




**Florida Department of Education
Project Award Notification**

1 PROJECT RECIPIENT Lafayette County School District	2 PROJECT NUMBER 340-1277B-7CH01
3 PROJECT/PROGRAM TITLE Title X, Part C-Education of Homeless Children and Youth Project <p align="right">TAPS 17A006</p>	4 AUTHORITY 84.196A Homeless ED, Title X, Part C NCLB USDE or Appropriate Agency FAIN#: S196A160010
5 AMENDMENT INFORMATION Amendment Number: Type of Amendment: Effective Date:	6 PROJECT PERIODS Budget Period: 07/01/2016 - 06/30/2017 Program Period: 07/01/2016 - 06/30/2017
7 AUTHORIZED FUNDING Current Approved Budget: \$45,000.00 Amendment Amount: Estimated Roll Forward: Certified Roll Amount: Total Project Amount: \$45,000.00	8 REIMBURSEMENT OPTION Federal Cash Advance
9 TIMELINES <ul style="list-style-type: none"> • Last date for incurring expenditures and issuing purchase orders: <u>06/30/2017</u> • Date that all obligations are to be liquidated and final disbursement reports submitted: <u>08/20/2017</u> • Last date for receipt of proposed budget and program amendments: <u>05/31/2017</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>07/01/2016</u> 	
10 DOE CONTACTS Program: Skip Forsyth Phone: (850) 245-0089 Email: Skip.Forsyth@fldoe.org Grants Management: Unit A (850) 245-0496	Comptroller Office Phone: (850) 245-0401 Duns#: 084179415 FEIN#: F596000691014
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, monthly expenditures must be submitted to the Comptroller's Office by the 20th of each month for the preceding month's disbursements utilizing the On-Line Disbursement Reporting System. 	
12 APPROVED: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  _____ Authorized Official on behalf of Pam Stewart Commissioner of Education </div> <div style="text-align: center;">  _____ Date of Signing </div> <div style="text-align: right;">  FLORIDA DEPARTMENT OF EDUCATION fldoe.org </div> </div>	

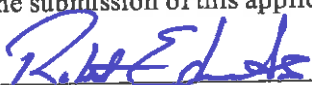
**INSTRUCTIONS
PROJECT AWARD NOTIFICATION**

- 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 APPLICATION

2016 MAY -6 PM 1:32

RECEIVED
CONTRACTS, GRANTS, AND
PROCUREMENT

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) Program Name: Title X, Part C Education of Homeless Children and Youth Project 2015-2016 TAPS NUMBER: 17A00176	DOE USE ONLY Date Received <hr/> Project Number (DOE Assigned) 340-1276B-7CH01
B) Name and Address of Eligible Applicant: Lafayette County District School Board 363 NE Crawford Street Mayo, 32066		
C) Total Funds Requested: \$ 45,000.00 DOE USE ONLY Total Approved Project: \$ 45,000.00	D) Applicant Contact & Business Information	
	Contact Name: Gina Hart Fiscal Contact Name: Tammi Maund Mailing Address: 363 NE Crawford Street Mayo, 32066 Physical/Facility Address: 363 NE Crawford Street Mayo, 32066	Telephone Numbers: 386-294-4137 E-mail Addresses: ghart@lcsbmail.net DUNS number: 084179415 FEIN number: 59-6000691
CERTIFICATION		
<p>I, <u>Robert Edwards</u> (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 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.</p>		
E) <u></u> Signature of Agency Head		

**FLORIDA DEPARTMENT OF EDUCATION
BUDGET DESCRIPTION FORM -
Title X, Part C Education of Homeless Children and Youth Project 2015-2018: Year 2**

A) NAME OF ELIGIBLE RECIPIENT: Lafayette County District School Board
B) Project Number (DOE USE ONLY): 340-1277B-7CH01

E) TAPS Number 17A001

count	Activity	Function	Object	Account Title and Description	FTE	Amount	% ALLOCATED to this PROJECT	ALLOWABLE DOE USE ONLY	REASONABLE DOE USE ONLY	NECESSARY DOE USE ONLY
1	Case Management/Social Work Services	5100	510	Supplies: School supplies such as pens, pencils, erasers, composition books, notebooks, notebook paper, folders, crayons, markers, highlighters, backpacks, etc. for 220 homeless students at \$17.27 per student, distributed depending on individual needs.	0.000	\$ 3,800.00	100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Outreach and Identification	6100	130		0.400	\$ 18,378.00	40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

				Other Certified Instructional Personnel: Part-time salary for Homeless Facilitator; to facilitate immediate entry into school for homeless students, obtain proper documents for registration, ensure proper placement in supplemental programs or courses, communication between the school and the home, maintain working relationships with community service agencies as needed, encourage enrollment of preschool children, provide services to unaccompanied youth, training for parents of their rights, professional development to schools and community partners on homeless program, assist the District Director (Liaison) with program management and coordination of activities, and provide school and administrative staff training on the program, etc-; [LCSB Step 11 Salary Schedule = \$45944.00 X .40 (% duties allocated to Title X) = \$18,378.00						
3	Outreach and Identification	6100	210	Retirement: 7.26% retirement for Homeless Advocate (Facilitator) --(Salary for project x .0726)	0.000	\$ 1,334.00	40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Outreach and Identification	6100	220	Social Security: 6.2% social security for Homeless Advocate (Facilitator) --(Salary for project x .062)	0.000	\$ 1,139.00	40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	Outreach and Identification	6100	221	Medicare/FICA - 1.45% Medicare tax for Homeless Advocate (Facilitator) --(Salary for project x .0145)	0.000	\$ 267.00	40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	Outreach and Identification	6100	230		0.000	\$ 2,481.00	40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

				Group Insurance: employee health insurance for Homeless Advocate (Facilitator)--Total district insurance cost of \$6,203 x .40.							
7	Outreach and Identification	6100	240	Workers Compensation: worker's compensation for Homeless Advocate (Facilitator)--Total WC = \$344 x .40	0.000	\$ 138.00	40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Outreach and Identification	6100	330	Travel(in-county travel)for Homeless Advocate (Facilitator) to conduct home visits to homeless families and students in need of additional assistance--\$.445/mile x 1150 miles	0.000	\$ 661.88	100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9	Manage and Coordinate Project Activities	6300	110	Administrators: Part-time salary for Project Director (Liaison) to provide oversight and administration of the Title X Project--;[LCSB Step 8 Salary Schedule = \$76,745.00 x .14(% duties allocated to Title X) = \$10,744.00	0.140	\$ 10,744.00	14.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10	Manage and Coordinate Project Activities	6300	210	Retirement:7.26% retirement for Project Director (Liaison)--(Salary for project x .0726)	0.000	\$ 780.00	14.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
11	Manage and Coordinate Project Activities	6300	220	Social Security: 6.2% social security for Project Director (Liaison)--(Salary for project x .062)	0.000	\$ 666.00	14.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
12	Manage and Coordinate Project Activities	6300	221	Medicare/FICA - 1.45% Medicare tax for Project Director (Liaison)--(Salary for project x .0145)	0.000	\$ 156.00	14.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
13	Manage and Coordinate Project Activities	6300	230	Group Insurance: employee health insurance for Project Director (Liaison)--Total district insurance cost of \$6,203 x .14.	0.000	\$ 868.00	14.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
14	Manage and Coordinate Project Activities	6300	240	Workers Compensation: worker's compensation for Project Director (Liaison)--Total WC = \$344 x .14	0.000	\$ 48.00	14.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
15	Manage and Coordinate Project Activities	6300	330		0.000	\$ 1,020.00	100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

				Travel for Homeless Director (Liaison) to attend conferences and meetings — .445/mile X 1000 miles); hotel- 4 nights @ 143.75						
16	Manage and Coordinate Project Activities	7200	790	Miscellaneous Expenses: Indirect costs PLAN B at 5.93% rate.	0.000	\$ 2,519.12	100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Total:						\$ 45,000.00				

DOE 101 S



Pam Stewart, Commissioner

Excess Costs of Transportation C

3.0% → 45,000- X
3- X
Max → 1,350.00 *

INDIRECT COSTS PLAN B C

5.93% → 45,000 ÷
1,029.3 ÷
42,470.70023 -
45,000.00 +
Max 2,519.12 *

Current 2,519.12 -
Excess 140.00 +

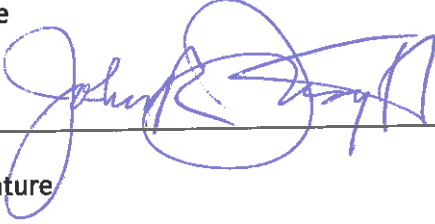
Line Item 165.00 +
6100 330 312.00 +
Travel → 007.00 *

DOE 101 S
Rev 08/10
DOE USE ONLY (Program)

I certify that the cost for each line item budget category has been evaluated and determined to be allowable, reasonable and necessary as required by Section 216.3475, Florida Statutes. Documentation is on file evidencing the methodology used and the conclusions reached.

John R. Forsyth

Name



Signature

Homeless Education Program

Director

Title

8/11/2016

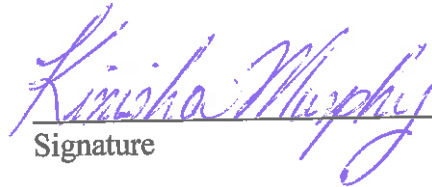
Date

DOE USE ONLY (Grants Management)

I certify that the cost for each line item budget category has been evaluated and determined to be allowable as required by section 216.3475, Florida Statutes. Documentation is on file evidencing the method used and the conclusions reached.

Kinisha Murphy

Name



Signature

Operations & Management Consultant

Title

09/16/2016

Date