

**Florida Department of Education  
Project Award Notification**

S.C.S.B.  
OFFICE OF SUPERINTENDENT

8 OCT 05 2015

<b>1 PROJECT RECIPIENT</b> Suwannee County School District	<b>2 PROJECT NUMBER</b> 610-1276B-6CH01
<b>3 PROJECT/PROGRAM TITLE</b> Title X, Part C. Homeless Children & Youth Project  <b>TAPS 16A001</b>	<b>4 AUTHORITY</b> 84.196A Homeless ED, Title X, Part C NCLB USDE or Appropriate Agency  FAIN#: S196A150010
<b>5 AMENDMENT INFORMATION</b> Amendment Number: Type of Amendment: Effective Date:	<b>6 PROJECT PERIODS</b>  Budget Period: 07/01/2015 - 06/30/2016 Program Period: 07/01/2015 - 06/30/2016
<b>7 AUTHORIZED FUNDING</b> Current Approved Budget: \$40,500.00 Amendment Amount: Estimated Roll Forward: Certified Roll Amount: Total Project Amount: \$40,500.00	<b>8 REIMBURSEMENT OPTION</b> Federal Cash Advance

**9 TIMELINES**

- Last date for incurring expenditures and issuing purchase orders: 06/30/2016
- Date that all obligations are to be liquidated and final disbursement reports submitted: 08/20/2016
- Last date for receipt of proposed budget and program amendments: 05/31/2016
- 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 : 07/01/2015

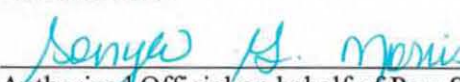
<b>10 DOE CONTACTS</b> <b>Program:</b> Lorraine Allen <b>Phone:</b> (850) 245-0668 <b>Email:</b> <a href="mailto:Lorraine.Allen@fldoe.org">Lorraine.Allen@fldoe.org</a> <b>Grants Management:</b> Unit A (850) 245-0496	<b>Comptroller Office</b> <b>Phone:</b> (850) 245-0411	<b>Duns#:</b> 100013127 <b>FEIN#:</b> F596000872001
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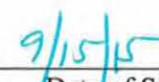
**11 TERMS AND SPECIAL CONDITIONS**


- This project and any amendments are subject to the procedures outlined in the Project Application and Amendment Procedures for Federal and State Programs (Green Book) and the General Assurances for Participation in Federal and State Programs.
- For federal cash advance projects, monthly expenditures must be submitted to the Comptroller's Office by the 20<sup>th</sup> of each month for the preceding month's disbursements utilizing the On-Line Disbursement Reporting System.
- The following documents must be completed and returned to the Department of Education no later than September 30, 2015, as a condition for final approval of this award:
  - General Assurances, Terms and Conditions for Participation in Federal and State Programs
  - DOE 610/620 (as applicable): Risk Analysis, Federal and State Grant Programs

Failure to submit these documents by September 30, 2015, may result in suspension or termination of this award.

**12 APPROVED:**

  
 Authorized Official on behalf of Pam Stewart  
 Commissioner of Education

  
 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.
-



**REVIEW FOR COMPLIANCE WITH SENATE BILL 2386**

(Sections 8, 9, and 25, Chapter 2011-151, Laws of Florida)

**2015-16 Discretionary Advance Payment Project Applications**

*Required for Discretionary, Non-Competitive Projects of \$35,000 or more*

Fiscal Agent: Suwannee

Date Rec'd in DOE: 05/13/2015

Program/Project Name: Title X, Part C - Education of Homeless Children and Youth Project - Year 1

Project Number(s): (#) 610-1276B-6CH01 (#) \_\_\_\_\_

TAPS Number(s): (#) 16A001 (#) \_\_\_\_\_

**(1) Scope of Work that clearly establishes all of the tasks required to be performed:**

*Refer to:*

The Request for Proposal (RFP) outlines the expected goals and measurable objectives, anticipated outcomes, timelines, activities, and deliverables, for each year of the three-year project.

**(2) Maintenance of documentation by recipient to evidence the completion of tasks:**

*Refer to:*

Signed General Assurances, Terms, and Conditions for Participation in Federal and State Programs

**(3) Specific deliverables, to be accepted in writing prior to payment, that are directly related to the task(s) specified in the scope of work, identify the minimum level of service to be performed, and are quantifiable, measurable, and verifiable:**

*Refer to:*

Not applicable. On-line reporting required monthly to record expenditures. End-of-Year report required for each year of grant.

**(4) Criteria that will be used by the Department to determine successful performance:**

*Refer to:*

The expected objectives, anticipated outcomes, timelines, activities, and deliverables identified in the RFP will be used to determine successful performance. Projects will report on the status of project tasks/activities at least twice per year.

Staff will review this reporting semi-annually.

**(5) Financial consequences that may be applied if the contractor fails to perform (to be included on the DOE 200):**

Failure to perform the tasks or submit deliverables as specified in the approved Project Application will result in a partial payment or nonpayment, as appropriate.

**(6) Provision addressing the property rights of intellectual property related to the contract, and specific rights of the state if the contractor fails to provide the services or is no longer providing services:**

<u>Not applicable</u>	<input checked="" type="checkbox"/>
<u>Project application will be revised to address this issue</u>	<input type="checkbox"/>

*Refer to:*

Lorraine H. Allen

*Lorraine H. Allen*

Signature/Date:

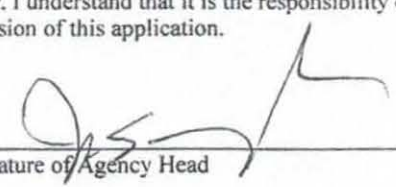
8/12/15

**FLORIDA DEPARTMENT OF EDUCATION  
PROJECT APPLICATION**

OFFICE OF GRANTS MANAGEMENT

2015 APR 17 PM 3:53

RECEIVED

<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) Program Name:</b>  Title X, Part C Education of Homeless Children and Youth Project 2015-2016  <b>TAPS NUMBER: 16A001</b>	<b>DOE USE ONLY</b> Date Received  <b>Project Number (DOE Assigned)</b> 610-1276B-6CH01								
<b>B) Name and Address of Eligible Applicant:</b>  Suwannee County District School Board 702 2nd Street NW Live Oak, 32064										
<b>C) Total Funds Requested:</b> \$ 45,000.00  <hr/> <b>DOE USE ONLY</b> <b>Total Approved Project:</b> \$ 40,500.00	<b>D) Applicant Contact &amp; Business Information</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> <b>Contact Name:</b>            Lila Udell         </td> <td style="width:50%;"> <b>Telephone Numbers:</b>            386-647-4638         </td> </tr> <tr> <td> <b>Fiscal Contact Name:</b>            Lila Udell         </td> <td></td> </tr> <tr> <td> <b>Mailing Address:</b>            702 2nd Street NW            Live Oak, 32064         </td> <td> <b>E-mail Addresses:</b>            lila.udell@suwannee.k12.fl.us         </td> </tr> <tr> <td> <b>Physical/Facility Address:</b>            702 2nd Street NW            Live Oak, 32064         </td> <td> <b>DUNS number:</b> 100013127  <b>FEIN number:</b> 59-6000872         </td> </tr> </table>		<b>Contact Name:</b> Lila Udell	<b>Telephone Numbers:</b> 386-647-4638	<b>Fiscal Contact Name:</b> Lila Udell		<b>Mailing Address:</b> 702 2nd Street NW Live Oak, 32064	<b>E-mail Addresses:</b> lila.udell@suwannee.k12.fl.us	<b>Physical/Facility Address:</b> 702 2nd Street NW Live Oak, 32064	<b>DUNS number:</b> 100013127 <b>FEIN number:</b> 59-6000872
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<b>CERTIFICATION</b>  I, <u>Jerry Scarborough</u> 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.  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.										
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>E)</b>             Signature of Agency Head         </div> <div style="width: 40%; text-align: right;">           4-15-15         </div> </div>										

DOE 100A  
Revised March 2015



Pam Stewart, Commissioner

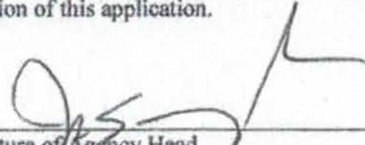


DUPLICATE

FLORIDA DEPARTMENT OF EDUCATION  
PROJECT APPLICATION

2015 MAY 15 AM 11:52  
OFFICE OF GRANTS MANAGEMENT  
DOE

RECEIVED

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DOE 100A  
Revised March 2015



Pam Stewart, Commissioner

**FLORIDA DEPARTMENT OF EDUCATION**

**BUDGET DESCRIPTION FORM -**

**Title X, Part C Education of Homeless Children and Youth Project 2015-2016**

A) NAME OF ELIGIBLE RECIPIENT: Suwannee County District School Board

B) Project Number( DOEUSE ONLY): 610-1276B-6CH01

E) TAPS Number 16A001
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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	Supplemental Education Programs	5100	510	Supplies Purchased to meet the needs of an estimated 200 homeless students as the need arises. (backpacks, school supplies, and emergency supplies such as personal care and hygiene items and uniforms/clothes/shoes to enable homeless students to attend school.)	0.000	\$ 562.44	100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Supplemental Education Programs	5100	730	Dues and fees, Homeless Students extracurricular activities fees-club dues, class dues, athletic fees to be used at the discretion of the homeless advocate for approximately 50 students @ an average of \$10, when all other funding/donation options have been exhausted or in emergency situations.	0.000	\$ 500.00	100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	Case Management/Social Work Services	6100	160	Other Support Personnel Salaries for Homeless Liaison/Advocate (Advocate to assist homeless students according to the requirements of the McKinney-Vento Act; Identify and provide the needs of unaccompanied youth; Monitor homeless students educational success; Collaborate and coordinate with the state); Salary is based upon 2015-16 Agreement Between the United Teachers of Suwannee County and the School Board of Suwannee County	1.000	\$ 28,501.20	100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Case Management/Social Work Services	6100	210		0.000	\$ 3,499.95	100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



				Retirement Employee Benefits for Homeless Advocate to carry out the requirements of the McKinney-Vento Act - 12.28% DROP						
5	Case Management/Social Work Services	6100	220	Social Security Employee benefits for Homeless Advocate to carry out the requirements of the McKinney-Vento Act - 6.2%	0.000	\$ 1,767.07	100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	Case Management/Social Work Services	6100	221	Employee benefits: Medicare for Homeless Advocate to carry out the requirements of the McKinney-Vento Act - 1.45%	0.000	\$ 413.27	100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	Employee Insurance	6100	230	Group Insurance Expenditures to provide group insurance coverage (including life, health, and accident insurance) for school personnel.	0.000	\$ 1,950.72	100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8	Case Management/Social Work Services, Professional Development Community Collaboration	6100	330	Travel Home visits by advocate, dissemination efforts, collaborate with local coalition .	0.000	\$ 147.13	100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9	Supplemental Education Programs	6100	510	Supplies Purchased to meet the needs of an estimated 200 homeless students as the need arises. (backpacks, school supplies, and emergency supplies such as personal care and hygiene items and uniforms/clothes/shoes to enable homeless students to attend school.)		\$ 100.00	100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	Case Managment/Social Work Services; Extraordinary and Emergency Services	6130	310	Professional and Technical Services Health Services for approximately 20 students @ an average of \$50 per student.	0.000	\$ 1,000.00	100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11	Professional Development, Community Collaboration	6400	330	Travel - Homeless Liaison will attend the Florida Institue on Homelessness and Supportive Housing (October 29-30) registration , hotel 2 nights , rental car and Meals		\$ 700.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12	Indirect Cost	7200	790	Miscellaneous Expenses General Administration Indirect Cost Plan B@ 3.47% negotiated rate	0.000	\$ 1,358.22	100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Total:						\$ 40,500.00				