





SECTION 1: GENERAL INFORMATION					
Organization Name:	Monroe County				
Street Address:	1100 Simonton Street				
City & County:	Key West/Monroe County	Zip Code:	00003-3040		
Authorized Contact Person:	Debbie Frederick	Title:	Deputy County Administrator		
Telephone Number:	305-292-4441	Fax Number:	305-292-4544		
Email Address:	frederick-debbie@monroecounty-fl.gov	Website Address:	www.monroecounty-fl.gov		
Date of Establishment:	01/01/1823	Years in Business:	183	# FT Employees:	500
Are you current on all Federal, State, and Local Taxes?	<input type="radio"/> YES		<input type="radio"/> NO		<input checked="" type="radio"/> TAX EXEMPT
What is the legal structure of your organization?	Government Agency				
What is your organization's primary SIC Code?	9199	Check your SIC Codes here: <a href="#">Miami-Dade</a>			
What are your organization's other SIC Codes?		<a href="#">Monroe</a>			
What is your Federal Employer Identification Number (EIN)?	55-630749	Learn about EINs here: <a href="#">EIN</a>			
What is your Unemployment Compensation (UC) ID#?	Self Insured	Learn about UC here: <a href="#">UC</a>			
What is your Florida Sales & Use Tax (FSUT) number?	Exempt	Learn about FSUT here: <a href="#">FSUT</a>			
Please describe your business, its products and/or services, and your customer base:					
<p>Monroe County supervisors will attend training on the Myers-Briggs Type Indicator; 2) Monroe County supervisors will attend 24 hours of training on leadership development, problem solving, conflict resolution, communication skills, situational leadership and customer relations; 3) Monroe County supervisors will attend 9 hours of training on communication skills, time management, and customer relations; 4) A select group of Monroe County supervisors and employees will attend a 7 hour computer training class including the following topics: Windows XP, Excel, Access, PowerPoint, Word, and Outlook.) Monroe County supervisors will attend training on the Myers-Briggs Type Indicator; 2) Monroe County supervisors will attend 24 hours of training on leadership development, problem solving, conflict resolution, communication skills, situational leadership and customer relations; 3) Monroe County supervisors will attend 9 hours of training on communication skills, time management, and customer relations; 4) A select group of Monroe County supervisors and employees will attend a 7 hour computer training class including the following topics: Windows XP, Excel, Access, PowerPoint, Word, and Outlook.</p>					
Training Start Date:					
(a) Grant Request Dollars:	\$	288,830.57	(e) Total Number of Trainees:		588
(b) Your Matching Funds:	\$	288,879.59	(f) SFW Cost Per Trainee:	(f = a / e)	\$ 491.21
(c) Total Cost:	(c = a + b)	\$ 577,710.16	(g) Total Hourly Wage Increase:		\$ 21.40
(d) Matching Fund %:	(d = b / c)	50.0%	(h) Average Hourly Wage Increase:		#DIV/0!
Will this training avert any lay-offs at this location?	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		If YES, how many?
Will this training create any vacancies that SFW can help fill?	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		If YES, how many?

SECTION 3: TRAINING PROGRAM BUDGET			
Category	Grant Request	Employer Match	Total
1	Trainee Wages & Benefits (see attached list of employees)	Cannot	\$ 259,061.93
	Facility Usage		\$ 29,817.66
			\$ -
2	Training Equipment Purchase	Fund	\$ -
3		With	
a		Grant	\$ -
b		Dollars	\$ -
c			\$ -
d			\$ -
4	Travel, Food, & Lodging	Cannot	
a		Fund	\$ -
b		With	\$ -
c		Grant	\$ -
d		Dollars	\$ -
5	Instructor Wages/Tuition		
a	<b>Supervisory Training:</b> Leadership Development, Communication Skills & Strategies, Team Building, Situational Leadership. (24 Hour of training to 170 Supervisors) Training will be delivered in 12 sessions to keep class size small and interactive	\$122,400.00	\$ 122,400.00
b			\$ -
c			\$ -
d	<b>Employee Training Non Supervisor:</b> Communication Skills, Customer Relations, (9 Hours of Training to 418 Employees) Training will be delivered in 21 days (42 sessions) to keep class size small and interactive	\$117,042.57	\$ 117,042.57
e			\$ -
f	Computer Training for both supervisors & employees - 10 sessions	\$30,000.00	\$ 30,000.00
g			\$ -
6	Curriculum Development		
a	N/A		\$ -
b			\$ -
c			\$ -
d			\$ -
7	Materials, Supplies, & Textbooks		
a	Supervisory Training: Leadership Development - handouts	\$115.00	\$ 115.00
b	Communication Skills & Strategies - booklets & handouts	\$3,515.00	\$ 3,515.00
c	Team Building - handouts	\$115.00	\$ 115.00
d	Situational Leadership (\$45.00 for each workbook for 170 supervisors)	\$7,829.00	\$ 7,829.00
e	Employee Training: Communication Skills - handouts	\$600.00	\$ 600.00
f	Time Management - 418 calendars; handouts	\$4,807.00	\$ 4,807.00
8			
a	Customer Relations - handouts	\$627.00	\$ 627.00
b	Computer Training for both supervisors & employees - \$20.00 for 89 employees		\$ -
c		\$1,780.00	\$ 1,780.00
d			\$ -
9	Sub Total		
10	Indirect Costs		\$ -
a			\$ -
b			\$ -
11	<b>TOTALS</b>	<b>\$ 288,830.57</b>	<b>\$ 288,879.59</b>
			<b>\$ 577,710.16</b>



SECTION 4: TRAINING PROVIDER INFORMATION		
Training Provider Name (1): Corporate Consulting & Coaching		
Street Address:	2096 Circle Place	Type of Trainer: Private Instructor
City & County:	Lantana, FL	Zip Code: 33462-00000
Authorized Contact Person	Lori B. Dunford	Title: Training Consultant
Telephone Number:	561-662-2076	Fax Number: 561-588-9788
#	Training Description	Training Location
1	Supervisory and employee training	Monroe County (Various Locations)
2		
3		
Training Provider Name (2):		
Street Address:		Type of Trainer:
City & County:		Zip Code:
Authorized Contact Person		Title:
Telephone Number:		Fax Number:
#	Training Description	Training Location
1		
2		
3		

SECTION 5: EMPLOYER FINANCIAL VIABILITY
Attach your latest 10K, audit report, annual report, or equivalent financial statement.

SECTION 6: CERTIFICATION BY AUTHORIZED EMPLOYER REPRESENTATIVE									
<p>As an authorized representative of the organization applying for the "Customize Training Award", I hereby certify that the information listed above and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.</p>									
<table border="1"> <tr> <td>NAME:</td> <td>Debbie Frederick</td> </tr> <tr> <td>SIGNATURE:</td> <td></td> </tr> </table>	NAME:	Debbie Frederick	SIGNATURE:		<table border="1"> <tr> <td>TITLE:</td> <td>Deputy County Administrator</td> </tr> <tr> <td>DATE:</td> <td>12/18/06</td> </tr> </table>	TITLE:	Deputy County Administrator	DATE:	12/18/06
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