

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

#### **Bureau / Office**

Division of Florida Colleges

#### **TAPS Number**

TAPS# 25A307

#### **Program Name**

Linking Industry to Nursing Education (LINE) Fund

#### **Specific Funding Authority**

2024 General Appropriation Line Item #129

#### **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-for-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 \$29,000,000

Ψ23,000,000

#### Type of Award

**Discretionary Competitive** 

#### **Budget / Program Performance Period**

July 1, 2024, through June 30, 2025

Pre-award costs are authorized for any allowable expenditure incurred on or after July 1, 2024.

#### **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 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.
- Independent schools, colleges, or universities with an accredited program as defined in s. 464.003 which is located in this state and licensed by the Commission for Independent Education pursuant to s. 1005.31.

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 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 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 wishing to provide alternative data to justify eligibility must do so when submitting the Notice of Intent-to-Apply.

Note: 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.

#### **Application Due Date**

Thursday, October 10, 2024 no later than 11:59 pm (EDT)

Eligible Applicant(s) must upload all proposal documents via the Florida Department of Education ShareFile, no later than 11:59 pm (EDT). Once an agency submits a Notice of Intent-to-Apply, they will be granted access to the ShareFile account. All required proposal documents must be uploaded to this ShareFile by the Application Due Date listed above.

#### Notice of Intent-to-Apply

A Notice of Intent-to-Apply form must be completed and signed by an authorized agency official and submitted to LINE\_Fund@fldoe.org by **Tuesday**, **September 10**, **2024**, **no later than 11:59 pm** (**EDT**).

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 must do so when submitting the Notice of Intent-to-Apply. 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.

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

#### **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-for-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(I)(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.
  - o 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-for-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 10, 2024. Additionally, in the proposal 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 proposal 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 proposal submission. However, if the contribution has not yet been received, a pledge, signed by the health care partner, will be required with the proposal 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 October 25, 2024, 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 proposal. The Department will notify agencies of the approved proposals and award amounts. The Department will release funds to agencies on a dollarfor-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**

Clifford Humphrey Executive Vice Chancellor (850)245-9903

Clifford.Humphrey@fldoe.org

#### **Grants Management Contact**

Paula Starling Director of Grants Management 850-245-0711

Paula.Starling@fldoe.org

Lorie Smith Program Coordinator for Academic and Student Affairs (850)245-9848 Lorie.Smith1@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: <a href="https://cfo.gov/cofar">https://cfo.gov/cofar</a>.

#### 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 the form. The DOE found to 610 form may be 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: <a href="https://portal.fldoesso.org/PORTAL/Sign-On/SSO-Home.aspx">https://portal.fldoesso.org/PORTAL/Sign-On/SSO-Home.aspx</a>

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

#### **Funding Method**

#### 1. Quarterly Advance to Public Entity

For quarterly advances of non-federal funding to state agencies and local educational agencies (LEAs) made in accordance with the authority of the General Appropriations Act. Disbursements must be documented and reported to DOE at the end of the project period. The recipient must have detailed documentation supporting all requests for advances and disbursements that are reported on the final DOE financial report.

The 2024 General Appropriations Act allows institutions to receive a portion of their total awarded LINE funds upon issuance of a project award notification. In accordance with s. 1009.8962, F.S., 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). All documentation must be submitted to LINE Fund@fldoe.org.

#### 2. Reimbursement with Performance - Non-Public Entities

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 <a href="http://www.fldoe.org/finance/contracts-grants-procurement/grants-management/project-application-amendment-procedur.stml">http://www.fldoe.org/finance/contracts-grants-procurement/grants-management/project-application-amendment-procedur.stml</a>.

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, 2024.

#### **Unallowable Expenses**

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

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 a comprehensive 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 <a href="https://www2.ed.gov/policy/fund/reg/edgarReg/edgar.html">https://www2.ed.gov/policy/fund/reg/edgarReg/edgar.html</a> and the Reference Guide for State Expenditures, which may be found at <a href="https://myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/state-agencies/referenceguideforstateexpenditures.pdf?sfvrsn=fc1c5555">https://myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/state-agencies/referenceguideforstateexpenditures.pdf?sfvrsn=fc1c5555</a>

#### **Equipment Purchases**

Any equipment purchased under this program must follow the Uniform Grants Guidance found at <a href="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</a> or the Reference Guide for State Expenditures, <a href="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</a>

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.

#### <u>Administrative Costs Including Indirect Costs</u>

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 proposal'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

#### 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 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 10, 2024. 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 submit a proposal.

#### **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: <a href="https://www.fldoe.org/academics/career-adult-edu/funding-opportunities/linefund">https://www.fldoe.org/academics/career-adult-edu/funding-opportunities/linefund</a>.

Responses to questions received by **September 10, 2024,** will be posted for all agencies to view.

#### **Reporting Outcomes**

#### **Quarterly Reports**

Agencies must submit quarterly reports by the following dates:

- January 15, 2025
- April 15, 2025
- July 15, 2025

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 that were awarded LINE funds in the 2023-24 fiscal year must submit an annual report by February 1, 2025.

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 Office of Reimagining Education and Career Help pursuant to Section 14.36(3)(1), 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 Proposal and Completing the Proposal Narrative

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

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 <u>minimum</u> score of 70 points required for a proposal to be considered eligible for funding.

For a list of <u>all items</u> to be included in the proposal package, please see the **Proposal Review** Criteria and Checklist in the Attachments section.

#### PROPOSAL NARRATIVE SECTION

#### <u>Instructions for Completing the Narrative Information</u>

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

- 1. <u>Before</u> inserting any text or information into the Proposal Narrative Section, forms and charts, <u>save</u> the pages/charts in Word on your computer.
  - Use size 12-point font.
  - Responses should be brief, clear and concise.
- 2. <u>Place all proposal items in the order specified</u> in the **Proposal Checklist** (Refer to the last page of this RFP document).
- 3. Eligible agencies must download the **LINE Fund Proposal** and submit all documents via the Florida Department of Education ShareFile. Agencies will receive access to this ShareFile after submitting a Notice of Intent-to-Apply.
- 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 **Proposal Narrative** Components Section.

1. <u>Project Abstract</u> <u>10</u> Points

A. Complete the following chart for the proposed project.

Agency Name:	
Agency Type: (Mark	School district
with X)	Florida College System institution
	Independent Colleges and Universities of Florida member
	Commission for Independent Education licensee
Agency's Active	Certified Nursing Assistant (CNA)
Programs (Mark with X)	Licensed Practical Nursing (LPN)
	Associate in Science in Nursing (ASN)
	Bachelor of Science in Nursing (BSN) (Pre-licensure)
Amount (\$) of Funds Requesting	
Basis for Eligibility	Completion rate of 70 percent or higher for a CNA program
Based on Intent-to- Apply (Mark with X	NCLEX passage rate of 75 percent or higher for a pre-licensure LPN, ASN, or BSN program (based on a minimum of 10 testing
all that apply)	participants)

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

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

#### Criteria

• The collaborative partnership for developing and implementing the project is 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.

Cost Categories	Outcome	Expended Funds	Quarter(s) Completed
EXAMPLE:			
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			
Total Funds			

#### 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 for the proposed project.
- The justifications for expenditures are reasonable, clearly explained and align with the intent of this project.

#### **Local Proposal 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 proposal to FDOE:

Agencies must submit all documents to FDOE via the Florida Department of Education ShareFile according to the following naming conventions:

- Proposal 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
- Proposal Narrative file must be renamed using the following naming convention:
  - 999 LINE Fund Narrative.docx.
  - Replace the number "999" with your agency grant number
- Proposal DOE 101S file must be renamed using the following naming convention:
  - 999 LINE Fund.xlsx
  - Replace the numbers "999" with your agency grant number
- Proposal 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
- Proposal 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 Proposal 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 proposal 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 proposal, 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 proposal, 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 proposals 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 10, 2024. The Notice of Intent-to-Apply form is located in Attachment C.
- 2) Proposal must include all required forms. The Proposal 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: Proposals 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 proposal 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 proposal documents must be submitted electronically to the Florida Department of Education ShareFile.

#### 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' proposals 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' proposals 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 proposal, but the Department retains the discretion to negotiate with other qualified applicants, as deemed appropriate.

# **Attachments**

- A Proposal Review Criteria and Checklist (Informational Only)
- B Data to Determine Program Eligibility (6 pages)
- C Notice of Intent-to-Apply Form (3 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

#### **INFORMATIONAL ONLY**

# Linking Industry to Nursing Education (LINE) Fund PROPOSAL REVIEW CRITERIA AND CHECKLIST TAPS# 25A307

This checklist is to serve as a resource when compiling your proposal materials – this checklist does not need to be submitted with your proposal.

#### Submission reminders:

- Submit only the items requested (do not include **Instructions** pages).
- Eligible agencies must download the **LINE Fund Proposal** and submit all documents to FDOE via the FDOE ShareFile by the deadline outlined in the Request for Proposal.

	Item
1	DOE 100A, Project Application (PDF) – with authorized signature
	Narrative Section (Word)
2	1) Project Abstract
	2) Health Care Partnership
	3) Purpose of Requested Funds
	4) Job Placement - Graduates
	5) Meeting Workplace Demand
3	DOE 101S, Budget Narrative (Excel)
4	Health Care Partner Certification Form (PDF)
5	Project Performance Accountability Form (PDF)
6	Documentation of health care partner's contribution



# 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, 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, or an independent school, college, or university with an accredited program as defied in s. 464.003 F.S. which 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.

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 2023 are provided. At the time of proposal, private postsecondary institutions listed must also certify they are 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 has an accredited program as defined in s. 464.003. F.S. which is located in in this state and licensed by the Commission for Independent Education pursuant to s. 1005.31. Agencies wishing to provide additional data to justify eligibility must do so in the Notice of Intent-to-Apply Form.

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 below. An agency may submit data demonstrating a performance metric has been met for that year.

#### **School District Career Center and Charter Technical Centers**

Table 1. 2022-23 Completion Rate for 1st Time Students Enrolled in Certified Nursing Assistant Programs by District

District	School Name	Cohort of CNA Entrants	Completers from Cohort	Completion Rate
BAKER	BAKER COUNTY ADULT CENTER	11	10	90.9%
IDESOTO	DESOTO COUNTY ADULT EDUCATION CENTER	*	*	*
FLAGLER	FLAGLER TECHNICAL COLLEGE	13	10	76.9%

District	School Name	Cohort of CNA Entrants	Completers from Cohort	Completion Rate
HENDRY	CLEWISTON ADULT SCHOOL	*	*	*
INDIAN RIVER	TREASURE COAST TECHNICAL COLLEGE	10	10	100%
LEE	FORT MYERS TECHNICAL COLLEGE	13	11	84.6%
LEE	CAPE CORAL TECHNICAL COLLEGE	16	15	93.8%
LEON	LIVELY TECHNICAL COLLEGE	75	13	18.7%
MARION	MARION TECHNICAL COLLEGE	14	12	85.7%
MIAMI-DADE	NORTH MIAMI SENIOR ADULT EDUCATION	13	0	0.0%
MIAMI-DADE	SOUTH DADE TECHNICAL COLLEGE	23	0	0.0%
ORANGE	ORANGE TECHNICAL COLLEGE	10	9	90%
SARASOTA	SUNCOAST TECHNICAL COLLEGE	18	16	88.9%
SUMTER	SUMTER COUNTY ADULT CENTER	*	*	*
SUWANNEE	RIVEROAK TECHNICAL COLLEGE	12	8	66.7%

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 the Fall of calendar year (CY) 2022 and were not found enrolled in the program in the Summer of CY 2022 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'). Students are counted as earning an industry certification if they are found with an industry certification outcome = 'P' for the industry certification number FDMQA002 (Data Element 140500 and 140462, respectively). Total Completions represents an unduplicated count of students who were found as either a completer or industry certification earner in the Fall of CY 2022 or Spring of CY 2023. Data are masked for cohorts with less than five students to protect student privacy.

Table 2. 2023 First-Time Passage Rates on National Council of State Boards of Nursing Licensing Examination,

School District Career Centers and Charter Technical Centers

District	School Name	LPN 2023 Passage Rates
BAY	TOM P. HANEY TECHNICAL COLLEGE	83.33%
BRADFORD	NORTH FLORIDA TECHNICAL COLLEGE	100.00%
BROWARD	ATLANTIC TECHNICAL COLLEGE	97.96%
BROWARD	MCFATTER TECHNICAL COLLEGE	88.57%
BROWARD	SHERIDAN TECHNICAL COLLEGE	90.20%
CHARLOTTE	CHARLOTTE TECHNICAL COLLEGE	92.31%
CITRUS	WITHLACOOCHEE TECHNICAL COLLEGE	100.00%
COLLIER	IMMOKALEE TECHNICAL COLLEGE	90.00%
COLLIER	LORENZO WALKER TECHNICAL COLLEGE	94.87%
GADSDEN	GADSDEN TECHNICAL INSTITUTE	66.67%
HILLSBOROUGH	ERWIN TECHNICAL COLLEGE	85.19%
INDIAN RIVER	TREASURE COAST TECHNICAL COLLEGE	94.74%
LAKE	LAKE TECHNICAL COLLEGE	82.00%
LEE	CAPE CORAL TECHNICAL COLLEGE	100.00%
LEE	FORT MYERS TECHNICAL COLLEGE	69.57%
LEON	LIVELY TECHNICAL CENTER	81.48%
MANATEE	MANATEE TECHNICAL COLLEGE	87.80%
MARION	MARION TECHNICAL COLLEGE	80.00%
MIAMI-DADE	LINDSEY HOPKINS TECHNICAL COLLEGE	93.33%

District	School Name	LPN 2023 Passage Rates
MIAMI-DADE	MIAMI LAKES EDUCATIONAL CENTER AND TECHNICAL COLLEGE	80.00%
MIAMI-DADE	ROBERT MORGAN EDUCATIONAL CENTER AND TECHNICAL COLLEGE	92.31%
OKALOOSA	OKALOOSA TECHNICAL COLLEGE	94.44%
ORANGE	ORANGE TECHNICAL COLLEGE - ORLANDO CAMPUS	93.62%
OSCEOLA	OSCEOLA TECHNICAL COLLEGE	95.00%
PINELLAS	PINELLAS TECHNICAL COLLEGE - CLEARWATER	80.77%
PINELLAS	PINELLAS TECHNICAL COLLEGE - ST. PETERSBURG	84.31%
POLK	RIDGE TECHNICAL COLLEGE	92.59%
POLK	TRAVISS TECHNICAL COLLEGE	95.83%
SANTA ROSA	RADFORD M. LOCKLIN TECHNICAL COLLEGE	100.00%
SARASOTA	SUNCOAST TECHNICAL COLLEGE	28.57%
ST. JOHNS	FIRST COAST TECHNICAL COLLEGE	88.33%
SUWANNEE	RIVEROAK TECHNICAL COLLEGE	80.65%
TAYLOR	BIG BEND TECHNICAL COLLEGE	76.00%
WALTON	EMERALD COAST TECHNICAL COLLEGE	80.00%
WASHINGTON	FLORIDA PANHANDLE TECHNICAL COLLEGE	93.75%

Source: Florida Board of Nursing

### Florida College System

Table 3. 2022-23 FCS Completion Rate for 1st Time Students Enrolled in Certified Nursing Assistant Programs by College

FCS Institution	Cohort of CNA Entrants	Completers from Cohort	Completion Rate
CHIPOLA COLLEGE	22	18	81.8%
INDIAN RIVER STATE COLLEGE	52	47	90.4%
DAYTONA STATE COLLEGE	13	11	84.6%
SANTA FE COLLEGE	16	*	12.5%
TALLAHASSEE COMMUNITY			
COLLEGE	11	*	36.4%

Source: Florida Department of Education

Notes: 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) 2022 and were not found enrolled in the program in the Summer of CY 2022 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). Students are counted as earning an industry certification if they are found with an industry certification outcome = 'P' for the industry certification number FDMQA002 (Data Element 3304 and 3302, respectively). Total Completions represents an unduplicated count of students who were found as either a completer or industry certification earner in the Fall of CY 2022 or Spring of CY 2023. Data are masked for cohorts with less than five students to protect student privacy.

Table 4. 2023 First-Time Passage Rates on National Council of State Boards of Nursing Licensing Examination, Florida College System Institutions

FCS Institution	LPN 2023 Passage Rates	RN 2023 Passage Rates
EASTERN FLORIDA STATE COLLEGE	95.00%	85.33%

FCS Institution	LPN 2023 Passage Rates	RN 2023 Passage Rates
BROWARD COLLEGE		83.78%
COLLEGE OF CENTRAL FLORIDA		91.67%
CHIPOLA COLLEGE		84.62%
DAYTONA STATE COLLEGE	91.67%	94.50%
FLORIDA SOUTHWESTERN STATE COLLEGE		69.51%
FLORIDA STATE COLLEGE AT JACKSONVILLE	88.89%	88.57%
THE COLLEGE OF THE FLORIDA KEYS		79.03%
GULF COAST STATE COLLEGE	97.14%	87.04%
HILLSBOROUGH COMMUNITY COLLEGE		78.57%
INDIAN RIVER STATE COLLEGE	88.24%	92.54%
FLORIDA GATEWAY COLLEGE	90.00%	96.61%
LAKE-SUMTER STATE COLLEGE		95.08%
STATE COLLEGE OF FLORIDA, MANATEE-		
SARASOTA		92.57%
MIAMI DADE COLLEGE		79.53%
NORTH FLORIDA COLLEGE	71.43%	86.05%
NORTHWEST FLORIDA STATE COLLEGE		89.86%
PALM BEACH STATE COLLEGE	77.27%	81.57%
PASCO-HERNANDO STATE COLLEGE	100.00%	98.45%
PENSACOLA STATE COLLEGE	76.19%	79.14%
POLK STATE COLLEGE		95.05%
ST. JOHNS RIVER STATE COLLEGE	94.12%	96.19%
ST. PETERSBURG COLLEGE		91.93%
SANTA FE COLLEGE	100.00%	91.11%
SEMINOLE STATE COLLEGE OF FLORIDA		97.98%
SOUTH FLORIDA STATE COLLEGE	100.00%	85.48%
TALLAHASSEE COMMUNITY COLLEGE		84.75%
VALENCIA COLLEGE		84.86%

Source: Florida Board of Nursing

# **Independent Colleges and Universities of Florida Member Institutions**

Table 5. 2023 First-Time Passage Rates on National Council of State Boards of Nursing Licensing Examination, Independent Colleges and Universities of Florida Member Institutions

RN 2023 **Program** Institution City Type Passage Rates ADVENTHEALTH UNIVERSITY ORLANDO **BSN** 76.03% 95.24% AVE MARIA UNIVERSITY AVE MARIA **BSN** BARRY UNIVERSITY COLLEGE OF **MIAMI SHORES** BSN 82.20% NURSING AND HEALTH SCIENCES BETHUNE-COOKMAN UNIVERSITY -DAYTONA BEACH BSN 85.71% BSN FLORIDA SOUTHERN COLLEGE **LAKELAND** 96.23% HODGES UNIVERSITY FORT MYERS **BSN** 83.33% JACKSONVILLE UNIVERSITY - BSN JACKSONVILLE BSN 94.81%

		Program	RN 2023
Institution	City	Type	Passage Rates
KEISER UNIVERSITY - NEW PORT	NEW PORT RICHEY	ASN	84.31%
RICHEY			
KEISER UNIVERSITY - ORLANDO	ORLANDO	ASN	85.71%
CAMPUS			
KEISER UNIVERSITY - ORLANDO	ORLANDO	BSN	86.79%
CAMPUS KEISER UNIVERSITY - PEMBROKE	PEMBROKE PINES	BSN	62.16%
PINES	FEMBRORE FINES	DSIN	02.1070
KEISER UNIVERSITY - PORT SAINT	PORT SAINT LUCIE	ASN	80.43%
LUCIE			
KEISER UNIVERSITY - PORT ST. LUCIE	PORT SAINT LUCIE	BSN	98.36%
CAMPUS			
KEISER UNIVERSITY - SARASOTA	SARASOTA	ASN	65.71%
KEISER UNIVERSITY - SARASOTA	SARASOTA	BSN	93.62%
KEISER UNIVERSITY- FORT	FORT LAUDERDALE	ASN	87.80%
LAUDERDALE-ADN			
KEISER UNIVERSITY-FT.	FORT LAUDERDALE	BSN	80.70%
LAUDERDALE	I A CHICANA WALLE	4.63.1	06.670/
KEISER UNIVERSITY- JACKSONVILLE- ADN	JACKSONVILLE	ASN	96.67%
KEISER UNIVERSITY- MELBOURNE	MELBOURNE	ASN	98.18%
CAMPUS-ADN	WELDOCKIVE	ASIN	90.1070
KEISER UNIVERSITY- MIAMI-ADN	MIAMI	ASN	86.67%
KEISER UNIVERSITY- TAMPA	TAMPA	ASN	90.00%
KEISER UNIVERSITY- WPB-ADN	WEST PALM BEACH	ASN	84.09%
KEISER UNIVERSITY- WPB-BSN	WEST PALM BEACH	BSN	60.00%
	US70511500		
KEISER UNIVERSITY- WPB-BSN	WEST PALM BEACH	BSN	86.05%
	US70513500		
KEISER UNIVERSITY	CLEARWATER	ASN	100.00%
KEISER UNIVERSITY	DAYTONA BEACH	ASN	97.06%
KEISER UNIVERSITY	FORT MYERS	BSN	94.29%
KEISER UNIVERSITY-LAKELAND	LAKELAND	ASN	92.59%
KEISER UNIVERSITY-LAKELAND	LAKELAND	BSN	97.14%
KEISER UNIVERSITY-NAPLES	NAPLES	BSN	62.50%
KEISER UNIVERSITY-TALLAHASSEE-	TALLAHASSEE	ASN	89.29%
ADN			
NOVA SOUTHEASTERN UNIVERSITY	MIAMI	BSN	88.29%
NOVA SOUTHEASTERN UNIVERSITY	FORT LAUDERDALE	BSN	87.35%
NOVA SOUTHEASTERN UNIVERSITY	FORT MYERS	BSN	87.18%
PALM BEACH ATLANTIC UNIVERSITY	WEST PALM BEACH	BSN	83.13%
SOUTHEASTERN UNIVERSITY	LAKELAND	BSN	72.09%
ST. THOMAS UNIVERSITY	MIAMI GARDENS	BSN	92.31%
UNIVERSITY OF MIAMI	CORAL GABLES	BSN	93.02%
UNIVERSITY OF TAMPA	TAMPA	BSN	100.00%

Source: Florida Board of Nursing

# **Commission for Independent Education Licensed Institutions**

Table 6. 2023 First-Time Passage Rates on National Council of State Boards of Nursing Licensing Examination, Commission for Independent Education-Licensed Institutions

Institution	Program Type	Passage Rates 2023
BETHESDA COLLEGE OF HEALTH SCIENCES	ASN	100.00%
ACADEMY FOR NURSING AND HEALTH OCCUPATIONS	ASN	95.38%
ACADEMY FOR NURSING AND HEALTH OCCUPATIONS	LPN	93.62%
HERZING UNIVERSITY	ASN	80.60%
HERZING UNIVERSITY	BSN	88.64%
HERZING UNIVERSITY	LPN	87.10%
LINCOLN MEMORIAL UNIVERSITY	ASN	100.00%
LINCOLN MEMORIAL UNIVERSITY	BSN	94.12%
UTICA UNIVERSITY, ST. PETERSBURG, US70510300	BSN	91.30%
UTICA UNIVERSITY, ST. PETERSBURG, US70516200	BSN	100.00%

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 10, 2024**. Eligible organizations that file a Notice of Intent-to-Apply are not required to apply.

Part I – Inte	ent to s	ubmit p	proposal
---------------	----------	---------	----------

		<i>P</i>	lease print or type			
Agency Name:			Agency Type: (Mark with	n X)		
			School district			
			Florida College System			
			Independent Colleges and Universities of Florida			
			member			
			Licensed by the Comn	nission for Independent Education		
			member			
			Private institutions only: (	(Mark with X)		
			Certification that the a	pplicant is an independent		
			nonprofit college or unive	ersity located and chartered in this		
			state and accredited by an	agency or association that is		
			recognized by the databas	e created and maintained by the		
			United States Department of Education to grant			
			baccalaureate degrees			
			Certification that the a	pplicant is an accredited program		
	as defined in s. 464.003, located in this state and licer					
			the Commission for Indep			
Mailing Address City:			State:	Zip Code:		
City.			State.	zip code.		
Name of Author	rized Officer:		Title of Authorized Office	er:		
Phone Number	of Authorized	l Officer:	Email Address of Authori	Email Address of Authorized Officer:		
If multiple healt	th care partn		ase provide the information asting the table	below for each partner by copying		
Health Care Par	tner Name:					
Mailing Address	s:		Fund, Foundation, Assn.	Name (if applicable):		
				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
1 0 \	110
If yes, what is the completion rate for the most recent	
reporting year?	
Data Source	Attachment B
	Other (Please specify and provide documentation)

	Licensed Practical Nursing		BSN (Pre-licensure only)
		Nursing	
Does your agency	Yes	Yes	Yes
have an active	No	No	No
program? (Mark with			
X)			
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	Attachment B	Attachment B
	Other (Please specify and	Other (Please specify and	Other (Please specify and
	provide documentation)	provide documentation)	provide documentation)
for the Linking Industr for the LINE Fund, the Statutes (F.S.), who ha	y to Nursing Education (LINE) institution must have an eligible	d it is an eligible applicant and ) Fund. Additionally, it is under ble health care partner under section to the institution, to be specifical.	rstood that in order to apply ction (s.) 768.38(2), Florida
Signature			Date

# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

Please return to:	A) Program Name:		DOE USE ONLY
Florida Department of Education	Linking Industry to Nursing Education (LINE) Fund		Date Received
Submit application and all documents to FDOE via the FDOE ShareFile.			
В	) Name and Address of Elig	ible Applicant:	Project Number (DOE Assigned)
C) Total Funds Reque	sted:	D) Applicant Contact & Bus	siness Information
\$		Contact Name:	Telephone Numbers:
		Fiscal Contact Name:	
DOE USE ONLY  Total Approved Project:		Mailing Address:	E-mail Addresses:
		Physical/Facility Address:	UEI number:
			FEIN number:
		CERTIFICATION	
this application are true, come the statement of general assist fraudulent information or the statement, false claims or programmatic requirements; accountability for the expension of review by appropriate statement and prior to the termination used for matching funds on the statement of the st	uplete and accurate, for the urances and specific progree omission of any materic otherwise. Furthermore, and procedures for fiscal liture of funds on this project and federal staff. I furtidate of the project. Disbuthis or any special project, is the responsibility of the	, (Please Type Name) as the official way knowledge and belief that all the information purposes, and objectives, set forth in the Repurposes, and objectives, set forth in the Repurposes, and object me to criminal, or adreal applicable statutes, regulations, and control and maintenance of records will eet. All records necessary to substantiate the certify that all expenditures will be obligarements will be reported only as appropriation agency head to obtain from its governing the status of the properties.	ation and attachments submitted in FA or RFP and are consistent with aware that any false, fictitious or ministrative penalties for the false procedures; administrative and be implemented to ensure proper tese requirements will be available gated on or after the effective date ate to this project, and will not be
E) 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 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 R	. Name of Eligible Recipient/Fiscal Agent:				
3. DOE Assigned Project Number:			_		
C. TAPS Number:	#25A307				

NOTE: See the DOE101S form "Instructions" tab in the Excel workbook for instructions on completing the form. Show all amounts in whole dollars only.

OBJE CT	ACCOUNT TITLE, NARRATIVE, AND EXPLANATION	FTE	AMOUNT (whole \$)	% ALLOCATED to this PROJECT
###	Student Scholarships: Scholarships to eligible students; may cover tuition, course fees, exam fees and other approved costs for approved nursing programs.		\$200,000	
###	Instructional Equipment: Purchase of one (1) simulation center to be used by students in eligible ASN program.		\$305,850	
###	Salaries: 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.  Note:  If these are hourly positions, please include hourly rate and expected hours worked weekly.  In this section, please include a brief job description for each position in which the salary would be covered by grant funds.	2.0	\$100,000	
###	Retirement:		\$11,500	
###	FICA:		\$6,200	
###	Medicare:		\$1,450	
###	Health/Life:		\$25,000	
		Total	\$650,000	
·	### ### ### ###	###  Student Scholarships: Scholarships to eligible students; may cover tuition, course fees, exam fees and other approved costs for approved nursing programs.  ###  Instructional Equipment: Purchase of one (1) simulation center to be used by students in eligible ASN program.  ###  Salaries: 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. Note:  - If these are hourly positions, please include hourly rate and expected hours worked weekly.  - In this section, please include a brief job description for each position in which the salary would be covered by grant funds.  ###  Retirement:  ###  Medicare:	Student Scholarships: Scholarships to eligible students; may cover tuition, course fees, exam fees and other approved costs for approved nursing programs.  #### Instructional Equipment: Purchase of one (1) simulation center to be used by students in eligible ASN program.  #### Salaries: 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. Note:  - If these are hourly positions, please include hourly rate and expected hours worked weekly In this section, please include a brief job description for each position in which the salary would be covered by grant funds.  #### Retirement:  #### Medicare:  #### Medicare:	Student Scholarships: Scholarships to eligible students; may cover tuition, course fees, exam fees and other approved costs for approved nursing programs.  ### Instructional Equipment: Purchase of one (1) simulation center to be used by students in eligible ASN program.  ### Salaries: 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. Note:  - If these are hourly positions, please include hourly rate and expected hours worked weekly In this section, please include a brief job description for each position in which the salary would be covered by grant funds.  ### Retirement:  ### FICA:  ### Medicare:  \$1,450  \$25,000

must detail administrative services using approp "administrative services" is not permissible.

# Health Care Partner Contribution Certification Form Linking Industry to Nursing Education (LINE) Fund

Enclosed is the certification form, required for the proposal 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 proposal. 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 proposal 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)

		riease pri	nı or i	ype	
Health Care Provi	der Name:	-			
Recipient Agency	Name:				
	located and licensed			under section 768.38(2), Florida Statutes, (*see of Florida. (Mark with X)	
Mailing Address:				Fund, Foundation, Assn. Name (if applicable):	
City:	State:	Zip Code:		Total cash contribution:  \$	
Name of Authoriz	ed Officer:	,	Title	e of Authorized Officer:	
Phone Number of	Authorized Officer:		Ema	il Address of Authorized Officer:	
contribution under awarded a LINE F	the provisions of the	LINE Fund. It is at interest that the contract of the contract	s unde	ts the health care partner's intent to make a cash erstood that if the educational institution is he matching funds until the health care partner's	
Signature	Signature Date				
Part II (to be com	pleted by the recipion	ent agency)			
		Please pri	nt or t	ype	
Agency Name:		School o Florida ( Indepen	district Colleg dent C	Tark with X)  t ge System institution Colleges and Universities of Florida member for Independent Education licensee	

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(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.

### Project Performance Accountability Form Submit this form with the grant proposal (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

Scope of Work Tasks/Activities	Deliverables		Evidence (verification)	Due Date (completion)	Unit Cost
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.	•	Grant Activity Summary Report DOE399 (FDOE Project Disbursement Report)	Quarterly Fiscal and Performance Reports:  January 15, 2025  April 15, 2025  July 15, 2025	<ul> <li>Cost         reimbursement</li> <li>Agencies will         provide a         DOE399 to         validate the         actual cost</li> </ul>