds must be used solely for activities that directly support the accomplishment of the program purpose, priorities, and expected outcomes during the program period. All expenditures must be consistent with the approved application, as well as applicable state and federal laws, regulations and guidance. Allowable expenditures may include costs associated with employing appropriate staff for administering the project, office materials and supplies and other relevant costs associated with the administration of the project, including meeting room rentals, consultant fees, printing, etc.

Program funds must be solely used for:

- Funding scholarships to students who are residents of this state, as determined under Section 1009.21, F.S.
- Recruiting additional faculty.
- Purchasing equipment.
- Supporting simulation centers to advance high-quality nursing education programs throughout the state.

Pre-award costs are authorized for any allowable expenditure incurred on or after July 1, 2022.

### **Unallowable Expenses**

Program funds may not be used for the construction of new buildings. Additionally, expenses associated with indirect costs are unallowable.

Unless otherwise specifically authorized herein, sub-recipient shall not convey anything of value, including but not limited to gifts, loans, rewards, favors or services, directly to any agent, employee or representative of the Department, and shall promptly notify the Department in the event that an agent, employee or representative of the Department attempts to solicit the same.

Below is a list of items or services that are generally not allowed or authorized as expenditures. This is not an all-inclusive list of unallowable items. Subrecipients are expected to consult the FDOE program office with questions regarding allowable costs.

- Proposal preparation including the costs to develop, prepare or write the proposal
- Entertainment (e.g., a field trip without the approved academic support will be considered entertainment)
- Meals, refreshments or snacks
- End-of-year celebrations, parties or socials
- Game systems and game cartridges (e.g., Wii, Nintendo, PlayStation)
- Out-of-state travel without FDOE pre-approval
- Overnight field trips (e.g. retreats, lock-ins)
- Incentives (e.g., plaques, trophies, stickers, t-shirts, give-a-ways)

- Gift cards
- Decorations
- Advertisement
- Promotional or marketing items (e.g., flags, banners)
- Purchase of facilities or vehicles (e.g., buildings, buses, vans, cars)
- Land acquisition
- Furniture
- Kitchen appliances (e.g., refrigerators, microwaves, stoves, tabletop burners)
- Capital improvements and permanent renovations (e.g., playgrounds, buildings, fences, wiring)
- Dues to organizations, federations or societies for personal benefit
- Clothing or uniforms
- Costs for items/services already covered by administrative costs allocation
- Costs not allowable for federal programs per the U.S. Education Department General Administration Regulations (EDGAR), which may be found at <https://www2.ed.gov/policy/fund/reg/edgarReg/edgar.html> and the Reference Guide for State Expenditures, which may be found at [https://myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/state-agencies/referenceguideforstateexpenditures.pdf?sfvrsn=fc1c5555\\_2](https://myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/state-agencies/referenceguideforstateexpenditures.pdf?sfvrsn=fc1c5555_2)

### **Equipment Purchases**

Any equipment purchased under this program must follow the Uniform Grants Guidance found at [http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl) or the Reference Guide for State Expenditures, [https://myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/state-agencies/referenceguideforstateexpenditures.pdf?sfvrsn=fc1c5555\\_2](https://myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/state-agencies/referenceguideforstateexpenditures.pdf?sfvrsn=fc1c5555_2)

Any equipment purchases not listed on the original budget approved by the Florida Department of Education require an amendment submission and approval prior to purchase by the agency awarded the funding.

Further guidance and instruction on property records, inventory and disposition requirements for property are outlined in the Green Book at: <http://www.fldoe.org/finance/contracts-grants-procurement/grants-management/project-application-amendment-procedur.stml>.

### **Administrative Costs including Indirect Costs**

Administrative services for program/grant management, personnel consulting, and associated services, as well access to technology, resources, and facilities is allowable. All administrative costs must be associated with the management of the LINE Fund and may not exceed five percent (5%) of the applicant's total award. Applicants must detail administrative services in the application's DOE 101S, Budget Narrative using appropriate and individual object codes; a single listing of "administrative services" is not permissible.

Chapter 1010.06 F.S. Indirect cost limitation - State funds appropriated by the Legislature to the Division of Public Schools within the Department of Education may not be used to pay indirect costs to a university, Florida College System institution, school district, or any other entity.

### **State of Florida, Executive Order 11-116 (Supersedes Executive Order 11-02)**

The employment of unauthorized aliens by any contractor is considered a violation of section 274A(e) of the Immigration and Nationality Act. If the contractor knowingly employs unauthorized aliens, such violation shall be cause for unilateral cancellation of the contract. In addition, pursuant to Executive Order 11-116, for all contracts providing goods or services to the state in excess of nominal value; (a)



the Contractor will utilize the E-verify system established by the U.S. Department of Homeland Security to verify the employment eligibility of all new employees hired by the contractor during the Contract term, (b) require that Contractors include in such subcontracts the requirement that subcontractors performing work or providing services pursuant to the state contract utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term. Executive Order 11-116 may be viewed at:

<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](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 and apart 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 15, 2022. 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 apply.

## **Method of Answering Frequently Asked Questions (FAQs)**

Applicants should send any questions related to this request to proposal at LINE\_Fund@fldoe.org.

To ensure that all eligible agencies have access to the questions and answers, this information will be posted. All Frequently Asked Questions will be linked on the Program Office website at: <https://www.fldoe.org/academics/career-adult-edu/funding-opportunities/2022-2023-funding-opportunities/>.

Responses to questions received by **September 15, 2022** will be posted for all agencies to view.

## **Reporting Outcomes**

### Quarterly Reports

Agencies must submit quarterly reports by the following dates:

- October 15, 2022
- January 15, 2023
- April 15, 2023
- July 15, 2023

No later than 30 days before the submission deadline, the Department will release guidelines for agencies to securely transmit an electronic file to meet this requirement.

### Annual Report

Agencies must submit an annual report by February 1, 2023.

Minimally, the report must include, by program level, the number of additional nursing education students enrolled; if scholarships were awarded using grant funds, the number of students who received scholarships and the average award amount; and the outcomes of students as reported by the Florida Talent Development Council pursuant to Section 1004.015(6), F.S. No later than thirty (30) days before the submission deadline, the Department will release guidelines for agencies to transmit an electronic file to meet this requirement.

## **Financial Consequences**

FDOE shall periodically review the progress made on the activities and performance measures approved in this grant application. If the eligible provider fails to meet and comply with the performance measures established in the grant application the Department may approve a reduced payment or request the eligible provider terminate the grant application agreement.

## **Instructions for Submitting the Application and Completing the Application Narrative**

This section details state requirements and must be used as a resource to prepare the grant application.

Within each Narrative Component, are **Criteria**. *These are the bulleted, italicized statements used by proposal reviewers to assess and score each Narrative Component.*

The standard scoring *Criteria* are based on a 100-point scale, with a minimum score of 70 points required for an application to be considered eligible for funding.

For a list of all items to be included in the application package, please see the **Application Review Criteria and Checklist** in the **Attachments** section.

### **APPLICATION NARRATIVE SECTION**

#### **Instructions for Completing the Narrative Information**

Following the instructions within each narrative component, complete the application using the same sequence presented in this narrative section.

1. Before inserting any text or information into the Application Narrative Section, forms and charts, save the pages/charts in Word on your computer.
  - Use size 12-point font.
  - Responses should be brief, clear and concise.
2. Place all application items in the order specified in the **Application Checklist** (Refer to the last page of this RFP document).
3. Eligible agencies must download the **LINE Fund** Application and submit all documents via email to [LINE\\_Fund@fldoe.org](mailto:LINE_Fund@fldoe.org).
4. NARRATIVE SECTIONS (1-5): MAXIMUM PAGE LIMIT IS TWENTY (20) PAGES.

#### **Narrative Section response format:**

- a) Font – Arial / Size – 12
- b) Margin size - 1" – both sides and top/bottom margins
- c) Double spaced (this does not include charts)
- d) Complete the narrative using the same sequence presented in the **Application Narrative Components Section**.

## 1. Project Abstract

**10 Points**

A. Complete the following chart for the proposed project.

<b>Agency Name:</b>	
<b>Agency Type: (Mark with X)</b>	<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 member
<b>Agency's Active Programs (Mark with X)</b>	<input type="checkbox"/> Certified Nursing Assistant (CNA) <input type="checkbox"/> Licensed Practical Nursing (LPN) <input type="checkbox"/> Associate in Science in Nursing (ASN) <input type="checkbox"/> Bachelor of Science in Nursing (BSN) (Pre-licensure)
<b>Amount (\$) of Funds Requesting</b>	
<b>Basis for Eligibility Based on Intent-to-Apply (Mark with X all that apply)</b>	<input type="checkbox"/> Completion rate of 70 percent or higher for a CNA program <input type="checkbox"/> NCLEX passage rate of 70 percent or higher for a pre-licensure LPN, ASN, or BSN program

B. Provide a brief summary of the proposed project including general purpose, specific goals, purpose of requested funds, and significance to increasing the number of trained nurses that will fill the nursing shortage statewide or within your region.

### *Criteria*

- *The project purpose is aligned with the funding opportunity intent.*
- *The goals are specific, realistic, and consistent with measurable objectives and outcomes.*
- *The populations served through the project are aligned to the funding opportunity intent.*

## 2. Health Care Partnership

**30 Points**

- Describe the current or potential partnership agreement(s) between the agency and health care partner(s).
- Provide the total amount of funds committed by the health care partner(s).
- Describe the statement of need supporting this partnership.

### *Criteria*

- *The collaborative partnership for developing and implementing the project are realistic and likely to be successful. The specific role, activities and expected contributions of each of the partners are clearly outlined and show strength to support the program.*

- *The need is evident, compelling, and clearly linked to the outcome(s) of the project.*

**3. Purpose of Requested Funds**

**40 Points**

*Note: Pursuant to Rule 6A-10.0352, F.A.C., “eligible purpose” is defined as “student scholarships, recruitment of additional faculty, equipment, and simulation centers.”*

- A. Describe how the agency plans to use the funds, including the health care partner contribution and requested grant funds.
- B. Describe how funds will be utilized to increase student enrollment.
- C. Describe how such funds will be used to increase program completion.
- D. Complete all applicable fields in the chart below to describe how funds, both the health care partner contribution and requested funds, will be used towards an eligible purpose. Agencies may add additional cost categories not listed above, as long as they meet an eligible purpose.

<b>Cost Categories</b>	<b>Outcome</b>	<b>Expended Funds</b>	<b>Quarter(s) Completed</b>
<b>EXAMPLE:</b> Increase Student Enrollment	Conduct joint outreach activities with health care partner	\$10,000	Q1
Increase Student Enrollment			
Increase Program Completion			
Recruitment of additional faculty			
Purchase of equipment			
Purchase of simulation center(s)			
Other			
<b>Total Funds</b>			

*Criteria*

- *The explanation of how funds will be spent is realistic, accurate, and clearly relates to and reflects project activities, objectives, and outcomes.*
- *The plan to increase student enrollment and completion is fully described and adequate.*
- *The justifications for expenditures are reasonable and clearly explained.*

**4. Job Placement – Graduates**

**0 Points – FIXED REQUIREMENT**

- A. Describe how the health care partner will onboard graduates of the agency’s nursing program(s). Examples may include centrally organized training, orientation, and educational opportunities.
- B. Describe how the health care partner will retain graduates of the agency’s nursing program(s). Examples may include retention bonus structure, mentorship, continuing educational opportunities, and performance evaluations.

**5. Meeting Workforce Demand**

**20 Points**

- A. Describe the current local and regional vacancies for positions requiring the following credentials:
  - Certified Nursing Assistant (CNA)
  - Licensed Practical Nursing (LPN)
  - Associate in Science in Nursing (ASN)/BSN (Pre-licensure)
- B. Describe how the funds, both health care partner contribution and requested grant funds, will expand the agency’s nursing education programs to meet local, regional, or state workforce demands.
- C. *(If applicable)* Describe advanced education nursing programs and how the funds will increase the number of faculty and clinical preceptors and planned efforts to utilize the clinical placement process established in Section 14.36, F.S.

*Criteria*

- *The responses provide compelling evidence and data of the need of the proposed project.*
- *The justifications for expenditures are reasonable, clearly explained, and align with the intent of this project.*

## **Local Application Instructions**

To receive LINE funds, agencies must submit the following documents:

- DOE 100A, Project Application Form (PDF) (signed by the agency head or other authorized person) (Attachment D)
- LINE Fund Narrative Section (Word)
- DOE101S, Budget Narrative (Excel) (Attachment E)
- Health Care Partner Certification Form (Word) (Attachment F)
- Project Performance Accountability Form (Word) (Attachment G)
- Documentation of health care partner's contribution

### **A. How to submit the application to FDOE:**

Agencies must submit all documents to FDOE via [LINE\\_Fund@fldoe.org](mailto:LINE_Fund@fldoe.org) according to the following naming conventions:

- Application DOE 100A file must be saved as a PDF and renamed using the following naming convention:
  - 999\_ LINE Fund\_DOE100A.pdf.
  - Replace the number "999" with your agency grant number
- Application Narrative file must be renamed using the following naming convention:
  - 999\_ LINE Fund\_Narrative.docx.
  - Replace the number "999" with your agency grant number
- Application DOE 101S file must be renamed using the following naming convention:
  - 999\_ LINE Fund.xlsx
  - Replace the numbers "999" with your agency grant number
- Application Health Care Partner Certification Form file must be renamed using the following naming convention:
  - 999\_ LINE Fund\_Certification.docx.
  - Replace the numbers "999" with your agency grant number
- Project Performance Accountability Form file must be renamed using the following naming convention:
  - 999\_ LINE Fund\_PPAF.docx.
  - Replace the numbers "999" with your agency grant number
- Application Documentation of health care partner's contribution file(s) must be renamed using the following naming convention:
  - 999\_ LINE Fund\_Documentation.docx.
  - Replace the number "999" with your agency grant number

### **B. DOE 100A, Project Application Form**

Agency must complete the form and submit with a signature from the agency head or other authorized person. (See Attachment D.)

### **C. Required Narrative Components:**

Agency must complete each narrative component provided in the Application Narrative Section. Responses should be brief, clear and concise. Font must be Arial size 12. The maximum page limit for the Required Narrative Components (1-5) is twenty (20) pages.

### **D. DOE 101S, Budget Narrative Form**

Applicants must provide one DOE 101S, Budget Narrative Form, Account Title and Narrative. All funds being requested by the agency must be included on this form. See Attachment E for an example DOE 101S form.

### **E. Health Care Partner Certification Form**

Agency must complete the form and submit with a signature from an authorized officer at the partnering health care provider. (See Attachment F.)

### **F. Project Performance Accountability Form**

Agency must submit a Project Performance Accountability Form at the time of application submission. (See Attachment G.)

### **G. Documentation of Health Care Partner Contribution**

Documentation must indicate the cash amount the health care partner plans to contribute (“pledged”) or has contributed (“fulfilled”). If the contribution has been pledged but not been fulfilled at the time of application, acceptable documentation includes a scope of work, copies of irrevocable pledge letters, or letters of intent; the documentation must indicate the timeline for the fulfillment of the contribution. If the contribution has been pledged and fulfilled at the time of application, acceptable documentation includes financial statements, bank statements, budget reports, or bank letters that show the cash transaction(s).

### **Conditions for Acceptance**

The requirements listed below must be met for applications to be considered for review:

- 1) Notice of Intent to Apply – A Notice of Intent-to-Apply must be completed and submitted via email to LINE\_Fund@fldoe.org by September 15, 2022. The Notice of Intent-to-Apply form is located in Attachment C.
- 2) Application must include all required forms. The Application Criteria Review and Checklist (Attachment A) provides a list of all required forms.
- 3) All required forms must have the assigned TAPS Number included on the form.
- 4) All required forms have signatures by an authorized entity. FDOE will accept electronic signatures from the agency head in accordance with s. 668.50(2)(h), F.S.

- **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.**
  - An “electronic signature” means an electronic sound, symbol, or process attached to or logically associated with a record and executed or adopted by the person with the intent to sign the record.
  - FDOE will accept as an electronic signature a scanned or PDF copy of a hardcopy signature.
  - FDOE will also accept a typed signature, if the document is uploaded by the individual signing the document.

- 5) All application documents must be submitted electronically to LINE\_Fund@fldoe.org.

### **Method of Review**

Proposals that meet all state requirements are evaluated and scored according to the following process:

1. Each proposal meeting the conditions for acceptance is reviewed and scored by at least three qualified reviewers representing experienced educational professionals.
2. The Program Office ranks the proposals in order from highest to lowest score. The Department retains the discretion to select qualified applicants notwithstanding rank order.



3. DOE staff will review proposals for compliance with the programmatic and fiscal policies of the project.
4. All eligible recipients' applications will be evaluated for funding to determine that the eligible recipient plans to utilize the funds in accordance with Rule 6A-10.0352(5), F.A.C.
5. All eligible recipients' applications will be reviewed for approval by FDOE staff using the criteria specified in the Request for Proposal.
6. Awards are subject to the availability of funds.
7. Proposals with a final score of less than 70 points are not eligible for funding consideration.
8. The Department reserves the right to negotiate with all responsive applicants, serially or concurrently, to determine the best-suited solution. The ranking of the proposals indicates the perceived overall benefits of the application, but the Department retains the discretion to negotiate with other qualified applicants, as deemed appropriate.

# Attachments

A – Application Review Criteria and Checklist

B – Data to Determine Program Eligibility (9 pages)

C – Notice of Intent-to-Apply Form (2 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

**Linking Industry to Nursing Education (LINE) Fund  
APPLICATION REVIEW CRITERIA AND CHECKLIST  
TAPS# 23B123**

- **Place all items requested in the order indicated below.**
- Include only the items requested. (Do not include **Instructions** pages).
- Include this form in the application package.
- Eligible agencies must download the **LINE Fund** Application and submit all documents to FDOE via email to: **LINE\_Fund@fldoe.org**, by the deadlines outlined in the Request for Proposal.

Place in the following order	Item	DOE Staff Check appropriate box below	
		Complete	Incomplete
<b>1</b>	DOE 100A, Project Application (PDF) – with authorized signature		
<b>2</b>	<b>Narrative Section (Word)</b>		
	1) Project Abstract		
	2) Health Care Partnership		
	3) Purpose of Requested Funds		
	4) Job Placement - Graduates		
	5) Meeting Workplace Demand		
<b>3</b>	DOE 101S, Budget Narrative (Excel)		
<b>4</b>	Health Care Partner Certification Form (PDF)		
<b>5</b>	Project Performance Accountability Form (PDF)		
<b>6</b>	Documentation of health care partner's contribution		
<b>7</b>	Application Review Criteria and Checklist		



## Data to Determine Program Eligibility Linking Industry to Nursing Education (LINE) Fund

To be eligible for the LINE Fund, the following minimum performance standards are required for eligible school districts, Florida College System (FCS) institutions, and 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.

- For a certified nursing assistant program (CNA), a completion rate of at least 70 percent for the prior year.
- For a licensed practical nurse (LPN), associate of science in nursing (ASN), and bachelor of science in nursing (BSN) program, a first-time passage rate on the National Council of State Boards of Nursing Licensing Examination of at least 70 percent for the prior year.

To be eligible to apply, agencies must present data that demonstrates 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.

The following tables are provided as a resource for institutions to use to determine LINE Fund eligibility as required in the Notice of Intent-to-Apply Form. 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 2020 are provided. Agencies wishing to provide additional data to justify eligibility may do so in the Notice of Intent-to-Apply Form.

### School District Career Center and Charter Technical Centers

**Table 1. 2020-21 Completion Rate for 1st Time Students Enrolled in Certified Nursing Assistant Programs by District**

District #	District	School #	School Name	# of CNA Entrants (Cohort)	# of Completers (from Cohort)	Completion Rate (%)
09	CITRUS	0131	WITHLACOOCHEE TECHNICAL COLLEGE	*	*	100.0%
11	COLLIER	0281	LORENZO WALKER TECHNICAL COLLEGE	*	*	87.5%
14	DESOTO	0022	DESOTO COUNTY ADULT EDUCATION CENTER	*	*	75.0%
26	HENDRY	0062	CLEWISTON ADULT SCHOOL	*	*	87.5%
31	INDIAN RIVER	0032	TREASURE COAST TECHNICAL COLLEGE	11	9	81.8%
36	LEE	0541	FORT MYERS TECHNICAL COLLEGE	18	17	94.4%
36	LEE	0581	CAPE CORAL TECHNICAL COLLEGE	22	21	95.5%

District #	District	School #	School Name	# of CNA Entrants (Cohort)	# of Completers (from Cohort)	Completion Rate (%)
37	LEON	0361	LIVELY TECHNICAL COLLEGE	118	0	0.0%
42	MARION	9412	MARION TECHNICAL COLLEGE	13	12	92.3%
58	SARASOTA	0391	SUNCOAST TECHNICAL COLLEGE	30	26	86.7%
60	SUMTER	0191	SUMTER COUNTY ADULT CENTER	*	*	0.0%
61	SUWANNEE	0012	RIVEROAK TECHNICAL COLLEGE	23	22	95.7%

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 Fall of calendar year (CY) 2020 and were not found enrolled in the program in the Summer of CY 2020 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') in the program in Fall of CY 2020 or Spring of CY 2021.

Note on number of CNA Entrants and Completers: Values with a denominator of less than 10 are suppressed with (\*).

**Table 2. 2020 First-Time Passage Rates on National Council of State Boards of Nursing Licensing Examination, School District Career Centers and Charter Technical Centers**

District #	District	Institution	Address	Program Type	Passage Rates 2020
03	BAY	TOM P. HANEY TECHNICAL COLLEGE	3016 HIGHWAY 77 PANAMA CITY, FL 32405	LPN	78%
04	BRADFORD	NORTH FLORIDA TECHNICAL COLLEGE	609 N. ORANGE STREET STARKE, FL 32091	LPN	95%
06	BROWARD	ATLANTIC TECHNICAL COLLEGE	4700 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33063	LPN	79%
06	BROWARD	MCFATTER TECHNICAL COLLEGE	6500 NOVA DRIVE DAVIE, FL 33317	LPN	96%
06	BROWARD	SHERIDAN TECHNICAL COLLEGE	5400 SHERIDAN STREET HOLLYWOOD, FL 33021	LPN	75%
06	BROWARD	SHERIDAN TECHNICAL HIGH SCHOOL	5400 SHERIDAN STREET HOLLYWOOD, FL 33021	LPN	50%
08	CHARLOTTE	CHARLOTTE TECHNICAL COLLEGE	18150 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948	LPN	71%
09	CITRUS	WITHLACOOCHEE TECHNICAL COLLEGE	1201 W. MAIN STREET INVERNESS, FL 34450	LPN	80%
11	COLLIER	IMMOKALEE TECHNICAL COLLEGE	508 NORTH 9TH STREET IMMOKALEE, FL 34142	LPN	80%
11	COLLIER	LORENZO WALKER TECHNICAL COLLEGE	3702 ESTEY AVENUE NAPLES, FL 34104	LPN	51%
13	MIAMI-DADE	LINDSEY HOPKINS TECHNICAL COLLEGE	750 NW 20TH STREET MIAMI, FL 33127	LPN	83%

District #	District	Institution	Address	Program Type	Passage Rates 2020
13	MIAMI-DADE	MIAMI LAKES EDUCATIONAL CENTER AND TECHNICAL COLLEGE	2349 NW 175 STREET MIAMI GARDENS, FL 33056	LPN	59%
13	MIAMI-DADE	ROBERT MORGAN EDUCATIONAL CENTER and TECHNICAL COLLEGE	18180 SW 122 AVENUE MIAMI, FL 33177	LPN	76%
29	HILLSBOROUGH	ERWIN TECHNICAL COLLEGE	2010 E. HILLSBOROUGH AVE. TAMPA, FL 33610	LPN	81%
31	INDIAN RIVER	TREASURE COAST TECHNICAL COLLEGE	4680 28TH COURT VERO BEACH, FL 32967	LPN	100%
35	LAKE	LAKE TECHNICAL COLLEGE	2001 KURT STREET EUSTIS, FL 32726	LPN	90%
36	LEE	CAPE CORAL TECHNICAL COLLEGE	360 SANTA BARBARA BLVD. NORTH CAPE CORAL, FL 33993	LPN	100%
36	LEE	FORT MYERS TECHNICAL COLLEGE	3800 MICHIGAN AVENUE FORT MYERS, FL 33916	LPN	92%
37	LEON	LIVELY TECHNICAL CENTER	500 N. APLEYARD DRIVE BLDG # 15 TALLAHASSEE, FL 32304	LPN	71%
41	MANATEE	MANATEE TECHNICAL COLLEGE	5520 LAKEWOOD RANCH BLVD BRADENTON, FL 34211	LPN	80%
42	MARION	MARION TECHNICAL COLLEGE	1014 SW 7TH RD OCALA, FL 34471	LPN	95%
46	OKALOOSA	OKALOOSA TECHNICAL COLLEGE	1976 LEWIS TURNER BLVD FT WALTON BEACH, FL 32547	LPN	69%
48	ORANGE	ORANGE TECHNICAL COLLEGE - ORLANDO CAMPUS	301 WEST AMELIA STREET ORLANDO, FL 32801	LPN	83%
49	OSCEOLA	OSCEOLA TECHNICAL COLLEGE	501 SIMPSON RD KISSIMMEE, FL 34744	LPN	69%
52	PINELLAS	PINELLAS TECHNICAL COLLEGE - CLEARWATER	6100 154TH AVENUE NORTH CLEARWATER, FL 33760	LPN	82%
52	PINELLAS	PINELLAS TECHNICAL COLLEGE - ST. PETERSBURG	901 34TH STREET SOUTH SAINT PETERSBURG, FL 33711	LPN	79%
53	POLK	RIDGE TECHNICAL COLLEGE	7700 STATE ROAD 544 EAST WINTER HAVEN, FL 33881	LPN	83%
53	POLK	TRAVISS TECHNICAL COLLEGE	3225 WINTER LAKE ROAD LAKELAND, FL 33803	LPN	96%
55	ST. JOHNS	FIRST COAST TECHNICAL COLLEGE	2980 COLLINS AVE BUILDING D ST AUGUSTINE, FL 32084	LPN	95%

District #	District	Institution	Address	Program Type	Passage Rates 2020
57	SANTA ROSA	RADFORD M. LOCKLIN TECHNICAL COLLEGE	5330 BERRYHILL ROAD MILTON, FL 32570	LPN	92%
58	SARASOTA	SUNCOAST TECHNICAL COLLEGE	4748 BENEVA RD SARASOTA, FL 34233-1756	LPN	79%
58	SARASOTA	SUNCOAST TECHNICAL COLLEGE	4748 BENEVA ROAD SARASOTA, FL 34233	LPN	50%
61	SUWANNEE	RIVEROAK TECHNICAL COLLEGE	415 SW PINWOOD DRIVE LIVE OAK, FL 32064	LPN	78%
62	TAYLOR	BIG BEND TECHNICAL COLLEGE	3233 SOUTH BYRON BUTLER PARKWAY PERRY, FL 32348	LPN	78%
66	WALTON	EMERALD COAST TECHNICAL COLLEGE	761 NORTH 20TH STREET DEFUNIAK SPRINGS, FL 32433	LPN	71%
67	WASHINGTON	FLORIDA PANHANDLE TECHNICAL COLLEGE	757 HOYT STREET CHIPLEY, FL 32428	LPN	93%

Source: Florida Board of Nursing

## Florida College System

**Table 3. 2020-21 FCS Completion Rate for 1st Time Students Enrolled in Certified Nursing Assistant Programs by College**

FCS Name	# of CNA Entrants (Cohort)	# of Completers (from Cohort)	Completion Rate (%)
CHIPOLA COLLEGE	*	*	100%
FLORIDA STATE COLLEGE AT JACKSONVILLE	16	0	0%
INDIAN RIVER STATE COLLEGE	42	23	55%
PENSACOLA STATE COLLEGE	*	*	0%
ST. JOHNS RIVER STATE COLLEGE	*	*	83%
SANTA FE COLLEGE	*	*	0%
TALLAHASSEE COMMUNITY COLLEGE	11	10	91%

Source: Florida Department of Education

Note: 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) 2020 and were not found enrolled in the program in the Summer of CY 2020 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) in the program in the Fall of CY 2020 or Spring of CY 2021.

Note on number of CNA entrants and completers: Values with a denominator of less than 10 are suppressed with (\*).

**Table 4. 2020 First-Time Passage Rates on National Council of State Boards of Nursing Licensing Examination, Florida College System Institutions**

<b>Institution</b>	<b>Address</b>	<b>Program Type</b>	<b>Passage Rates 2020</b>
BROWARD COLLEGE	1000 COCONUT CREEK BLVD. COCONUT CREEK, FL 33066	ASN	95%
CHIPOLA COLLEGE	3094 INDIAN CIRCLE MARIANNA, FL 32446	ASN	77%
COLLEGE OF CENTRAL FLORIDA	3001 SW COLLEGE RD OCALA, FL 34474	ASN	88%
COLLEGE OF CENTRAL FLORIDA	3800 SOUTH LECANTO HWY LECANTO, FL 34461	ASN	100%
DAYTONA STATE COLLEGE	1200 W. INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114	LPN	84%
DAYTONA STATE COLLEGE- ADN	1200 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114	ASN	93%
EASTERN FLORIDA STATE COLLEGE	3865 NORTH WICKHAM ROAD BLDG # 15 MELBOURNE, FL 32935	ASN	80%
EASTERN FLORIDA STATE COLLEGE	3865 NORTH WICKHAM ROAD BLDG # 15 MELBOURNE, FL 32935	LPN	95%
FLORIDA GATEWAY COLLEGE	149 SE COLLEGE PLACE LAKE CITY, FL 32025	LPN	100%
FLORIDA GATEWAY COLLEGE ASSOCIATE IN SCIENCE DEGREE NURSING PROG	149 SE COLLEGE PLACE LAKE CITY, FL 32025	ASN	78%
FLORIDA SOUTHWESTERN STATE COLLEGE	8099 COLLEGE PARKWAY FORT MYERS, FL 33919	ASN	76%
FLORIDA STATE COLLEGE AT JACKSONVILLE	4501 CAPPER ROAD JACKSONVILLE, FL 32218	LPN	94%
FLORIDA STATE COLLEGE AT JACKSONVILLE- NURSING	4501 CAPPER ROAD JACKSONVILLE, FL 32218	ASN	88%
GULF COAST STATE COLLEGE	5230 WEST HIGHWAY 98 PANAMA CITY, FL 32401	ASN	87%
GULF COAST STATE COLLEGE - GULF FRANKLIN CENTER	3800 GARRISON AVE PORT ST. JOE, FL 32456	LPN	82%
HILLSBOROUGH COMMUNITY COLLEGE	1206 N PARK ROAD PLANT CITY, FL 33563	ASN	85%
INDIAN RIVER STATE COLLEGE	3209 VIRGINIA AVENUE FT PIERCE, FL 34981	ASN	93%
INDIAN RIVER STATE COLLEGE - PN	3209 VIRGINIA AVE FORT PIERCE, FL 34981	LPN	86%
LAKE-SUMTER STATE COLLEGE	9501 US HWY 441 LEESBURG, FL 34788	ASN	95%
MIAMI DADE COLLEGE- SCHOOL OF NURSING-ADN	950 NW 20TH STREET MIAMI, FL 33127	ASN	83%
NORTH FLORIDA COLLEGE	325 NW TURNER DAVIS DRIVE MADISON, FL 32340	ASN	89%
NORTH FLORIDA COLLEGE	325 NW TURNER DAVIS DRIVE MADISON, FL 32340	LPN	80%



<b>Institution</b>	<b>Address</b>	<b>Program Type</b>	<b>Passage Rates 2020</b>
NORTHWEST FLORIDA STATE COLLEGE-ADN	100 COLLEGE BLVD NICEVILLE, FL 32578	ASN	90%
PALM BEACH STATE COLLEGE-ADN	1977 SW COLLEGE DR BELLE GLADE, FL 33430	ASN	82%
PALM BEACH STATE COLLEGE-ADN	4200 CONGRESS AVE. MS #31 LAKE WORTH, FL 33461	ASN	88%
PALM BEACH STATE COLLEGE-LPN	4200 S. CONGRESS AVE LAKE WORTH, FL 33461	LPN	79%
PASCO-HERNANDO STATE COLLEGE	10230 RIDGE ROAD NEW PORT RICHEY, FL 34654	ASN	96%
PASCO-HERNANDO STATE COLLEGE	10230 RIDGE ROAD NEW PORT RICHEY, FL 34654	LPN	97%
PENSACOLA STATE COLLEGE	5555 WEST HIGHWAY 98 PENSACOLA, FL 32507	ASN	73%
PENSACOLA STATE COLLEGE	5555 WEST HIGHWAY 98 PENSACOLA, FL 32507	LPN	75%
POLK STATE COLLEGE-ADN	999 AVENUE H N.E. WINTER HAVEN, FL 33881	ASN	96%
SANTA FE COLLEGE	3000 NW 83RD STREET W201 GAINESVILLE, FL 32606	ASN	93%
SANTA FE COLLEGE	3000 NW 83RD STREET W201 J GAINESVILLE, FL 32606	LPN	86%
SEMINOLE STATE COLLEGE OF FLORIDA	850 SOUTH STATE ROAD 434 ALTAMONTE SPRINGS, FL 32714	ASN	97%
SOUTH FLORIDA STATE COLLEGE	600 WEST COLLEGE DRIVE AVON PARK, FL 33825	ASN	91%
SOUTH FLORIDA STATE COLLEGE	600 WEST COLLEGE DRIVE AVON PARK, FL 33825	LPN	80%
ST. JOHNS RIVER STATE COLLEGE	5001 ST. JOHNS AVENUE PALATKA, FL 32177	ASN	83%
ST. JOHNS RIVER STATE COLLEGE	5001 ST JOHNS AVENUE PALATKA, FL 32177	LPN	83%
ST. PETERSBURG COLLEGE	P.O. BOX 13489 SAINT PETERSBURG, FL 33733	ASN	93%
STATE COLLEGE OF FLORIDA	5840 26th STREET WEST BRADENTON, FL 34207	ASN	99%
TALLAHASSEE COMMUNITY COLLEGE	1528 SURGEONS DRIVE TALLAHASSEE, FL 32308	ASN	93%
THE COLLEGE OF THE FLORIDA KEYS	5901 COLLEGE ROAD KEY WEST, FL 33040	ASN	82%
VALENCIA COLLEGE - ADN	1800 SOUTH KIRKMAN ROAD ORLANDO, FL 32811	ASN	91%

Source: Florida Board of Nursing

## Independent Colleges and Universities of Florida Member Institutions

*Table 5. 2020 First-Time Passage Rates on National Council of State Boards of Nursing Licensing Examination, Independent Colleges and Universities of Florida Member Institutions*

Institution	Address	Program Type	Passage Rates 2020
ADVENTHEALTH UNIVERSITY	671 WINYAH DRIVE ORLANDO, FL 32803	BSN	87%
AVE MARIA UNIVERSITY	5050 AVE MARIA BOULEVARD AVE MARIA, FL 34142	BSN	94%
BARRY UNIVERSITY COLLEGE OF NURSING AND HEALTH SCIENCES	11300 N.E. SECOND AVENUE MIAMI SHORES, FL 33161	BSN	90%
BETHUNE-COOKMAN UNIVERSITY - BSN	640 DR. MARY MCLEOD BETHUNE BLVD DAYTONA BEACH, FL 32114	BSN	94%
FLORIDA SOUTHERN COLLEGE	111 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33801	BSN	95%
HODGES UNIVERSITY	4501 COLONIAL BLVD FORT MYERS, FL 33966	BSN	80%
JACKSONVILLE UNIVERSITY - BSN	2800 UNIVERSITY BLVD. NORTH JACKSONVILLE, FL 32211	BSN	93%
KEISER UNIVERSITY	16120 US HIGHWAY 19 NORTH CLEARWATER, FL 33764	ASN	75%
KEISER UNIVERSITY	1800 BUSINESS PARK BLVD DAYTONA BEACH, FL 32114	ASN	73%
KEISER UNIVERSITY	9100 FORUM CORPORATE PARKWAY FORT MYERS, FL 33905	BSN	94%
KEISER UNIVERSITY - FLAGSHIP CAMPUS	2600 NORTH MILITARY TRAIL WEST PALM BEACH, FL 33409	BSN	100%
KEISER UNIVERSITY - NEW PORT RICHEY	6300 US HIGHWAY 19 NORTH NEW PORT RICHEY, FL 34652	ASN	82%
KEISER UNIVERSITY - ORLANDO CAMPUS	5600 LAKE UNDERHILL ROAD ORLANDO, FL 32807	BSN	91%
KEISER UNIVERSITY - PORT SAINT LUCIE	9400 SW DISCOVERY WAY PORT SAINT LUCIE, FL 34987	ASN	96%
KEISER UNIVERSITY - PORT ST. LUCIE CAMPUS	9400 SW DISCOVERY WAY PORT SAINT LUCIE, FL 34987	BSN	85%
KEISER UNIVERSITY - SARASOTA	6151 LAKE OSPREY DRIVE SARASOTA, FL 34240	BSN	84%
KEISER UNIVERSITY - WEST PALM BEACH CAMPUS	2085 VISTA PARKWAY WEST PALM BEACH, FL 33411	BSN	75%
KEISER UNIVERSITY- FORT LAUDERDALE-ADN	1500 NW 49TH STREET FORT LAUDERDALE, FL 33309	ASN	85%
KEISER UNIVERSITY- JACKSONVILLE-ADN	6430 SOUTHPOINT PKWY JACKSONVILLE, FL 32216	ASN	70%
KEISER UNIVERSITY- MELBOURNE CAMPUS-ADN	900 SOUTH BABCOCK STREET MELBOURNE, FL 32901	ASN	85%
KEISER UNIVERSITY- MIAMI-ADN	2101 NW 117 AVENUE MIAMI, FL 33172	ASN	88%

<b>Institution</b>	<b>Address</b>	<b>Program Type</b>	<b>Passage Rates 2020</b>
KEISER UNIVERSITY- TAMPA	5002 W. WEST WATERS AVENUE TAMPA, FL 33634	ASN	88%
KEISER UNIVERSITY- WPB-ADN	2085 VISTA PARKWAY WEST PALM BEACH, FL 33411	ASN	88%
KEISER UNIVERSITY-ADN	5600 LAKE UNDERHILL ROAD ORLANDO, FL 32807	ASN	85%
KEISER UNIVERSITY-FT. LAUDERDALE	1500 NW 49TH STREET FORT LAUDERDALE, FL 33309	BSN	82%
KEISER UNIVERSITY- LAKELAND	2400 INTERSTATE DRIVE LAKELAND, FL 33805	ASN	98%
KEISER UNIVERSITY- SARASOTA CAMPUS-ADN	6151 LAKE OSPREY DRIVE SARASOTA, FL 34240	ASN	94%
KEISER UNIVERSITY- TALLAHASSEE-ADN	1700 HALSTEAD BLVD TALLAHASSEE, FL 32309	ASN	91%
NOVA SOUTHEASTERN UNIVERSITY	8585 SW 124TH AVENUE MIAMI, FL 33186	BSN	86%
NOVA SOUTHEASTERN UNIVERSITY - BSN	3200 SOUTH UNIVERSITY DRIVE 5TH FLOOR FORT LAUDERDALE, FL 33328	BSN	80%
NOVA SOUTHEASTERN UNIVERSITY - BSN	3650 COLONIAL COURT FORT MYERS, FL 33913	BSN	84%
SOUTHEASTERN UNIVERSITY	1000 LONGFELLOW BLVD LAKELAND, FL 33801	BSN	84%
ST. THOMAS UNIVERSITY	16401 NW 37TH AVE MIAMI GARDENS, FL 33054	BSN	54%
UNIVERSITY OF MIAMI - BSN	5030 BRUNSON DRIVE CORAL GABLES, FL 33124	BSN	95%
UNIVERSITY OF TAMPA	401 WEST KENNEDY BLVD TAMPA, FL 33606	BSN	96%
NOVA SOUTHEASTERN UNIVERSITY	8585 SW 124TH AVENUE MIAMI, FL 33186	BSN	86%
NOVA SOUTHEASTERN UNIVERSITY - BSN	3200 SOUTH UNIVERSITY DRIVE 5TH FLOOR FORT LAUDERDALE, FL 33328	BSN	80%
NOVA SOUTHEASTERN UNIVERSITY - BSN	3650 COLONIAL COURT FORT MYERS, FL 33913	BSN	84%
SOUTHEASTERN UNIVERSITY	1000 LONGFELLOW BLVD LAKELAND, FL 33801	BSN	84%
ST. THOMAS UNIVERSITY	16401 NW 37TH AVE MIAMI GARDENS, FL 33054	BSN	54%
UNIVERSITY OF MIAMI - BSN	5030 BRUNSON DRIVE CORAL GABLES, FL 33124	BSN	95%
UNIVERSITY OF TAMPA	401 WEST KENNEDY BLVD TAMPA, FL 33606	BSN	96%

Source: Florida Board of Nursing

## Commission for Independent Education Licensed Institutions

*Table 6. 2020 First-Time Passage Rates on National Council of State Boards of Nursing Licensing Examination, Commission for Independent Education-Licensed Institutions*

Institution	Address	Program Type	Passage Rates 2020
ACADEMY FOR NURSING AND HEALTH OCCUPATIONS	5154 OKEECHOBEE BLVD. SUITE 201 WEST PALM BCH, FL 33417	ASN	75%
ACADEMY FOR NURSING AND HEALTH OCCUPATIONS	5154 OKEECHOBEE BLVD SUITE 201 WEST PALM BCH, FL 33417	LPN	88%
BETHESDA COLLEGE OF HEALTH SCIENCES	3800 S. CONGRESS AVENUE Suite 9 BOYNTON BEACH, FL 33426	ASN	89%
HERZING UNIVERSITY	1865 S.R. 436 WINTER PARK, FL 32792	BSN	94%
HERZING UNIVERSITY	1865 S.R. 436 WINTER PARK, FL 32792	LPN	84%
HERZING UNIVERSITY-ADN	1865 SR 436 WINTER PARK, FL 32792	ASN	87%

*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 15, 2022**. 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"/> Commission for Independent Education member	
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: \$

### Part II – Evidence of eligibility based on minimum performance standards

To be eligible for the LINE Fund, the following minimum performance standards are required for eligible school districts, Florida College System (FCS) institutions, and 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.

- For a certified nursing assistant program (CNA), a completion rate of at least 70 percent for the prior year.
- For a licensed practical nurse (LPN), associate of science in nursing (ASN), and bachelor of science in nursing (BSN) program, a first-time passage rate on the National Council of State Boards of Nursing Licensing Examination of at least 70 percent for the prior year.

To be eligible to apply, agencies must present data that demonstrates 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 for agencies to use 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 2020 are included. Agencies that reference the Attachment B tables are not required to provide additional documentation.

Agencies wishing to provide alternative data to justify eligibility may do so when submitting this form. In addition to providing the rates in the tables below, agencies should provide a detailed description of the methodology used to arrive at the data provided. The department will review all information provided and will determine whether the criteria provided meet the performance metrics requirements outlined in s. 1009.8962, F.S. Agencies will be notified via email of the outcome of their eligibility within 10 business days.

Does your agency have an active certified nursing assistant program? (Mark with X)	Yes ___ No ___
If yes, what is the completion rate for the most recent reporting year?	
Data Source	Attachment B ___ Other (Please specify and provide documentation) ___

	<b>Licensed Practical Nursing</b>	<b>Associate in Science in Nursing</b>	<b>BSN (Pre-licensure only)</b>
Does your agency have an active program? (Mark with X)	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
If yes, what is the first-time passage rate on the National Council of State Boards of Nursing Licensing Examination for 2020?			
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 an application 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

<b>Please return to:</b>  Florida Department of Education  Submit application and all documents to FDOE via email: <b>LINE_Fund@fldoe.org</b>	<b>A) Program Name:</b>  <b>Linking Industry to Nursing Education (LINE) Fund</b>  <b>TAPS NUMBER: 23B123</b>	<b>DOE USE ONLY</b>  Date Received
<b>B) Name and Address of Eligible Applicant:</b>		<b>Project Number (DOE Assigned)</b>
<b>C) Total Funds Requested:</b>  \$  <hr style="width: 20%; margin: 10px auto;"/>  <i>DOE USE ONLY</i>  <b>Total Approved Project:</b>	<b>D) Applicant Contact &amp; Business Information</b>	
Contact Name:		Telephone Numbers:
Fiscal Contact Name:		E-mail Addresses:
Mailing Address:		UEI number:
Physical/Facility Address:		FEIN number:
<b>CERTIFICATION</b>		
<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>		
<b>E)</b>	_____ 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 regarding 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: \_\_\_\_\_ **#23B123** \_\_\_\_\_

**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
####	###	<b>Student Scholarships:</b> Scholarships to eligible students; may cover tuition, course fees, exam fees, and other approved costs for approved nursing programs.		\$200,000	
####	###	<b>Instructional Equipment:</b> Purchase of one (1) simulation center, to be used by students in eligible ASN program.		\$305,850	
####	###	<b>Salaries:</b> 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.	2.0	\$100,000	
####	###	<b>Retirement:</b>		\$11,500	
####	###	<b>FICA:</b>		\$6,200	
####	###	<b>Medicare:</b>		\$1,450	
####	###	<b>Health/Life:</b>		\$25,000	
			<b>Total</b>	<b>\$650,000</b>	
<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 application 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 application. 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 application 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 member
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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 application**  
**(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

<b>Scope of Work Tasks/Activities</b>	<b>Deliverables</b>	<b>Evidence (verification)</b>	<b>Due Date (completion)</b>	<b>Unit Cost</b>
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"> <li>• Grant Activity Summary Report</li> <li>• DOE399 (FDOE Project Disbursement Report)</li> </ul>	Quarterly Fiscal and Performance Reports: <ul style="list-style-type: none"> <li>• October 15, 2022</li> <li>• January 15, 2023</li> <li>• April 15, 2023</li> <li>• July 15, 2023</li> </ul>	<ul style="list-style-type: none"> <li>• Cost reimbursement</li> <li>• Agencies will provide a DOE399 to validate the actual cost</li> </ul>