1 PROJECT NUMBER Brevard County School District 050-1241B-1CR01 3 PROJECT/PROGRAM TITLE CRRSA ESSER II - Non-Enrollment Assistance 4 TAPS 22A171 84.425D CRSSA ESSER II USDE or Appropriate Agency FAINE: 542510210052 5 AMENDMENT INFORMATION Amendment: Program/Budget Effective Date: 04/25/2022 6 PROJECT PERIODS Amendment: Program/Budget Effective Date: 04/25/2022 7 AUTHORIZED FUNDING Current Approved Budget: 52,567,868.00 6 REIMBURSEMENT OFTION Federal Cash Advance 7 AUTIORIZED FUNDING Cartreal Policy Amount: 52,567,868.00 8 REIMBURSEMENT OFTION Federal Cash Advance 9 TIMELINES 9/30/2023 9/30/2023 • Last date for incurring expenditures and issuing purchase orders: • Date that all obligations are to be liquidated and final dissement reports submitted: • Last date for incurring expenditures and issuing purchase orders: • Paderal Award Date : • Paderal Award Date : • Paderal Award Date : • Paderal Marking, Talahasee, Florida 32390-0400: • Date(5) for program reports: • Federal Award Date : • Paderal and State Programs (Ferem Book) and the General Assumaces for Participation in Advance 9/30/2023 11 TERMS AND SPECLAL CONDITIONS • Program: Mari Presley: • Trainget and any anomendments are subject to the procedures outlined in the Project Application and Amendment Procedures • for federal and State Programs (Ferem Book) and the G		Project Award Notification						
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Program: Mari Presley Phone: (850) 245-0401 FEIN#: F596000522003 Phone:: (850) 245-9426 Email: Mari.Presley@fldoe.org FEIN#: F596000522003 Grants Management: Unit A (850) 245-0496 III TERMS AND SPECIAL CONDITIONS FEIN#: F596000522003 11 TERMS and State Programs (Green Book) and the General Assurances for Participation in Federal and State Programs (Green Book) and the General Assurances for Participation in Federal and State Programs and the terms and requirements of the Request for Proposal or Request for Application, RFP/RFA, hereby incorporated by reference. For federal cash advance projects, expenditures must be recorded in the Florida Grants System (FLAGS) as close as is administratively feasible to when actual disbursements are made for this project. Cash transaction requests must be limited to amounts needed and be timed with the actual, immediate cash requirements to carry out the purpose of the approved project. • All provisions not in conflict with any amendment(s) are still in full force and effect and are to be performed at the level specified in the project award notification. • Other: 12 APPROVED: Mari M. Presley Authorized Official on behalf of Richard Corcoran 5.3.22 Mate of Signing								
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Commissioner of Education	12			5 3 33	FLORIDA DEPARTMENT OF			
	12	Mari M. Presley	_		FLORIDA DEPARTMENT OF EDUCATION fildoe.org			
DOF-200	12	Mari M. Presley Authorized Official on behalf of Richard Corcoran	_		FLORIDA DEPARTMENT OF EDUCATION fidoe.org			
	12	Mari M. Presley Authorized Official on behalf of Richard Corcoran	_		FLORIDA DEPARTMENT OF EDUCATION fidoe.org			

Florida Department of Education

Page 1 of 2

Revised 07/15

INSTRUCTIONS PROJECT AWARD NOTIFICATION

- 1 Project Recipient: Agency, Institution or Non-Governmental entity to which the project is awarded.
- 2 Project Number: This is the agency number, grant number, and project code that must be used in all communication. (Projects with multiple project numbers will have a separate DOE-200 for each project number).
- 3 Project Description: Title of program and/or project. TAPS #: Departmental tracking number.
- 4 Authority: Federal Grants Public Law or authority and CFDA number. State Grants Appropriation Line Item Number and/or applicable statute and state identifier number.
- 5 Amendment Information: Amendment number (consecutively numbered), type (programmatic, budgeting, time extension or others) in accordance with the <u>Project Application and Amendment Procedures for Federal and State Programs</u> (Green Book), and effective date.
- 6 Project Periods: The periods for which the project budget and program are in effect.
- 7 Authorized Funding: Current Approved Project (total dollars available prior to any amendments); Amendment Amount (total amount of increase or decrease in project funding); Estimated Roll Forward (roll forward funds which have been estimated into this project); and Total Project Amount (total dollars awarded for this project).
- 8 Reimbursement Options:
 - Federal Cash Advance –On-Line Reporting required monthly to record expenditures.
 - Advance Payment Upon receipt of the Project Award Notification, up to 25% of the total award may be advanced for the first payment period. To receive subsequent payments, 90% of previous expenditures must be documented and approved by the Department.
 - Quarterly Advance to Public Entity For quarterly advances of non-federal funding to state agencies and LEAs made in accordance within the authority of the General Appropriations Act. Expenditures must be documented and reported to DOE at the end of the project period. If audited, the recipient must have expenditure detail documentation supporting the requested advances.

Reimbursement with Performance - Payment made upon submission of documented allowable expenditures, plus documentation of completion of specified performance objectives.

- 9 Timelines: Date requirements for financial and program reporting/requests to the Department of Education.
- 10 DOE Contacts: Program contact for program issues, Grants Management Unit for processing issues, and Comptroller's Office number for payment information.
- 11 Terms and Special Conditions: Listed items apply to this project. (Additional space provided on Page 2 of 2 if needed.)
- 12 Approved: Approval signature from the Florida Department of Education and the date signature was affixed.

DOE-200 Revised 07/15

Page 2 of 2

Florida Department of Education Project Award Notification

_		3 11 41	I u Notification	
1	PROJECT RECIPIENT	2	PROJECT NUMBER	
	Brevard County School District	_	050-1241B-1CR01	
3	PROJECT/PROGRAM TITLE	4	AUTHORITY	
	CRRSA ESSER II - Non-Enrollment Assistance		84.425D CARES ACT	
			USDE or Appropriate Agen	cy
	TAPS 22A171			
			FAIN#: \$425D210052	
5	AMENDMENT INFORMATION	6	PROJECT PERIODS	
	Amendment Number:			
	Type of Amendment:		Budget Period: 07/01/2021 -	
	Effective Date:		Program Period:07/01/2021 -	
7	AUTHORIZED FUNDING	8	REIMBURSEMENT OPTIC	DN
	Current Approved Budget: \$2,567,868.00		Federal Cash Advance	
	Amendment Amount:			
	Estimated Roll Forward:			
	Certified Roll Amount:			
	Total Project Amount:\$2,567,868.00			
9	TIMELINES		haaa andana.	00/20/2022
	• Last date for incurring expenditures and issuing			09/30/2023
	• Date that all obligations are to be liquidated and			
	• Last date for receipt of proposed budget and pro	<u> </u>		08/30/2023
	Refund date of unexpended funds; mail to DOE		A 7	>
	944 Turlington Building, Tallahassee, Florida 3	2399	-0400:	
	Date(s) for program reports:Federal Award Date :			01/05/0001
10				<u>01/05/2021</u>
10	DOE CONTACTS Program: Mari Presley		Comptroller Office Phone: (850) 245-0401	Duns#: 364622886
	Phone: (850) 248-9426		Fibre : (830) 243-0401	FEIN#: F596000522003
	Email: Mari.Presley@fldoe.org			
	Grants Management: Unit A (850) 245-0496			
11				
•	This project and any amendments are subject to the pro	cedu	res outlined in the Project Applica	tion and Amendment Procedures
	for Federal and State Programs (Green Book) and the C	Gener	al Assurances for Participation in	Federal and State Programs and
	the terms and requirements of the Request for Proposal	or R	equest for Application, RFP/RFA,	hereby incorporated by reference.
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	administratively feasible to when actual disbursements			
	amounts needed and be timed with the actual, immediat			
•	All provisions not in conflict with any amendment(s) ar	e stil	I in full force and effect and are to	be performed at the level
	specified in the project award notification.			
•	Other:			
4.8				
12			~ 1.1	FLORIDA DEPARTMENT OF
	Mari M. Dresly		9/1/21	EDUCATION
	Authorized Official on behalf of Richard Corcoran	-	Date of Signing	ncoe.org
1	Commissioner of Education		Date of Signing	
	Commissioner of Education			

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DOE-200 Revised 07/15

Page 2 of 2

FLORIDA DEPARTMENT OF EDUCATION PROJECT AMENDMENT REQUEST

Please return to:	A >	A goney Nomes	DOE LISE ONLY		
Please return to:	A)	Agency Name:	DOE USE ONL I		
Office of Grants Management 2700 Judge France		an Jamieson Way	Date Received 4/25/2022		
B) Program Name: CRBSA/ESSE	R II _ Non-Fni	collmont Assistance	Project Number (DOF Assigned)		
D) I Togram Name. CKKSA/ESSE		omient Assistance			
TAPS Number: 22A171					
C) Amendment Type			5425D210052		
C) Amendment Type			Contact Information		
Program P Bu	daet	-			
	ugei	Contact Name:	Telephone Numbers:		
Amendment Number: 202	22-001	Frank Stockman	321-633-1000 ext. 11348		
	Department of Education f Grants Management 32 Turlington Building tt Gaines Street see, Fiordi 32399-0400 ne: (850) 245-0496 School Board O Brevard County, Florida 2700 Judge Fran Jamieson Way Viera, FL 32940 Date Received ram Name: CRRSA/ESSER II – Non-Enrollment Assistance tumber: 22A171 Project Number (DOE 4 050-1241B-1CI FAIN# S425D21005 Amendment Type D) Amendment Request Contact Information Contact Name: Frank Stockman Telephone Numbers: 321-633-1000 ext. 11348 Mailing Address: 2700 Judge Fran Jamieson Way Viera, FL 32940 E-mail Addresses: Stockman.Frank @ brevardsch Viera, FL 32940 E Namendment Request Contact Information Contact Name: Frank Stockman E-mail Addresses: Stockman.Frank @ brevardsch Viera, FL 32940 E D E Required Signature and Certification CW. Mullins, Ed.D, to the best of my knowledge and belief that all the information and attachments submitted in this application ar mplete and accurate, for the purposes, and objectives, set forth in the RFA or RFP and are consistent with the assurances and specific programmatic assurances for this project. I am aware that any false, fictitious, tion or the omission of any material fact may subject me to criminal, or administrative and programmatic or cedures for fiscal control and maintenance of records will be implemented to ensure proper accountability for th s on this project. All records necessary to substantiate these requirements will be available for review by appropri accuntability for th s on this project. All records neccessary to substantiate these requirements will be available for	E-mail Addresses: Stockman.Frank@brevardschools.org			
	E)	Required Signature and Certification			
	,	A B			
certify to the best of my knowled true, complete and accurate, for t general assurances and specific information or the omission of an claims or otherwise. Furthermore and procedures for fiscal control of funds on this project. All recor federal staff. I further certify that	lge and belief the purposes, programmati by material fac , all applicable and maintenar ds necessary t all expenditu e reported onl	that all the information and attachments sul and objectives, set forth in the RFA or RFI c assurances for this project. I am aware et may subject me to criminal, or administra e statutes, regulations, and procedures; admi- nce of records will be implemented to ensure o substantiate these requirements will be av- res will be obligated on or after the effectiv	bmitted in this application amendment are P and are consistent with the statement of e that any false, fictitious, or fraudulent tive penalties for the false statement, false nistrative and programmatic requirements; e proper accountability for the expenditure vailable for review by appropriate state and re date and prior to the termination date of		

Further, I understand that it is the responsibility of the agency head to obtain from its governing body the authorization for the submission of this application amendment.

Mouth M. Mullins		Superintendent	4/20/22
Signature of Agency Head	Title		Date

F) Brevard's goals set forth in the previously approved Non-Enrollment plan have been fulfilled with the funds we have utilized up to this point. We will be taking the remainder of the unused funds from those purposes to be spent on allowable activities in the CRRSA/ESSER II guidelines.

We have an excess of funds in salaries, technology, travel, and printing costs for 43 positions previously allotted in this grant. We will be reallocating those funds. We incorrectly budgeted salaries for our Parent Liaisons into the wrong object code and are adjusting those funds into the correct object code as well. Funds for supplies previously intended for positions in the Non-Enrollment grant went unused, we will be reallocating those funds to supply guidance counselors and the ESSER management team.

We will be using the remainder of unspent funds to purchase technology for our employees for much needed upgrades to existing devices well beyond their end-of-life capacities.



C

Instructions for Completion of DOE 150 Project Amendment Request

- **A.** Enter Agency Name
- **B.** Enter Program Name and TAPS number as listed on the original Project Award Notification.
- **C.** Enter Amendment Type Refer to <u>Project Application and Amendment Procedures for Federal and</u> <u>State Programs</u> (Green Book) for definitions of Program and Budget amendments.
- **D.** Enter Amendment Request Contact Information for the person who is responsible for the project.
- **E.** Complete Required Signature. **Note:** Application amendments signed by officials other than the Superintendent, or President/Chairman of the Board, must have a letter of authorization to sign on the behalf of said official, attached to the DOE 150 when the application amendment is submitted.
- **F.** Provide sufficient narrative to describe and justify the type of amendment being requested. Narrative should include the purpose of the amendment and description of the amended services or budget changes – i.e. changes in scope or objectives, changes in deliverables or work tasks and how these changes affect the original application. Any budget change will require details on the increase/decrease and how the change affects the original application.

Attach Budget Amendment Narrative Form (DOE 151) if this amendment requires budget changes.



FLORIDA DEPARTMENT OF EDUCATION BUDGET AMENDMENT NARRATIVE FORM

A) <u>Brevard</u>

District/Agency Name

<u>4490</u>13

Project Number/TAPS Number

C) _

Amendment Number

D) Total Project Amount Currently Approved

E) Total Project Amount resulting from this Budget Amendment

B)

\$2,567,868.00

\$2,567,868.00

<u>+=,301</u>					<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
F) Line Item [· · ·			1	_	
Function	Object	Account Title and Narrative	FTE		Amount	Amount
6110	131	Salaries: Hourly rate for Social Worker Personnel Hourly rate per 8 FT FTE	8		Increase	\$ Decrease 350,139.36
6110	210	Retirement: Social Worker				\$ 37,884.95
6110	220	FICA: Social Worker				\$ 27,071.12
6110	231	Life Insurance: Social Worker				\$ 286.59
6110	232	Health Insurance: Social Worker				\$ 61,511.91
6110	241	Workers compensation: Social Worker				\$ 1,942.69
6110	330	Travel for Social Workers				\$ 11,022.31
6110	312	Training materials/Printing for Social Workers				\$ 500.00
6150	131	Salaries: Hourly rate for Parent Liaisons Personnel Hourly rate per 32 FT FTE	32			\$ 880,197.73
6150	151	Salaries: Hourly rate for Parent Liaisons Personnel Hourly rate per 32 FT FTE	32	\$	880,197.73	
6150	151	Salaries: Hourly rate for Parent Liaisons Personnel Hourly rate per 32 FT FTE	32			\$ 550,777.20
6150	210	Retirement: Hourly rate for Parent Liaisons				\$ 61,301.83
6150	220	FICA: Hourly rate for Parent Liaisons				\$ 44,531.35
6150	231	Life Insurance: Hourly rate for Parent Liaisons				\$ 472.94
6150	232	Health Insurance : Parent Liaisons Personnel				\$ 213,897.74
6150	241	Workers compensation: Hourly rate for Parent Liaisons				\$ 3,080.70
6150	330	Travel for Parent Liaisons				\$ 47,276.43
6150	312	Training materials/Printing for Parent Liaisons				\$ 1,000.00
6150	644	Technology Equipment for Parent Liaisons				\$ 60.48
6130	130	Contracted Hourly rate for Nurse Liaisons Personnel Hourly rate per 2 FT FTE	2			\$ 86,957.74
6130	210	Retirement: Hourly rate for Nurse Liaisons				\$ 9,402.58
6130	220	FICA: Hourly rate for Nurse Liaisons				\$ 6,647.85

			Total	2,459,382.33	2,4	59,382.33
8200	640	Technology enhancements		\$ 1,570,984.60		
7500	510	Supplies for ESSER management team		\$ 2,700.00		
6120	510	Supplies for school Guidance Counselors		\$ 5,500.00		
6150	511	Supplies for Parent Liaisons			\$	6,400.0
6110	511	Supplies for Social Workers			\$	1,600.0
7300	511	Supplies for Clerical Support			\$	200.0
7300	640	Technology Equipment for Clerical Support			\$	87.0
7300	241	Workers compensation: Hourly rate for Clerical Support			\$	135.5
7300	232	Health Insurance: Clerical Support			\$	8,537.4
7300	231	Life Insurance: Hourly rate for Clerical Support			\$	20.1
7300	220	FICA: Hourly rate for Clerical Support			\$	1,858.9
7300	210	Retirement: Hourly rate for Clerical Liaisons			\$	2,629.2
7300	161	Salaries: Hourly rate for Clerical Support	1		\$	24,318.6
6130	241	Workers compensation: Hourly rate for Nurse Liaisons			\$	484.9
6130	232	Health Insurance			\$	17,074.8
6130	231	Life Insurance: Hourly rate for Nurse Liaisons			\$	72.1

DOE 151 Revised January 2017 Richard Corcoran, Commissioner

