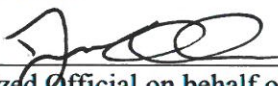





**Florida Department of Education
Project Award Notification**

1 PROJECT RECIPIENT Brevard County School District	2 PROJECT NUMBER 050-1211A-2C001	
3 PROJECT/PROGRAM TITLE ARP ESSER III Formula Grants to LEAs <p align="right">TAPS 22A175</p>	4 AUTHORITY 84.425U ARP ESSER USDE or Appropriate Agency FAIN#: S425U210052	
5 AMENDMENT INFORMATION Amendment Number: 1 Type of Amendment: Budgetary Effective Date: 04/07/2022	6 PROJECT PERIODS Budget Period: 12/02/2021 - 09/30/2024 Program Period: 12/02/2021 - 09/30/2024	
7 AUTHORIZED FUNDING Current Approved Budget: \$115,460,231.00 Amendment Amount: Estimated Roll Forward: Certified Roll Amount: Total Project Amount: \$115,460,231.00	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>03/24/2021</u> 		
10 DOE CONTACTS Program: Amanda Meeks Phone: (850) 245-0906 Email: Amanda.Meeks@fldoe.org Grants Management: Unit A (850) 245-0496	Comptroller Office Phone: (850) 245-0401 Duns#: 364622886 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 <u>General Assurances for Participation in Federal and State Programs</u> 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: <div style="display: flex; justify-content: space-between;"> <div data-bbox="162 1764 763 1900">  Authorized Official on behalf of Richard Corcoran Commissioner of Education </div> <div data-bbox="812 1764 1104 1869"> <u>4/26/22</u> Date of Signing </div> <div data-bbox="1201 1722 1526 1837" style="text-align: right;">  FLORIDA DEPARTMENT OF EDUCATION <small>fldoe.org</small> </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 Award Notification**

1 PROJECT RECIPIENT Brevard County School District	2 PROJECT NUMBER 050-1211K-2C001
3 PROJECT/PROGRAM TITLE ARP ESSER III - Formula Grant to LEAs - Learning Loss <p align="right">TAPS 22A177</p>	4 AUTHORITY 84.425U ARP ESSER USDE or Appropriate Agency FAIN#: S425U210052
5 AMENDMENT INFORMATION Amendment Number: 1 Type of Amendment: Budgetary Effective Date: 04/07/2022	6 PROJECT PERIODS Budget Period: 12/02/2021 - 09/30/2024 Program Period: 12/02/2021 - 09/30/2024
7 AUTHORIZED FUNDING Current Approved Budget: \$28,865,058.00 Amendment Amount: Estimated Roll Forward: Certified Roll Amount: Total Project Amount: \$28,865,058.00	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>03/24/2021</u> 	
10 DOE CONTACTS Program: Amanda Meeks Phone: (850) 245-0906 Email: Amanda.Meeks@fldoe.org Grants Management: Unit A (850) 245-0496	Comptroller Office Phone: (850) 245-0401 Duns#: 364622886 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. Other: 	
12 APPROVED: <div style="display: flex; justify-content: space-between; align-items: center;"> <div data-bbox="162 1764 763 1890">  _____ Authorized Official on behalf of Richard Corcoran Commissioner of Education </div> <div data-bbox="795 1764 1104 1869"> <u>4/26/22</u> _____ Date of Signing </div> <div data-bbox="1201 1722 1526 1827" style="text-align: right;">  FLORIDA DEPARTMENT OF EDUCATION <small>fldoe.org</small> </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 04/07/2022				
B) Program Name: ARP ESSER III: General Fund and Learning Loss TAPS Number: 22A175 & 22A177		Project Number (DOE Assigned) 050-1211A-2C001 and 050-1211K-2C001				
C) Amendment Type <input type="checkbox"/> Program <input checked="" type="checkbox"/> Budget Amendment Number: 2022-001	D) Amendment Request Contact Information <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						
<p>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.</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> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">  <hr style="width: 25%; margin: 0 auto;"/> Signature of Agency Head </div> <div style="text-align: center;"> <u>Superintendent</u> Title </div> <div style="text-align: center;"> <u>4/07/2022</u> Date </div> </div>						
F) Narrative Due to the increased ESSER funds, we will be adding a position to support the increased demand for management and execution. Also, due to funds being removed from ESSER II program funding, we need to place vital personnel into ARP ESSER funding to continue the great work they are providing for our students and community. First, we will increase the funds to include needed personnel to manage and execute the ESSER grants for the district. An Accounting Specialist will be added for SY24. The Teacher on Assignment – Community Partnerships was incorrectly placed in admin costs and will be moved to Activity 2(G). We will be increasing funding for 37 Parent Liaisons that were previously approved in ESSER II to now be funded in ARP ESSER. We will be increasing funding for 3 Social Workers that were previously approved in ESSER II to now be funded in ARP ESSER. We will be increasing funding for 1 Clerk for support that was previously approved in ESSER II to now be funded in ARP ESSER. Our community has a need for serving meals to students during the summer months. Families are dependent on these meals now more than ever due to the effects of the COVID 19 pandemic. We will be increasing funds to serve breakfast and lunch at 10 school sites for 22 days each. We will be decreasing the expenditures by removing a portion of the Conscious Discipline training and placing it in a different funding source. Lastly, we will be decreasing the funding for student laptops supporting our 1:1 initiative.						

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 County School District
District/Agency Name

B) 050-1211A-2C001 / 22A175
050-1211K-2C001 / 22A177
Project Number/TAPS Number

C) 1
Amendment Number

D) Total Project Amount Currently Approved
\$ 115,460,231.00

E) Total Project Amount resulting from this Budget Amendment
\$ 115,460,231.00

F) Line Item Description

Function	Object	Use of Funds Number	Activity Number	Account Title and Narrative	FTE	Amount Increase	Amount Decrease
7500	130	2S-4	2S	Teacher on Assignment - Community Partnerships (1 FTE/12 mo.) SY24	1		\$ 55,798.88
7500	210	2S-4	2S	Teacher on Assignment - Community Partnerships (1 FTE/12 mo.) Retirement		\$ 6,037.44	
6300	220	2S-4	2S	Teacher on Assignment - Community Partnerships (1 FTE/12 mo.) FICA/MEDICARE		\$ 4,268.62	
6300	231	2S-4	2S	Teacher on Assignment - Community Partnerships (1 FTE/12 mo.) Life Ins		\$ 46.31	
6300	241	2S-4	2S	Teacher on Assignment - Community Partnerships (1 FTE/12 mo.) Work comp		\$ 311.36	
6300	232	2S-4	2S	Teacher on Assignment - Community Partnerships (1 FTE/12 mo.) Health		\$ 8,537.40	
6300	130	2G-4	2G	Teacher on Assignment - Community Partnerships (1 FTE/12 mo.) SY24	1	\$ 55,798.88	
6300	210	2G-4	2G	Teacher on Assignment - Community Partnerships (1 FTE/12 mo.) Retirement		\$ 6,037.44	
6300	220	2G-4	2G	Teacher on Assignment - Community Partnerships (1 FTE/12 mo.) FICA/MEDICARE		\$ 4,268.62	
6300	231	2G-4	2G	Teacher on Assignment - Community Partnerships (1 FTE/12 mo.) Life Ins		\$ 46.31	
6300	241	2G-4	2G	Teacher on Assignment - Community Partnerships (1 FTE/12 mo.) Work comp		\$ 311.36	
6300	232	2G-4	2G	Teacher on Assignment - Community Partnerships (1 FTE/12 mo.) Health		\$ 8,537.40	
9100	392	2J-2	2J	Summer Student Meal Continuation		\$ 63,030.00	
6110	130	2L-8	2L	Salaries: Social Worker Personnel SY 23 continuation from ESSER II Non-Enrollment efforts	3	\$ 154,500.00	
6110	210	2L-8	2L	Retirement: Social Worker		\$ 16,716.90	
6110	220	2L-8	2L	FICA: Social Worker		\$ 11,819.25	
6110	231	2L-8	2L	Life Insurance: Social Worker		\$ 129.78	
6110	232	2L-8	2L	Health Insurance: Social Worker		\$ 25,732.68	
6110	241	2L-8	2L	Workers compensation: Social Worker		\$ 862.11	
6150	130	2N-2	2N	Parent Liaisons to work on Recovery and Retention of Students to be placed with individual schools with high student recovery needs and chronic absenteeism SY 23 continuation from ESSER II Non-Enrollment efforts	37	\$ 1,017,500.00	
6150	210	2N-2	2N	Parent Liaisons to work on Recovery and Retention Retirement		\$ 110,093.50	
6150	220	2N-2	2N	Parent Liaisons to work on Recovery and Retention FICA/Medicare		\$ 77,836.75	
6150	231	2N-2	2N	Parent Liaisons to work on Recovery and Retention Life Insurance		\$ 854.70	
6150	241	2N-2	2N	Parent Liaisons to work on Recovery and Retention Health Insurance		\$ 317,369.72	
6150	232	2N-2	2N	Parent Liaisons to work on Recovery and Retention Workers Comp Ins		\$ 5,677.65	
7300	160	2R-12	2R	Salaries: Hourly rate for Clerical Support SY 23 continuation from ESSER II Non-Enrollment efforts	1	\$ 24,318.63	
7300	210	2R-12	2R	Retirement: Hourly rate for Clerical Liaisons		\$ 2,629.26	
7300	220	2R-12	2R	FICA: Hourly rate for Clerical Support		\$ 1,858.95	
7300	231	2R-12	2R	Life Insurance: Hourly rate for Clerical Support		\$ 20.17	
7300	232	2R-12	2R	Health Insurance: Clerical Support		\$ 8,537.40	
7300	241	2R-12	2R	Workers compensation: Hourly rate for Clerical Support		\$ 135.59	
7500	160	2S-7	2S	Administrative direct costs (1 FTE - Accounting Specialist) SY 24	1	\$ 34,680.00	
7500	210	2S-7	2S	Administrative direct costs (1 FTE - Accounting Specialist) Retirement		\$ 3,752.38	
7500	220	2S-7	2S	Administrative direct costs (1 FTE - Accounting Specialist) FICA/MEDICARE		\$ 2,653.02	
7500	231	2S-7	2S	Administrative direct costs (1 FTE - Accounting Specialist) Life Ins		\$ 29.13	
7500	241	2S-7	2S	Administrative direct costs (1 FTE - Accounting Specialist) Work comp		\$ 8,577.56	
7500	232	2S-7	2S	Administrative direct costs (1 FTE - Accounting Specialist) Health Ins		\$ 193.51	
6400	330	2A-1	2A	Conscious Discipline conference travel/hotel		\$ 36,000.00	
6400	730	2A-1	2A	Conscious Discipline conference (Orlando)		\$ 72,000.00	
6400	130	2A-1	2A	Conscious Discipline conference extra duty pay teacher		\$ 40,969.00	
6400	210	2A-1	2A	Conscious Discipline Teacher retirement		\$ 4,429.28	
6400	220	2A-1	2A	Conscious Discipline Teacher FICA		\$ 3,131.60	
6400	240	2A-1	2A	Conscious Discipline Teacher W/C		\$ 228.42	
7731	110	2A-1	2A	Conscious Discipline conference extra duty pay AP (5)		\$ 7,000.00	
7731	210	2A-1	2A	Conscious Discipline AP retirement		\$ 757.40	
7731	220	2A-1	2A	Conscious Discipline AP FICA/Medicare		\$ 535.50	
7731	240	2A-1	2A	Conscious Discipline AP W/C		\$ 39.06	
6500	640	2K-3	2K	Student Laptops for 1:1		\$ 1,724,420.38	
Total						\$ 1,964,510.64	\$ 1,964,510.64



Instructions

**Budget Amendment Narrative Form
DOE 151**

- A) Enter District/Agency Name
- B) Enter Project Number of original project and corresponding TAPS number
- C) Enter chronological number of this Amendment Request
- D) Enter the Total Project Amount Currently Approved

E) Enter the Total Project Amount resulting from this Amendment

F) Provide a narrative description for each budget item by category to justify the requested Budget Amendment. List ONLY the budget lines that are being amended and/or new ones being created. For each budget line to be amended, indicate whether the amount will be increased or decreased in the appropriate column and record the adjusted amount being submitted for approval.

**THIS FORM MUST BE ACCOMPANIED BY AN
APPROPRIATELY COMPLETED PROJECT AMENDMENT
REQUEST FORM, DOE 150**