

## 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](mailto:LINE_Fund@fldoe.org) by **September 10, 2024**. Eligible organizations that file a Notice of Intent-to-Apply are not required to apply.

### Part I – Intent to submit proposal

*Please print or type*

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

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

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

**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 that are either 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 or that has an accredited program as defined in s. 464.003 and is located in this state and licensed by the Commission for Independent Education.

- 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 75 percent for the prior year based on a minimum of 10 testing participants.

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

Please refer to the tables provided in Attachment B as a resource 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 2023 are included. Agencies that reference the Attachment B tables are not required to provide additional documentation.

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

Agencies wishing to provide alternative data to justify eligibility must 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 that do not meet eligibility criteria will be notified via email 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, did at least 10 students from your program take the			

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_