


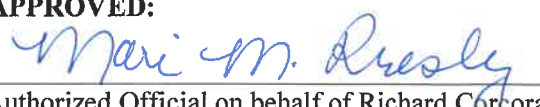


**Florida Department of Education  
Project Award Notification**

<b>1 PROJECT RECIPIENT</b> Brevard County School District	<b>2 PROJECT NUMBER</b> 050-1241B-1CR01			
<b>3 PROJECT/PROGRAM TITLE</b> CRRSA ESSER II - Non-Enrollment Assistance  <p align="center"><b>TAPS 22A171</b></p>	<b>4 AUTHORITY</b> <b>84.425D CRSSA ESSER II</b> <b>USDE or Appropriate Agency</b>  <b>FAIN#: S425D210052</b>			
<b>5 AMENDMENT INFORMATION</b> Amendment Number: 1 Type of Amendment: Program/Budget Effective Date: 04/25/2022	<b>6 PROJECT PERIODS</b>  Budget Period: 07/01/2021 - 09/30/2023 Program Period: 07/01/2021 - 09/30/2023			
<b>7 AUTHORIZED FUNDING</b> Current Approved Budget: \$2,567,868.00 Amendment Amount: Estimated Roll Forward: Certified Roll Amount: Total Project Amount: \$2,567,868.00	<b>8 REIMBURSEMENT OPTION</b> Federal Cash Advance			
<b>9 TIMELINES</b> <ul style="list-style-type: none"> <li>• Last date for incurring expenditures and issuing purchase orders: <u>09/30/2023</u></li> <li>• Date that all obligations are to be liquidated and final disbursement reports submitted: <u>11/20/2023</u></li> <li>• Last date for receipt of proposed budget and program amendments: <u>08/31/2023</u></li> <li>• Refund date of unexpended funds; mail to DOE Comptroller, 325 W. Gaines Street, 944 Turlington Building, Tallahassee, Florida 32399-0400:</li> <li>• Date(s) for program reports:</li> <li>• Federal Award Date : <u>01/05/2021</u></li> </ul>				
<b>10 DOE CONTACTS</b> <b>Program:</b> Mari Presley Phone: (850) 245-9426 Email: <a href="mailto:Mari.Presley@fldoe.org">Mari.Presley@fldoe.org</a> <b>Grants Management:</b> Unit A (850) 245-0496	<b>Comptroller Office</b> <b>Phone:</b> (850) 245-0401  <b>Duns#:</b> 364622886 <b>FEIN#:</b> F596000522003			
<b>11 TERMS AND SPECIAL CONDITIONS</b> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Other:</li> </ul>				
<b>12 APPROVED:</b>  <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: bottom;"> <u>Mari M. Presley</u>            Authorized Official on behalf of Richard Corcoran            Commissioner of Education         </td> <td style="width: 50%; vertical-align: bottom; text-align: center;"> <u>5.3.22</u>            Date of Signing         </td> </tr> </table> <div style="text-align: right; margin-top: 10px;">  </div>			<u>Mari M. Presley</u> Authorized Official on behalf of Richard Corcoran Commissioner of Education	<u>5.3.22</u> Date of Signing
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**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.
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  - 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 Award Notification**

<b>1 PROJECT RECIPIENT</b> Brevard County School District	<b>2 PROJECT NUMBER</b> 050-1241B-1CR01	
<b>3 PROJECT/PROGRAM TITLE</b> CRRSA ESSER II - Non-Enrollment Assistance  <p align="center">TAPS 22A171</p>	<b>4 AUTHORITY</b> <b>84.425D CARES ACT</b> <b>USDE or Appropriate Agency</b>  FAIN#: S425D210052	
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# FLORIDA DEPARTMENT OF EDUCATION

## PROJECT AMENDMENT REQUEST

<b>Please return to:</b>  Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	<b>A) Agency Name:</b>  School Board of Brevard County, Florida 2700 Judge Fran Jamieson Way Viera, FL 32940	<b>DOE USE ONLY</b>  Date Received  <span style="font-size: 1.2em;">4/25/2022</span>
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<b>B) Program Name: CRRSA/ESSER II – Non-Enrollment Assistance</b>  <b>TAPS Number: 22A171</b>	<b>Project Number (DOE Assigned)</b> 050-1241B-1CR01 <b>FAIN#</b> S425D210052
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<b>C) Amendment Type</b>  <input checked="" type="checkbox"/> Program <input checked="" type="checkbox"/> Budget  <b>Amendment Number: 2022-001</b>	<b>D) Amendment Request Contact Information</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Contact Name:            Frank Stockman         </td> <td style="width: 40%;">           Telephone Numbers:            321-633-1000 ext. 11348         </td> </tr> <tr> <td>           Mailing Address:            2700 Judge Fran Jamieson Way            Viera, FL 32940         </td> <td>           E-mail Addresses:            Stockman.Frank@brevardschools.org         </td> </tr> </table>	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
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**

I, **Mark W. Mullins, Ed.D.**, (*Please Type Name*) 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.

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.

_____ Signature of Agency Head	_____ Superintendent Title	_____ 4/20/22 Date
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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.

## **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

A) Brevard  
District/Agency Name

B) 449013  
Project Number/TAPS Number

C) \_\_\_\_\_  
Amendment Number

D) Total Project Amount Currently Approved  
**\$2,567,868.00**

E) Total Project Amount resulting from this Budget Amendment  
**\$2,567,868.00**

F) Line Item Description

Function	Object	Account Title and Narrative	FTE	Amount Increase	Amount Decrease
6110	131	Salaries: Hourly rate for Social Worker Personnel Hourly rate per 8 FT FTE	8		\$ 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

6130	231	Life Insurance: Hourly rate for Nurse Liaisons			\$ 72.13	
6130	232	Health Insurance			\$ 17,074.80	
6130	241	Workers compensation: Hourly rate for Nurse Liaisons			\$ 484.90	
7300	161	Salaries: Hourly rate for Clerical Support	1		\$ 24,318.63	
7300	210	Retirement: Hourly rate for Clerical Liaisons			\$ 2,629.26	
7300	220	FICA: Hourly rate for Clerical Support			\$ 1,858.95	
7300	231	Life Insurance: Hourly rate for Clerical Support			\$ 20.17	
7300	232	Health Insurance: Clerical Support			\$ 8,537.40	
7300	241	Workers compensation: Hourly rate for Clerical Support			\$ 135.59	
7300	640	Technology Equipment for Clerical Support			\$ 87.00	
7300	511	Supplies for Clerical Support			\$ 200.00	
6110	511	Supplies for Social Workers			\$ 1,600.00	
6150	511	Supplies for Parent Liaisons			\$ 6,400.00	
6120	510	Supplies for school Guidance Counselors		\$ 5,500.00		
7500	510	Supplies for ESSER management team		\$ 2,700.00		
8200	640	Technology enhancements		\$ 1,570,984.60		
<b>Total</b>					<b>2,459,382.33</b>	<b>2,459,382.33</b>