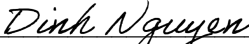



**Florida Department of Education
Project Award Notification**

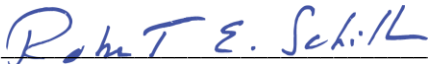
1 PROJECT RECIPIENT Brevard County School District	2 PROJECT NUMBER 050-1221B-2CR01	
3 PROJECT/PROGRAM TITLE American Rescue Plan - Homeless Children and Youth (ARP-HCY) Project <p align="right">TAPS 22A176</p>	4 AUTHORITY 84.425W ARP 2021 Education Stabilization Fund USDE or Appropriate Agency FAIN#: S425W210010	
5 AMENDMENT INFORMATION Amendment Number: 1 Type of Amendment: Program/Budget Effective Date: 03/23/2023	6 PROJECT PERIODS Budget Period: 01/13/2022 - 09/30/2024 Program Period: 01/13/2022 - 09/30/2024	
7 AUTHORIZED FUNDING Current Approved Budget: \$1,037,305.00 Amendment Amount: Estimated Roll Forward: Certified Roll Amount: Total Project Amount: \$1,037,305.00	8 REIMBURSEMENT OPTION Federal Cash Advance	
9 TIMELINES <ul style="list-style-type: none"> • Last date for incurring expenditures and issuing purchase orders: <u>09/30/2024</u> • Date that all obligations are to be liquidated and final disbursement reports submitted: <u>11/20/2024</u> • Last date for receipt of proposed budget and program amendments: <u>08/31/2024</u> • Refund date of unexpended funds; mail to DOE Comptroller, 325 W. Gaines Street, 944 Turlington Building, Tallahassee, Florida 32399-0400: • Date(s) for program reports: • Federal Award Date : <u>04/23/2021</u> 		
10 DOE CONTACTS Program: Courtney Walker Phone: (850) 245-0665 Email: courtney.walker@fldoe.org Grants Management: Unit A (850) 245-0735	Comptroller Office Phone: (850) 245-0401 UEI#: M2CKC5FG3MD6 FEIN#: F596000522003	
11 TERMS AND SPECIAL CONDITIONS <ul style="list-style-type: none"> • This project and any amendments are subject to the procedures outlined in the <u>Project Application and Amendment Procedures for Federal and State Programs</u> (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. • The Department's approval of this contract/grant does not excuse compliance with any law. • Other: 		
12 APPROVED: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <hr style="width: 30%; margin: 0 auto;"/> <p>Authorized Official on behalf of the Commissioner of Education</p> </div> <div style="text-align: center;"> <p><u>06/06/2023</u></p> <hr style="width: 30%; margin: 0 auto;"/> <p>Date of Signing</p> </div> <div style="text-align: right;">  <p>FLORIDA DEPARTMENT OF EDUCATION fldoe.org</p> </div> </div>		

**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 Project Application and Amendment Procedures for Federal and State Programs (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.

FLORIDA DEPARTMENT OF EDUCATION

PROJECT AMENDMENT REQUEST

Please return to: Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	A) Agency Name: School Board of Brevard County, Florida 2700 Judge Fran Jamieson Way Viera, FL 32940	DOE USE ONLY Date Received <div style="text-align: center; font-size: 1.2em;">3/23/2023</div>
B) Program Name: ARP Homeless Children and Youth TAPS Number: 22A176		Project Number (DOE Assigned) 050-1221B-2CR01
C) Amendment Type <input checked="" type="checkbox"/> Program <input type="checkbox"/> Budget Amendment Number: 001	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@brevardschools.org
E) Required Signature and Certification		
<p>I, Robert Schiller, Ed.D., (<i>Please Type Name</i>) as the official who is authorized to legally bind the agency/organization, do hereby certify to the best of my knowledge and belief that all the information and attachments submitted in this application amendment are true, complete and accurate, for the purposes, and objectives, set forth in the RFA or RFP and are consistent with the statement of general assurances and specific programmatic assurances for this project. I am aware that any false, fictitious or fraudulent information or the omission of any material fact may subject me to criminal, or administrative penalties for the false statement, false claims or otherwise. Furthermore, all applicable statutes, regulations, and procedures; administrative and programmatic requirements; and procedures for fiscal control and maintenance of records will be implemented to ensure proper accountability for the expenditure of funds on this project. All records necessary to substantiate these requirements will be available for review by appropriate state and federal staff. I further certify that all expenditures will be obligated on or after the effective date and prior to the termination date of the project. Disbursements will be reported only as appropriate to this project, and will not be used for matching funds on this or any special project, where prohibited.</p> <p>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.</p>		
 Signature of Agency Head	<u>Interim Superintendent</u> Title	<u>3/23/23</u> Date
F) Brevard will be decreasing funds from the previously approved short term emergency housing for families activity and will increase funding for case management and housing support services for families. The amount of dollars for hotel stays will be decreased to allow for the addition of case management services to support families in need. These services will be provided at the initial evaluation and will allow for families to connect with additional services for short term support with the hope of eventually connecting to long term solutions/supports. Connecting with outside agencies in a time of emergency will ensure all possible services are offered.		

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 Project Application and Amendment Procedures for Federal and State Programs (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

B) 050-1221B-2CR01 / 22A176

A) Brevard County School District
District/Agency Name

Project Number/TAPS Number

C) 1
Amendment Number

D) Total Project Amount Currently Approved E) Total Project Amount resulting from this Budget Amendment

\$ 1,037,305.00

\$ 1,037,305.00

F) Line Item Description

Line Item	Activity Number	Function	Object	Account Title and Narrative	FTE	Amount Increase	Amount Decrease
8	A3	9100	390	<p>Short-term emergency housing for families in transition. Vouchers will be purchased and provided to families through collaboration with Brevard Homeless Coalition. 300 MVP families</p> <p style="color: red;">Average hotel rates in Brevard County (statistic provided by Brevard Homeless Coalition) range from \$69-\$189 per night. Average stay would be \$99 and we would provide a family with one time support of 5 days (\$495) maximum. Families will work with Brevard Homeless Coalition in partnership with Brevard Schools for long term housing after 5 days. We will be able to provide assistance to roughly 400 families.</p> <p>Homeless 2</p>			\$ 81,200.00
		6100	310	<p>Case Management & Housing Support Services (Apx 8 hours of Case Management Services & 2 hours of Housing Support Services per family). Homeless 2.</p>		\$ 81,200.00	
Total						\$ 81,200.00	\$ 81,200.00

From: Collado.Ivette@Students At Risk
To: [Hemenway, Derek](#)
Cc: [Walker, Courtney](#); Reed.Christopher@Students At Risk
Subject: RE: Brevard ARP amendment
Date: Monday, May 22, 2023 9:51:14 AM
Attachments: [image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)

Good morning,

I hope you had a wonderful weekend! I have answered the three questions you sent me regarding our short-term housing amendment.

Please let me know if you need anything else.

1. **Who is providing the service?**

The Brevard Homeless Coalition coordinates with local and national advocacy efforts, data collection and research, and serve as the lead agency for the Brevard County Continuum of Care where we assist in the coordination of programs and funding. They serve as the pass-through entity for the organizations that provide services throughout the county. BHC will connect families to the best service providers.

2. **What services will be specifically provided?**

Case Management & Housing Support Services. Assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the Student and family in transition. Component services and activities consist of:

- Conducting initial assessments and evaluations.
- Counseling.
- Developing, securing, and coordinating services and obtaining Federal, State, and local benefits.
- Monitoring and evaluating program participant progress.
- Providing information and referrals to other providers.
- Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and
- Developing an individualized housing and service plan, including planning a path to permanent housing stability.
- Housing search and navigation
- Facilitating the move-in process
- Assistance with obtaining the identification documents needed to obtain housing.
- Assistance with navigating programs that offer financial assistance with move-in costs (application fees, security deposit, first month's rent, etc.)

3. If it's a contract, I would be curious to know the stipulations of the contract (e.g., hours provided and cost per hour)?

The contract will stipulate 8 hours a day and 2 hours of Housing Support Services per 400 families for \$20.00 an hour.

Thank you very much!

Ivette Collado
District Homeless Liaison
321-633-1000 Ext: 11294



"As we work to create light for others, we naturally light our own way." Mary Anne Radmacher.

Specialized Busing google link:

https://docs.google.com/forms/d/e/1FAIpQLScjNVGgELVq9uRU3HVhapUb3SWOo3ZeHeL_GaVHnCNA7pXRkQ/viewform

From: Hemenway, Derek <Derek.Hemenway@fldoe.org>

Sent: Tuesday, April 18, 2023 4:51 PM

To: Collado.Ivette@Students At Risk <Collado.Ivette@Brevardschools.org>

Subject: FW: Brevard ARP amendment

Caution: This email originated from outside of Brevard Public Schools. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Ivette,

Thanks for speaking with me today. Regarding your amendment, could you provide a little more detail about the case management and housing support services that will be provided? For example, who the service providers are and what the specific services that will be provided are. Also, a breakdown of the number of families to be served, cost per hour, and expected hours.

See also Courtney's questions below.

Thanks,

Derek E. Hemenway, EdS, NCC, FCCM
Program Specialist
Title IX, Part A - Florida McKinney-Vento Program
Bureau of Federal Educational Programs (BFEP)
Florida Department of Education

325 West Gaines Street
Tallahassee, Florida 32399-0400
Phone: 850-245-0552
Derek.Hemenway@fldoe.org



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From: Walker, Courtney <Courtney.Walker@fldoe.org>
Sent: Monday, April 17, 2023 3:11 PM
To: Hemenway, Derek <Derek.Hemenway@fldoe.org>
Subject: RE: Brevard ARP amendment

Hi Derek!

In reviewing the amendment, I have a few questions:

- Who is providing the services?
- What services will be specifically provided?
- If it's a contract, I would be curious to know the stipulations of the contract (e.g., hours provided and cost per hour)?

Courtney J. Walker
Federal Director
[Title IX, Part A - Florida McKinney-Vento Program](#)
Bureau of Federal Educational Programs
Florida Department of Education
Phone: (850) 245-9946

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