Concept Proposal Part 1: Narrative

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

# Applicant Information

## Submitter Information

Complete the following table with applicant and fiscal agent information for this proposal. Information on specific schools included in the application will be included in the Concept Proposal Part 2: Workbook.

## Applicant Information

|  |
| --- |
| **Fiscal Agent: School District or FCS Institution Name** |
|  |
| **If a charter school is applying separately from a district application, provide Charter District/School Name \*** |
|  |
| **Counties Served by the Institution** |
|  |
| **\*If a charter district is applying for multiple schools, see Part 2 to provide details. If a charter district has school charters in different districts, a separate application must be received for each fiscal agent.** |

## School Districts (9-12 projects) only – Required Charter School Information

* If your district does have charter schools, complete ***Attachment 1: Charter Schools Contact Verification Chart***
* If charter schools are included in this concept proposal, complete ***Attachment 2: Supplemental Narrative for Charter Schools Contact for Questions*** about the Concept Proposal.

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

## Estimated Program Completion Date (check one box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **June 30, 2026** |  | **June 30, 2027** |  | **June 30, 2028** |

## Funding Summary

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

Executive Summary and Business Case

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| **Provide a brief executive summary of your concept proposal and how funds will be used to expand opportunities for high school students in your region or statewide. (1,000-word limit)** |
| The executive summary must address:   * How programs and the needs in your region were identified (e.g., your Perkins CLNA process, consultation with employers, workforce partners) * How external workforce partners contributed to the determination of priorities * Linkages of programs to the targeted industry (if applicable) and total funds requested for each program listed. |
|  |
| ***DO NOT EXCEED TWO PAGES – 1,000 WORDS*** |

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

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

# Project Deliverable Schedule

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

Notes:

1. Do not alter this table in any form, use the designated space to enter your agency information. If working with multiple sites, enter milestones in chronological order for the project, do not separate by site/district/charter.
2. Upon recommendation for funding, the milestones with specific associated costs will be submitted in response to the Request for Application.

|  |  |  |
| --- | --- | --- |
| **Milestone** | **Description of Activities to Meet Milestone** | **Completion date for the milestone** |
| **Example 1: Procurement** | **General contractor will complete – the submittals/approvals/ procurement process.**  **999 Agency – ABC Location – XYZ Program** | **11/30/2025** |
| **Example 2: Instructor training** | **Instructors will receive specialized training on new equipment as they prepare to teach this program.** | **04/30/2026** |
| **Example 3: Install laboratory equipment and required software** | **Delivery of computers, laboratory equipment and classroom supplies.** | **04/30/2026** |
| **Example 4: New or expanded program start date** | **Begin classes for the first-level courses ABC, ZXY** | **08/15/2026** |
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| ***If needed, insert additional rows above this one*** | | |

# Assurances

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

* The agency understands that the grant is a one-time, non-recurring grant to be used to create or expand eligible programs.
* The agency has evaluated the funding sources for purchasing equipment. The amount received from this grant may be combined with other sources, but it must supplement and not supplant.
* 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 fiscal agent is an authorizer for charter schools, the eligible charter schools have been contacted regarding the availability of these funds and have been permitted to participate in the application.
* The agency agrees to comply with all applicable rules for the expenditure of state funds as well as any conditions in the Request for Application upon award.

**Attachment 1**

# Charter Schools Contact Verification Chart

In this table, provide a list of all charter schools chartered within your school district that serve students eligible for enrollment in 9-12 CTE programs. Include the name of the charter school, the name of the charter school representative your agency contacted regarding this funding opportunity, the district representative responsible for communication, and the date of contact.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Charter school name** | | **Charter school representative contacted** | | **District person responsible for communication** | **Is the charter school seeking CAP Grant funding?** | **If seeking funding, has the school district included their proposal in the funding packet? If not included, explain why the proposal was not included in the funding packet.** | **Date of contact** |
| **Ex. Atlantic Charter High School** | | **James Wilson** | | **Olivia Jackson** | **Yes** | **Yes** | **07/15/2025** |
| **Ex. Gulf Charter High School** | | **James Wilson** | | **Olivia Jackson** | **Yes** | **No, the charter school is applying separately.** | **07/15/2025** |
| **Ex. River Charter High School** | | **James Wilson** | | **Olivia Jackson** | **No** | **Non-applicable.** | **07/15/2025** |
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Signature of Superintendent Date

**Attachment 2**

# Supplemental Narrative for Charter Schools

In the following tables, please provide the charter school name, contact information, program summaries and requested funds. Complete this form for each charter school mentioned in your agency’s concept proposal.

## Eligible Charter Information

|  |  |
| --- | --- |
| **Charter School Name** |  |

## Contact for Questions about the Concept Proposal

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

**Summary of Programs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Name** | | **School Address** | **Program Name** | **Funds Requested** |
| **Example: Atlantic Charter High School** | | **204 Atlantic Blvd. Atlantic Beach, FL 32233** | **Veterinary Assisting** | **$40,000** |
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## Funding Summary

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