



Graduation Alternative to Traditional Education

Program Summary Form FGATE-01

Section (s.) 1004.933, Florida Statutes (F.S.), establishes the Graduation Alternative to Traditional Education (GATE) Program. By completing this form, you are requesting to provide the GATE Program at your career center or Florida College System (FCS) institution. This notification form and the required attachments must be completed and submitted to the Florida Department of Education's Division of Career and Adult Education for approval prior to offering the GATE program.

All applications must be submitted to GATEprogram@fldoe.org.

Disclaimer:

The information provided in this form will be used to inform the public about your GATE program. By submitting this form, you consent to the use and publication of the information you provide for public dissemination purposes. Please ensure that all information is accurate and complete before submission.

SECTION I: Applicant Information

Read the instructions and complete the following section on the applicants' GATE program.

School district career centers (s. 1001.44, F.S.), charter technical career centers (s. 1002.34, F.S.), and Florida College System institutions (s. 1002.34, F.S.) are the only entities that are eligible to apply for the GATE program. The applicant must identify in Section II if it has partnered with adult education providers to provide the GATE program. The applicant and its partner(s) should work cooperatively to ensure the information on this form is accurate.

Identify the type of applicant submitting this form. Check one of the following:

- School District Career Center established under s. 1001.44, F.S.;
- Charter Technical Career Center established under s. 1002.34, F.S.; or
- Florida College System institution identified in s. 1000.21, F.S.

Provide the information requested below.

A) Applicant Name: <i>e.g. Washington County School District</i>	B) Institution Name: <i>e.g. Florida Panhandle Technical College</i>
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C) Applicant Contact and Business Information

Address, phone number and website information will be provided to the public to contact your institution for information about your GATE program.

Contact Name: _____	Institution Physical Address: Click or tap here to enter text.
Contact Email: _____	Phone Number: Click or tap here to enter text.
	Website Address, if applicable: Click or tap here to enter text.

D) Contact(s) for GATE Program Questions

This information will be used by FDOE to contact your institution for information about your GATE program.

<u>Primary Contact</u>	<u>Secondary Contact</u>
Name: Click or tap here to enter text.	Name: Click or tap here to enter text.
Title: Click or tap here to enter text.	Title: Click or tap here to enter text.
Email: Click or tap here to enter text.	Email: Click or tap here to enter text.
Phone Number: Click or tap here to enter text.	Phone Number: Click or tap here to enter text.

Identify the Adult Secondary Education programs that will be offered by the agency completing this application. Check all that apply:

- Adult High School Program
- GED® Preparation Program
- Not Applicable – Only providing Career and Technical Education Programs

Identify the Career and Technical Education programs offered by the institution completing this application that GATE participants will be eligible to participate in. Please note that to be eligible, the career education program must be included on the Master Credentials List under s. 445.004(4), F.S., and adopted in Rule 6A-6.0576, F.A.C.

Here is a link to the CareerSource Master Credentials List webpage: [Master Credentials List - CareerSource Florida](#).

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SECTION 2: Adult Education Partnerships

Adult education providers may partner with school district career centers, charter technical career centers, and Florida College System institutions to provide the adult education services component of the GATE program.

Please fill in the information below for each adult education provider your institution is partnering with to implement the GATE program. If your institution is partnered with more than one entity, please duplicate and fill in the information for each agency.

<p>A) Partner Name: e.g. Washington County School District</p> <p>Contact Name: _____</p> <p>Contact Email: _____</p>	<p>B) Institution Name: e.g. Florida Panhandle Technical College</p> <p>Address: Click or tap here to enter text.</p> <p>Phone Number: Click or tap here to enter text.</p> <p>Website, if applicable: Click or tap here to enter text.</p>
<p>C) Partnership Contact(s) for GATE Program Questions This information will be by FDOE to contact this institution for information about their adult education program.</p>	
<p><u>Primary Contact</u></p> <p>Name: Click or tap here to enter text.</p> <p>Title: Click or tap here to enter text.</p> <p>Email: Click or tap here to enter text.</p> <p>Phone Number: Click or tap here to enter text.</p>	<p><u>Secondary Contact</u></p> <p>Name: Click or tap here to enter text.</p> <p>Title: Click or tap here to enter text.</p> <p>Email: Click or tap here to enter text.</p> <p>Phone Number: Click or tap here to enter text.</p>
<p>D) Adult Secondary Education Offerings Identify the Adult Secondary Education programs that will be offered by the agency completing this application. Check all that apply:</p> <p><input type="checkbox"/> Adult High School Program</p> <p><input type="checkbox"/> GED® Preparation Program</p>	
<p>E) Partnership Description Briefly describe how the partnering adult education provider will collaborate with your institution to implement the GATE Program. Please address aspects such as:</p> <ul style="list-style-type: none"> • The mode of instruction delivery (e.g., in-person, virtual, synchronous, asynchronous) • Transportation arrangements for students between institutions 	

- *Any other relevant details that will facilitate a smooth partnership and ensure effective implementation of the program.*

Include any additional information that would be beneficial for us to know about your partnership.

Click or tap here to enter text.