

## 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 30<sup>th</sup>, they will be eligible to apply after one academic year. Applicants that do not submit a final grant report by the deadline of September 30<sup>th</sup> will not be considered for future funding.

**Deadline to Apply: September 30, 2019**

<b>Basic Project Information</b>	
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Principal Name:	Jacob Stein
School Name:	Tavares High School
Teacher Name(s):	Tracy M. Booker, RN
CTE Program Name:	Allied Health Academy
Grade levels:	11-12
Number of Students:	220
Number of Participating Teachers:	1
<b>Amount Requested:</b>	<b>\$1,375.00</b>

**Project Abstract**

The Allied Health Academy would like to apply for a grant to supply our program with current resources to be able to complete the BLS CPR certification for our students. This certification is an additional portion not provided within the frameworks of our program, yet it is a requirement for our students to have in order to be able to use the certifications that we offer them when they enter “the real world.” Each student must have this certification to be hired at a medical facility. We currently do not have the resources within our program to offer this to our students. The teachers are capable of providing the education however the certification is through the American Heart Association, and their requirements are very specific related to which supplies we must have available for each student. Also the AHA is putting out brand new materials after the first of the year, so even if we had them they would not be valid for students during this school year. If we purchase new class supplies with this funding it will be relevant for current and upcoming students for approximately 5 years at a minimum.

### 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) Our ultimate goal is to certify each and every student that comes through our program with their BLS CPR certification. This will be completed during their Senior year, so that it will be valid for the greatest amount of time after graduation. Students will be able to successfully and safely provide BLS CPR in case of an emergency.
- 2) This funding will provide supplies that will last for approximately 5 years
- 3) Students will participate in the BLS CPR training during the Spring semester of their Senior year, at approximately the same time that they will obtain their CNA license so that they will coincide with the required bi-annual renewals. (Students who are Seniors in the EKG / CMAA portion will also be allowed to participate in the certification process if they will not be participating in the CNA certification – this will allow them to use their
- 4) The supplies purchased with these funds will be used annually until they are deemed “expired” by the AHA (Approx. 5 years) and will affect / benefit approximately 30 students per year.

### Outcome Measures

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

EKG technician

CMAA (Certified Medical Administrative Assistant)

CNA (Certified Nursing Assistant)

With the funding of this program we will be able to also provide BLS CPR certification without cost to the student


How many students will participate in this CTE program?

Annually it will be 30 – 45 students who will be in the position as a Senior to earn this certification

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

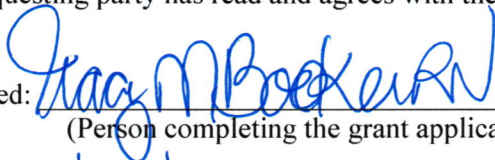
Annually the CNA program produces approximately 25-30 licensed students, the EKG certification, and CMAA certification will produce approximately 35 students annually

Program Approved By: \_\_\_\_\_

  
Principal

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

Signed: \_\_\_\_\_

  
(Person completing the grant application)

Date: \_\_\_\_\_

9/27/19

Printed Name: \_\_\_\_\_

Tracy M Booker

Email: \_\_\_\_\_

bookert+@lake.k12.fl.us

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

<b>Budget</b>		
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.		
<b>NO GENERAL ADMINISTRATIVE OR INDIRECT CHARGES MAY BE APPLIED TO THIS GRANT.</b>		
<b>Allowable expenditures include:</b> training/conferences, professional and technical services, classroom materials, computer software, computer hardware, other equipment, program supplies, and printing		
<b>Non-Allowable expenditures include:</b> administrative expenses, capital improvements, support of interscholastic athletics, refreshments, transportation, food items, decorative items, awards for outstanding service, and the entertainment of dignitaries.		
<b>Category of Expenditure</b>	<b>Amount</b>	<b>Category of Expenditure</b> <i>(Short description for categories of expenses)</i>
Professional Contracted Workers (i.e. stipend workers, trainers, work for fee etc.)	<u>300.00</u>	<u>Fee for student to obtain the certification through the AHA – only covers students for this year at \$10 per student</u>
Program supplies	<u>1,075.00</u>	<u>\$450 for Student handbooks</u> <u>\$125 for Instructor handbook and videos</u> <u>\$500 for Student Certification Cards for 5 years</u>
Computer Software		
Computer Hardware		
Other Equipment (not computers)		
Printing		
Tuition/Training/Conferences/Admission		
Room Rental Fees		
<b>TOTALS</b>	<u>1,375.00</u>	

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**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](mailto:Cullen-battc@lake.k12.fl.us)