



**Florida Department of Education  
Project Award Notification**

<b>1 PROJECT RECIPIENT</b> Brevard County School District	<b>2 PROJECT NUMBER</b> 050-2672R-2CP01
<b>3 PROJECT/PROGRAM TITLE</b> ARP IDEA Pre-K - Individuals with Disabilities Education Act, Part B, Pre-K, American Rescue Plan Supplemental Funds  <p align="center"><b>TAPS 22CR02</b></p>	<b>4 AUTHORITY</b> <b>84.173X IDEA ARP, Part B, Pre-K</b> <b>USDE or Appropriate Agency</b>  FAIN#: H173X210027
<b>5 AMENDMENT INFORMATION</b> Amendment Number: 1 Type of Amendment: Budgetary Effective Date: 06/08/2022	<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: \$247,640.00 Amendment Amount: Estimated Roll Forward: Certified Roll Amount: Total Project Amount: \$247,640.00	<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>07/01/2021</u></li> </ul>	
<b>10 DOE CONTACTS</b> <b>Program:</b> Kaitlyn Bishop <b>Phone:</b> (850) 245-0917 <b>Email:</b> <a href="mailto:Kaitlyn.Bishop@fldoe.org">Kaitlyn.Bishop@fldoe.org</a> <b>Grants Management:</b> Unit C (850) 245-0496	<b>Comptroller Office</b> <b>Phone:</b> (850) 245-0401  <b>UEI#:</b> M2CKC5FG3MD6 <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> </ul>	
<b>12 APPROVED:</b>   _____ Authorized Official on behalf of the Commissioner of Education	  <u>6/16/2022</u> Date of Signing

**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

<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>  Brevard County School Board 2700 Judge Fran Jamieson Way Viera, FL 32940	<b>DOE USE ONLY</b>  Date Received  6/8/2022
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<b>B) Program Name: ARP IDEA Pre-K Individuals with Disabilities Education Act, Part B, Pre-K, American Rescue Plan Supplemental Funds</b>	<b>Project Number (DOE Assigned)</b> <b>050-2672R-2CP01</b>
<b>TAPS Number: 22CR02</b>	

<b>C) Amendment Type</b>  <input type="checkbox"/> Program <input checked="" type="checkbox"/> Budget  <b>Amendment Number:</b> <u>  1  </u>	<b>D) Amendment Request Contact Information</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Contact Name:            Kimberly Bias         </td> <td style="width: 40%;">           Telephone Numbers:            321- 633-1000 x11521         </td> </tr> <tr> <td>           Mailing Address:            2700 Judge Fran Jamieson Way         </td> <td>           E-mail Addresses:            Bias.kimberly@brevardschools.org         </td> </tr> </table>	Contact Name: Kimberly Bias	Telephone Numbers: 321- 633-1000 x11521	Mailing Address: 2700 Judge Fran Jamieson Way	E-mail Addresses: Bias.kimberly@brevardschools.org
Contact Name: Kimberly Bias	Telephone Numbers: 321- 633-1000 x11521				
Mailing Address: 2700 Judge Fran Jamieson Way	E-mail Addresses: Bias.kimberly@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	<u>Superintendent</u> Title	<u>6/8/2022</u> Date
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**F) Narrative**

In addition, Handwriting without Tears has been removed and Conscious Discipline added for Professional and Technical Services with a decreased amount of \$3,680.

Textbooks- Handwriting without Tears removed with a cost reduction of \$6640.00.  
 Supplies reduced by \$ 673.05.

Amount increased for indirect costs \$10,993.05.



# FLORIDA DEPARTMENT OF EDUCATION BUDGET AMENDMENT NARRATIVE FORM

A) Brevard County School District  
District/Agency Name

B) 050-2672R-2CP01/22CR02  
Project Number/TAPS Number

C) 1  
Amendment Number

D) Total Project Amount Currently Approved  
\$ 247,640.00

E) Total Project Amount resulting from this Budget Amendment  
\$ 247,640.00

F) Line Item Description

Function	Object	Use of Funds Number	Line Number (IDEA)	Account Title and Narrative	FTE	Amount Increase	Amount Decrease
6130	310		6	<del>Professional and Technical Services Subagreements less than \$25,000</del> Professional and Technical Services from <del>Handwriting without Tears</del> Conscious Discipline to support ESE teachers with implementation of supports for SWD	0.00		\$ 3,680.00
5200	520		2	<del>Textbooks</del> Handwriting without Tears for preschool for use collaboratively with PreK ESE teacher and Occupational Therapist to support fine motor development impacted by the pandemic 10@664	0		\$ 6,640.00
5200	510		1	<del>Supplies</del> Supplies to support transitions, social emotional learning, and self regulation for SWD experiencing loss of self-control and learning due to the pandemics.	0		\$ 673.05
7200	792			Indirect Costs Miscellaneous- @ 4.87% Plan B	0	\$ 10,993.05	
				Note: no IC claimed on original allocation			
<b>Total</b>						<b>\$ 10,993.05</b>	<b>\$ 10,993.05</b>