

Education Foundation of Lake County, Inc 2019-20 CTE Grant Application

- All funds must be used by May 1, 2020. A final program evaluation must be submitted by May 15, 2020. If the applicant misses the deadline but submits a final grant report by September 30th, they will be eligible to apply after one academic year. Applicants that do not submit a final grant report by the deadline of September 30th will not be considered for future funding.

Deadline to Apply: September 30, 2019

Basic Project Information

Principal Name:	Jacob Stein
School Name:	Tavares High School
Teacher Name(s):	Tracy M. Booker, RN Kimberly Huff, LPN
CTE Program Name:	Allied Health Academy
Grade levels:	9-12
Number of Students:	40
Number of Participating Teachers:	2
Amount Requested:	\$7,644.00 – or at least the \$2,825 registration fees

Project Abstract The Allied Health Academy would like to request funding through the CTE grant in order to be able to assist the Health Occupations Students of America compete at the Regional, State and International level this year. Students are encouraged to participate in HOSA in order to have the opportunity to dive deeper into career fields of their interest, to practice skills such as medical math, medical terminology or public speaking which can assist students in their future health care career and with courses throughout the Allied Health Academy. Students within HOSA can compete at the Regional, State and International level. Competing students are eligible to apply for Scholarship money, in conjunction with their interested career field. Students who participate in HOSA historically are more successful when it comes time to test for certification and licensure because they are more invested in, and prepared for their testing.

Project Detail

In the space below, please provide a detailed outline of your project activities. **Please be sure to include the following:** 1) Goals and objectives of your project activities, 2) expected timeline for project activities, 3) when certification exams will be taken, 4) additional information pertaining to your request.

1) Increase time to focus on study and preparation for competition and skills demonstration. Unfortunately HOSA spends a great deal of time on fundraising because the competitions and events are expensive. Registration and other expenses for each student force much of our time to be consumed with fundraising. The grant would allow students more time to engage in study, skills demonstration and preparation instead of fundraising.

2) Regional competition occurs in January, State in April and International conference in June. All fees are due approximately 2 months prior to the event.

3) Students will compete against other students in their region, state and then at the international level. Students who place at each level in the first, second or third place will move on to compete at the next level.

4) Students who attend these conferences are also able to complete leadership training events. Last year students were also given the opportunity to work with National Geographic for training and scholarship opportunities. Another conference allowed students to take part in a "stop the bleed" event where they were trained to use tourniquets in case of an emergency on one of our school campuses.

Outcome Measures

What certifications are offered through this CTE program (*is this a new or current certification offered at your school*)?

EKG, CMAA, CNA occur throughout the Allied Health Academy
HOSA allows students to receive leadership training, and increased hands on skills time thus increasing their chances of success in their certification process

How many students will participate in this CTE program?

30-40 students per year

What is your target number of students that will receive an industry certification?

CNA 25-30 students annually
EKG and CMAA – both 35-40 students annually

Program Approved By: Jennifer Fennworth
Principal

*Requesting party has read and agrees with the funding policies of the Educational Foundation.

Signed: Tracy M. Bookner
(Person completing the grant application)

Date: 9/27/19

Printed Name: Tracy M. Bookner, RN

Email: bookner+@lake.k12.fl.us

Please complete all information requested on the application. Incomplete applications will not be processed for review.

Budget

Please do not submit a budget item that does not fit a category below or one that has not been approved by the EFLC staff. It will only delay the processing of your application.

NO GENERAL ADMINISTRATIVE OR INDIRECT CHARGES MAY BE APPLIED TO THIS GRANT.

Allowable expenditures include: training/conferences, professional and technical services, classroom materials, computer software, computer hardware, other equipment, program supplies, and printing
Non-Allowable expenditures include: administrative expenses, capital improvements, support of interscholastic athletics, refreshments, transportation, food items, decorative items, awards for outstanding service, and the entertainment of dignitaries.

Category of Expenditure	Amount	Category of Expenditure <i>(Short description for categories of expenses)</i>
Professional Contracted Workers (i.e. stipend workers, trainers, work for fee etc.)		
Program supplies		
Computer Software		
Computer Hardware		
Other Equipment (not computers)		
Printing		
Tuition/Training/Conferences/Admission	<u>\$2,825.00</u>	<u>Regional conference: \$15.00 registration per student x 30 students</u> <u>State conference: \$85.00 per student x 15 students</u> <u>International conference: \$85.00 per student x 10 students + \$25.00 per student for leadership training</u>
Room Rental Fees	<u>\$4,819.00</u>	<u>Regional conference: no fees</u> <u>State conference: average \$141.00 per night x 3 nights x 5 rooms = \$2,115.00</u> <u>International conference: average \$169.00 per night x 4 nights x 4 rooms = \$2,704.00</u>
TOTALS	<u>\$7,644.00</u>	

To be completed by foundation staff/board

Program Approved By: _____ and _____ and
Risk Management Operations

CTE Coordinator

To be completed by foundation staff/board

Program meets Foundation Mission/Funding Policy: Yes or No

Visioning Committee Recommendations: _____

Executive Board Recommendations: _____

_____ Approved _____ Denied

Date President Signature

Please submit the completed application via mail or jack rabbit to:
Educational Foundation of Lake County, Inc
2045 Pruitt Street
Leesburg, FL 34748
Or
Email: Cullen-battc@lake.k12.fl.us