

**Florida Department of Education  
Project Award Notification**

|  |  |
|--|--|
| <b>1 PROJECT RECIPIENT</b><br>Liberty County School District   | <b>2 PROJECT NUMBER</b><br>390-92490-4DK01   |
| <b>3 PROJECT/PROGRAM TITLE</b><br>Florida Safe Schools Canine Program<br><br><p style="text-align: right;"><b>TAPS 24A348</b></p>  | <b>4 AUTHORITY</b><br><b>L.I. 96 2023 General Appropriations Act</b><br><b>USDE or Appropriate Agency</b><br><br><b>FAIN#:</b>   |
| <b>5 AMENDMENT INFORMATION</b><br>Amendment Number:<br>Type of Amendment:<br>Effective Date:   | <b>6 PROJECT PERIODS</b><br><br>Budget Period: 07/01/2023 - 08/31/2025<br>Program Period: 07/01/2023 - 08/31/2025  |
| <b>7 AUTHORIZED FUNDING</b><br>Current Approved Budget: \$102,273.00<br>Amendment Amount:<br>Estimated Roll Forward:<br>Certified Roll Amount:<br>Total Project Amount: \$102,273.00   | <b>8 REIMBURSEMENT OPTION</b><br>As Specified in the Terms and Conditions  |
| <b>9 TIMELINES</b> <ul style="list-style-type: none"> <li>Last date for incurring expenditures and issuing purchase orders: <span style="float: right;"><u>08/31/2025</u></span></li> <li>Date that all obligations are to be liquidated and final disbursement reports submitted: <span style="float: right;"><u>09/06/2025</u></span></li> <li>Last date for receipt of proposed budget and program amendments: <span style="float: right;"><u>07/31/2025</u></span></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 : <span style="float: right;"><u>07/01/2024</u></span></li> </ul>  |  |
| <b>10 DOE CONTACTS</b><br><b>Program:</b> Kinisha Murphy<br><b>Phone:</b> (850) 245-5162<br><b>Email:</b> <a href="mailto:OSSgrants@fldoe.org">OSSgrants@fldoe.org</a><br><b>Grants Management:</b> Unit A (850) 245-0735  | <div style="display: flex; justify-content: space-between;"> <div> <b>Comptroller Office</b><br/> <b>Phone:</b> (850) 245-0401           </div> <div> <b>UEI#:</b> LVN6Y885WAC4<br/> <b>FEIN#:</b> F596000720001           </div> </div> |
| <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>Any unexpended general revenue funds must be returned by check issued to the Florida Department of Education, with the final expenditure report. The check must clearly identify the project number for which funds are being returned.</li> <li>In the event that the Governor and Cabinet are required to impose a mandatory reserve on the current year appropriation, this Agreement shall be amended to place in reserve the amount determined by the Department of Education to be necessary because of the mandatory reserve in the appropriation.</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>The Department's approval of this contract/grant does not excuse compliance with any law.</li> <li>Other: Upon receipt of the Project Award Notification, 50% of the total award may be advanced for the first payment period. To receive subsequent payments of remaining funds, at least 50% of the amount advanced must be used and supporting documentation submitted to Program Office. (Examples of supporting documentation: paid receipts or paid invoices). The Recipient must have detailed documentation supporting all requests for advances and disbursements that are reported on the final DOE financial report.</li> </ul> |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <b>12 APPROVED:</b><br/> <br/>         _____<br/>         Authorized Official on behalf of the<br/>         Commissioner of Education       </div> <div style="width: 30%; text-align: center;"> <u>10-7-2024</u><br/>         Date of Signing       </div> <div style="width: 25%; text-align: right;">  </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

|  |   |   |                             |                                    |                                |  |  |   |  |  |
|--|---|---|-----------------------------|------------------------------------|--------------------------------|--|--|---|--|--|
| <b>Please return to:</b><br><br>Florida Department of Education<br>Office of Grants Management<br>Room 332 Turlington Building<br>325 West Gaines Street<br>Tallahassee, Florida 32399-0400<br>Telephone: (850) 245-0496   | <b>A) Program Name:</b><br><p style="text-align: center;"><b>Florida Safe Schools<br/>Canine Grant Program</b></p> <p style="text-align: center;"><b>TAPS NUMBER: 24A348</b></p>  | <b>DOE USE ONLY</b><br><br>Date Received<br><br><p style="text-align: center;">7/11/2024</p>      |                             |                                    |                                |  |  |   |  |  |
| <b>B) Name and Address of Eligible Applicant:</b><br><br><p style="text-align: center;">Liberty County School Board</p>  |   | <b>Project Number (DOE Assigned)</b><br><p style="text-align: center;"><b>390-92490-4DK01</b></p> |                             |                                    |                                |  |  |   |  |  |
| <b>C) Total Funds Requested:</b><br><br><p style="text-align: center;"><b>\$102,273</b></p> <hr style="width: 50%; margin: 10px auto;"/> <p style="text-align: center;"><b>DOE USE ONLY</b></p> <p style="text-align: center;"><b>Total Approved Project:</b></p> <p style="text-align: center;"><b>\$102,273.00</b></p> | <b>D) Applicant Contact &amp; Business Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Contact Name: Mandie Fowler</td> <td style="width: 40%;">Telephone Numbers:<br/>850-643-2275</td> </tr> <tr> <td>Fiscal Contact Name: Katy Gunn</td> <td></td> </tr> <tr> <td>Mailing Address:<br/>11051 NW SR 20<br/>Bristol, FL, 32321</td> <td>E-mail Addresses:<br/><a href="mailto:Mandie.fowler@lcsb.org">Mandie.fowler@lcsb.org</a><br/><a href="mailto:Katy.gunn@lcsb.org">Katy.gunn@lcsb.org</a></td> </tr> <tr> <td>Physical/Facility Address:<br/>11051 NW SR 20<br/>Bristol, FL, 32321</td> <td>UEI number: LVN6Y885WAC4<br/><br/>FEIN number: F596000720001</td> </tr> </table> |   | Contact Name: Mandie Fowler | Telephone Numbers:<br>850-643-2275 | Fiscal Contact Name: Katy Gunn |  | Mailing Address:<br>11051 NW SR 20<br>Bristol, FL, 32321 | E-mail Addresses:<br><a href="mailto:Mandie.fowler@lcsb.org">Mandie.fowler@lcsb.org</a><br><a href="mailto:Katy.gunn@lcsb.org">Katy.gunn@lcsb.org</a> | Physical/Facility Address:<br>11051 NW SR 20<br>Bristol, FL, 32321 | UEI number: LVN6Y885WAC4<br><br>FEIN number: F596000720001 |
| Contact Name: Mandie Fowler  | Telephone Numbers:<br>850-643-2275  |   |                             |                                    |                                |  |  |   |  |  |
| Fiscal Contact Name: Katy Gunn   |   |   |                             |                                    |                                |  |  |   |  |  |
| Mailing Address:<br>11051 NW SR 20<br>Bristol, FL, 32321   | E-mail Addresses:<br><a href="mailto:Mandie.fowler@lcsb.org">Mandie.fowler@lcsb.org</a><br><a href="mailto:Katy.gunn@lcsb.org">Katy.gunn@lcsb.org</a>   |   |                             |                                    |                                |  |  |   |  |  |
| Physical/Facility Address:<br>11051 NW SR 20<br>Bristol, FL, 32321   | UEI number: LVN6Y885WAC4<br><br>FEIN number: F596000720001  |   |                             |                                    |                                |  |  |   |  |  |

### CERTIFICATION

I, Kyle Peddie, 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.

E)

Signature of Agency Head

Superintendent

Title

August 27, 2023

Date

## Section D#

### Florida Department of Education General Assurances, Terms, and Conditions for Participation in Federal and State Programs

#### Authority for Data Collection: 20 USC 1232e (a)

**Planned Use of Data:** The requirements established in United States Code Annotated, Title 20, Education, Chapter 31, Subchapter III, Section 1232(e), stipulate that "[e]ach local education agency which participates in an applicable program under which federal funds are made available to such agency through a state agency shall submit, to such an agency, a general application containing the assurances set forth in subsection [1232e] (b)." The application shall cover the participation by the local education agency and all other organizations participating in state and federal programs administered by the Florida Department of Education. These assurances are set forth below in the "General Assurances" section.

**Instructions:** These general assurances will be in effect for the duration of the project it covers. The state agencies or boards administering the projects covered by the application shall not require the submission or amendment of such an application unless required by changes in federal or state law, or by other significant change in the circumstances affecting an assurance in such application. The superintendent, agency head, or other authorized officer must sign the certification and return it to the following address. No payment for project/grant awards will be made by this agency without a current signed General Assurances form on file. For further information, contact the Florida Department of Education, Bureau of the Comptroller, at (850) 245-0401.

#### Certification:

I, the undersigned official am legally authorized to bind the named agency/organization of the State of Florida, hereby apply for participation in federally funded and/or state-funded education programs on behalf of the named agency/organization below. I certify that the agency will adhere to and comply with the General Assurances, Terms, and Conditions and all requirements outlined in the "Project Application and Amendment Procedures for Federal and State Programs" (Green Book).

Liberty

Typed Agency Name

39

Agency Number

Kyle Peddie, Superintendent

Typed Name and Title of Authorized Official  
(Agency Head)

I certify that the agency will adhere to each of the assurances contained in this set of *General Assurances, Terms, and Conditions for Participation in Federal and State Programs* as applicable to the project(s) for which this agency is responsible.



Signature (must be original)

8/29/2024

Date

(850) 643-2275

Area Code/Telephone Number

**Florida Department of Education  
Florida Safe Schools Canine Grant Program  
Attestation Form**

Commented [KM1]: The Law Enforcement Agency signs this page

Check each box as applicable, sign, and return with the application

In accordance with line item 96 of the 2023 General Appropriations Act (2500), Rule 6A-1.0020 Florida Administrative Code, and section 1006.121, Florida Statutes, the law enforcement agency identified below certifies the following:

☒ The LEO has elected to participate in the Florida Safe Schools Canine Grant Program and the program is consistent with the requirements of Rule 6A-1.0020, Florida Administrative Code and s. 1006.21, Florida Statutes.

☒ Participation in the program is approved by the local school board; or

If not, is scheduled to be considered by \_\_\_\_\_ (date)

Furthermore, by signing this form, the law enforcement agency attests that during the identified project period:

- Expenditures will be for the purchase and training of a firearm detection canine.
- Costs for ongoing care of a firearm detection canine (e.g., food, supplies, veterinary care, kennels, toys) will be provided by the law enforcement agency or via community monetary or in-kind donations.
- Firearm detection canine is the purview of the law enforcement agency. The funded school district has priority use of the canine when needed.
- Disposition of canines that are unable to serve or have retired is humane. All proceeds from the sale of canines must be returned to the Florida Department of Education. Humane euthanasia of canines is allowed *only* if recommended by a qualified veterinary health professional or animal control authority.

Liberty County Sheriff's Office

\_\_\_\_\_  
Law Enforcement Agency Name

  
\_\_\_\_\_  
Signature of Law Enforcement Agency Head or Authorized Designee\*

\_\_\_\_\_  
August 26, 2024

\_\_\_\_\_  
Date

\*Applications signed by officials other than the appropriate agency head identified above must have an attached letter signed by the agency head, or documentation citing action of the governing body delegating authority to the person to sign on behalf of said official.

## **The Project Narrative-Scope of Work**

### **24A348 & 25A348**

**The program implementation plan includes the purchase, training, & costs of maintenance (food, grooming, health care) of one K9 as well as salary, benefits, & applicable uniform costs for a certified K9 handler. The cost of one K9 vehicle & applicable modifications is also budgeted. These costs are budgeted in 24A348 or 25A348.**

- The Sheriff's Office must describe the type of training and certifications the canine (and handler if applicable) will have and the accrediting body that recognizes it. They must summarize their policy for canines who are unfit for duty, retired or require euthanasia.
  - **Training will be provided by Hamilton K-9 Center. Consisting of 8 weeks of ammunition and firearms detection. This will include certification by a national accrediting body, North American Police Dog Association.**
- The School District must describe how they plan to use the canine at schools. For example, at Parent & Family Engagement events, sporting events, dances, rallies, as academic & behavioral incentives, etc. Tie the activities to the goals and measures in the Strategic Plan.
  - **The school district plans to use the canine at all school events that involve the public, in order to best detect firearms. These events include but are not limited to athletic events and student performances as well as parent engagements activities. The canine will also be included as part of the district's positive behavioral incentives program and will interact with students during class visits. These activities support the Florida Department of Education Strategic Plan Goal 4, Quality Efficient Services.**

## **The Project Narrative-Scope of Work**

- Description of the breed(s), age, and a photograph (if available) of each canine to be purchased and trained.
  - **Yellow Labrador Retrievers, 12 months, males, Cooper and Dakota**
- Description of the type of training the canines will attend e.g., moving target, person-borne concealed-carried firearms, ammunitions, and/or explosives detection capability.
  - **Training will be provided by Hamilton K-9 Center. Consisting of 8 weeks of ammunitions and firearms detection. In an additional K-9/handler team will receive ammunitions and firearms detection training for a two-week period. Evidence of training will be provided upon completion by Hamilton K-9 Center.**

- Description of the applicable industry standard and accrediting body e.g., North American Police Work Dog Association (NAPWDA), International Police Work Dog Association (IPWDA), United States Police Canine Association (USPCA), Florida Law Enforcement Canine Association (FLECA), Commission on Accreditation for Law Enforcement Agencies (CALEA).
  - **This will include certification by a national accrediting body, North American Police Dog Association**
- Evidence that the canine has been successfully trained to interact with children, and Evidence that the canine has successfully completed behavior and temperament training.
  - **Hamilton K-9 Center will also provide the K9s with training specifically for the interaction with children safely.**
- (Optional) Evidence that the firearm detection canine has successfully completed animal-assisted therapy training.
  - **Behavior and temperament training will also be provided. The K9s will receive the Canine Good Citizen certification as governed by the American Kennel Club.**
- Provide documentation of humane disposition of canines that are unable to serve or have retired.
  - **The K9s will receive the Canine Good Citizen certification as governed by the American Kennel Club.**
- Are they sold to other agencies or put up for adoption as pets? *Note: All sale proceeds must be returned to the Florida Department of Education.*
  - **The canine handler will have the option to adoption the canine as a pet; if the handler does not choose to adopt, then the canine will be put up for adoption by an eligible applicant.**
- What is the policy regarding treatment and euthanasia? Humane euthanasia is allowed only if recommended by a qualified veterinary health professional or animal control authority.
  - **In the event medical attention (including euthanasia) is needed for dogs, it is the policy of Hamilton K-9 Center to allow only qualified veterinary health professionals to treat dogs.**

- Identify the minimum level of service to be performed.
  - **The minimum level of service that a Liberty County Sheriff's Office, Bristol, FL Firearm Detecting K-9 Unit will provide to the Liberty County School District for all campuses and school-related events throughout the school year can be described as follows:**
  - **Routine Patrols and Sweeps:**  
**The K-9 Unit will conduct routine patrols and sweeps of all school campuses within the Liberty County School District. These sweeps are designed to detect and deter the presence of firearms on school grounds. The patrols will be unannounced to ensure maximum effectiveness in preventing potential threats.**
  - **Randomized Searches:**  
**To maintain a high level of unpredictability and security, the K-9 Unit will perform randomized searches of school buildings, classrooms, parking lots, and other school facilities. These searches will be conducted throughout the school year and during various times of the day.**
  - **Event Security:**  
**The K-9 Unit will provide firearm detection services during school-related events, including sports games, assemblies, dances, and other large gatherings. This service is aimed at ensuring the safety of students, staff, and visitors by proactively searching for firearms before and during the events.**
  - **Response to Threats:**  
**In the event of a credible threat involving a firearm on school property, the K-9 Unit will be deployed immediately to conduct a thorough search and assist in the identification and neutralization of the threat. This rapid response capability is critical in ensuring a swift and effective response to potential firearm threats.**
  - **Training and Awareness Programs:**  
**The K-9 Unit will collaborate with school officials to conduct training and awareness programs for staff and students. These programs will focus on the role of the K-9 Unit, how the dogs work, and the importance of school safety. This service aims to build trust and awareness among the school community regarding the measures in place to protect them.**

- **Coordination with School Administration:**  
The K-9 Unit will maintain regular communication with school administrators to ensure alignment with school safety protocols and procedures. This includes coordinating search schedules, debriefing after incidents or sweeps, and sharing intelligence related to potential threats.
  - **Documentation and Reporting:**  
The K-9 Unit will document all searches, findings, and incidents involving firearm detection on school property. Reports will be provided to the Liberty County School District to keep them informed of the security status and any incidents that may have occurred.
  - **Availability for Additional Services:**  
Upon request by the Liberty County School District or in response to specific concerns, the K-9 Unit may provide additional services such as targeted searches or enhanced presence during periods of heightened concern.
  - **By providing these minimum services, the Liberty County Sheriff's Office Firearm Detecting K-9 Unit ensures a robust and comprehensive approach to maintaining the safety and security of all school campuses and related events throughout the school year.**
- Identify how this Funding Program complies with the goals and measures in the Florida State Board of Education Strategic Plan. The Florida Strategic Plan is at: [Strategic Plan \(fldoe.org\)](http://fldoe.org)
    - **These activities support the Florida Department of Education Strategic Plan Goal 4, Quality Efficient Services as measured and reflected by Florida's national Ranking on Various Educational Outcomes, specifically the reduction of SESIR events.**

## **Project Performance Accountability Information, Instructions, and Form**

**NOTE: The following pages are included in the RFA (DOE 900D) template and are to be completed by the applicant.**

The Florida Department of Education has a standardized process for preparing applications for discretionary funds. This section of the RFA, Project Performance Accountability, is to assure proper accountability and compliance with applicable state and federal requirements.

### **The Department's project managers will:**

- track each project's performance based on the information provided and the stated criteria for successful performance
- verify the receipt of required deliverables prior to payment

For projects funded via Cash Advance, the Department's project managers will verify that the project activities/deliverables are progressing in a satisfactory manner, consistent with the Scope of Work/Project Narrative and Performance Expectations, on a quarterly basis.

**The Scope of Work/ Project Narrative** must include the specific tasks that the grantee is required to perform.

### **Deliverables must:**

- be directly linked to a specific line item/cost item that in turn links to the specific task/activity/service
- identify the minimum level of service to be performed
- be quantifiable, measureable, and verifiable. (*how many, how often, duration*). Effectiveness (*a method demonstrating the success such as a scale goals to be attained is necessary*). Evidence or proof that the activity took place (*Examples of deliverables: documents, manuals, training materials and other tangible product to be developed by the project, training & technical assistance and the method of provision, number of clients or individuals served, the method of providing the service and frequency*). Criteria for acceptance may vary based on the services being provided. Specific criteria will need to be developed by the program office, communicated to the provider, articulated in the deliverable form and will become part of the project award.

The applicant must complete the information related to the required tasks to be performed and timelines/due dates for the respective tasks/deliverables consistent with the provided instructions. Per Chapter 215.971 F.S. financial consequences will be applied if the subrecipient fails to perform the minimum level of services required by the agreement. Unit cost is not necessary for each item but can be used to establish a methodology for reduction in the event minimum performance is not met.

## Project Performance Accountability Form

390-92490-4DK01

### Definitions

- **Scope of Work-** The major tasks that the grantee is required to perform
- **Tasks-** The specific activities performed to complete the Scope of Work
- **Deliverables-** The products and/or services that directly relate to a task specified in the Scope of Work. Deliverables must be quantifiable, measurable, and verifiable
- **Evidence-** The tangible proof
- **Due Date-** Date for completion of tasks
- **Unit Cost-** Dollar value of deliverables

| Scope of Work Tasks/Activities  | Deliverables<br>(product or service) | Evidence<br>(verification)  | Due Date<br>(completion) | Unit Cost   |
|---|--------------------------------------|-----------------------------|--------------------------|---|
| K-9 Handler Training  | Copy of handler credentials          | Copy of handler credentials | August 31, 2025          | \$3,681.21  |
| K-9 Handler Salary-\$50,000 (one year)<br>+ overtime \$10,000 + K-9 Handler<br>Stipend-\$2,400 and benefits | Payroll record                       | Payroll record              | August 31, 2025          | \$52,400 (salary)<br>\$17,181.96 (retirement)<br>\$3,248.80 (federal<br>benefits)<br>\$24,756 (group<br>healthcare)<br>\$245.23 (Workers<br>Comp) |
|   |                                      |                             |                          |   |
|   |                                      |                             |                          |   |
|   |                                      |                             |                          |   |
|   |                                      |                             |                          |   |

***Note: Add additional lines if necessary***

**FLORIDA DEPARTMENT OF EDUCATION  
BUDGET NARRATIVE FORM 101S**

|  |                                       |
|--|---------------------------------------|
| <b>A) Name of Eligible Recipient/Fiscal Agent:</b> | <b>Liberty County School District</b> |
| <b>B) DOE Assigned Project Number:</b>             | <b>390-92490-4DK01</b>                |
| <b>C) TAPS Number:</b>                             | <b>24A348</b>                         |

| (1)             | (2)    | (3)   | (4)          | (5)                  | (6)                         |
|-----------------|--------|---|--------------|----------------------|-----------------------------|
| FUNCTION        | OBJECT | Account Title and Narrative   | FTE POSITION | AMOUNT               | % Allocated to This Project |
| 5900            | 310    | K-9 Handler Training  |              | \$ 3,681.21          | 2%                          |
| 5900            | 160    | Salary: 1 K9 Handler/Sworn Deputy full time salary \$50,000                                   | 1            | \$50,000.00          | 100%                        |
| 5900            | 160    | Salary: 1 K9 Handler/Sworn Deputy full time salary \$50,000 + K-9 K-9 Handler Stipend-\$2,400 | 1            | \$2,400.00           | 100%                        |
| 5900            | 210    | Retirement for 1 Sworn Deputy (32.79%)  |              | \$17,181.96          | 100%                        |
| 5900            | 220    | Social Security for 1 Sworn Deputy (6.2%)   |              | \$3,248.80           | 100%                        |
| 5900            | 221    | Medicare for 1 Sworn Deputy (1.45%)   |              | \$759.80             | 100%                        |
| 5900            | 230    | K-9 Handler Salary Group Healthcare   |              | \$ 24,756.00         | 100%                        |
| 5900            | 240    | Workers Comp for 1 Sworn Deputy (0.468%)  |              | \$245.23             | 100%                        |
|                 |        |   |              |                      |                             |
| <b>D) TOTAL</b> |        |   |              | <b>\$ 102,273.00</b> | <b>100%</b>                 |

**DOE ATTESTATION (Program and Grants Management)**

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.



April 2022

DOE 101S

**From:** [Murphy1, Kinisha](#)  
**To:** [mandie fowler](#); [csmith@libertycountysheriff.org](mailto:csmith@libertycountysheriff.org); [Ricky Sansom](#)  
**Cc:** [OSS grants](#)  
**Subject:** RE: Florida Safe Schools Canine Grant Program - Liberty County School District TAPS# 24A348 (390-92490-4DK01 & TAPS# 25A348 390-92490-5DK01) - PPAF Revision Required  
**Date:** Friday, October 4, 2024 9:42:00 AM  
**Attachments:** [image006.png](#)

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Received, thank you. I've forwarded the project applications for signature.

Sincerely,

Kinisha Murphy, FCCM  
[Office of Safe Schools \(fldoe.org\)](#)  
(850)245-5162

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**From:** mandie fowler <[mandie.fowler@lcsb.org](mailto:mandie.fowler@lcsb.org)>  
**Sent:** Friday, October 4, 2024 8:34 AM  
**To:** Murphy1, Kinisha <[Kinisha.Murphy1@fldoe.org](mailto:Kinisha.Murphy1@fldoe.org)>; [csmith@libertycountysheriff.org](mailto:csmith@libertycountysheriff.org); [Ricky Sansom <ricky.sansom@lcsb.org>](mailto:Ricky Sansom <ricky.sansom@lcsb.org>)  
**Cc:** OSS grants <[OSSgrants@fldoe.org](mailto:OSSgrants@fldoe.org)>  
**Subject:** Re: Florida Safe Schools Canine Grant Program - Liberty County School District TAPS# 24A348 (390-92490-4DK01 & TAPS# 25A348 390-92490-5DK01) - PPAF Revision Required

Please see updated PPA, there are two separate pages, one per grant number within this document. Let me know if you have any questions or need anything else.

Thank you,

Mandie M. Fowler, Ed.S.  
Director of Instruction  
Liberty County School District

---

**From:** Murphy1, Kinisha <[Kinisha.Murphy1@fldoe.org](mailto:Kinisha.Murphy1@fldoe.org)>  
**Sent:** Thursday, October 3, 2024 4:49 PM  
**To:** [mandie fowler <mandie.fowler@lcsb.org>](mailto:mandie.fowler@lcsb.org); [csmith@libertycountysheriff.org](mailto:csmith@libertycountysheriff.org) <[csmith@libertycountysheriff.org](mailto:csmith@libertycountysheriff.org)>; [Ricky Sansom <ricky.sansom@lcsb.org>](mailto:ricky.sansom@lcsb.org)  
**Cc:** OSS grants <[OSSgrants@fldoe.org](mailto:OSSgrants@fldoe.org)>  
**Subject:** RE: Florida Safe Schools Canine Grant Program - Liberty County School District TAPS# 24A348 (390-92490-4DK01 & TAPS# 25A348 390-92490-5DK01) - PPAF Revision Required

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Good afternoon:

Your agency's project applications are pending final approval. The following revision is required before issuing the awards:

- Using the DOE101S line items as a guide, please adjust the line items and unit costs on each application's Project Performance Accountability Form (PPAF). Both the PPAF & DOE101S budget total should match the amount awarded. The activities and totals on each PPAF will equal \$102,273 for TAPS# 24A348 and \$91,368 for TAPS# 25A348, respectively.

I've attached the project applications with the edits noted. Would you send me a revised PPAF for TAPS# 24A348 and 25A348, please?

Sincerely,

Kinisha Murphy, FCCM  
[Office of Safe Schools \(fldoe.org\)](mailto:Office of Safe Schools (fldoe.org))  
(850)245-5162

---

**From:** Murphy1, Kinisha  
**Sent:** Friday, August 30, 2024 5:28 PM  
**To:** [ricky.sansom@lcsb.org](mailto:ricky.sansom@lcsb.org)  
**Subject:** FW: 24A348 Florida Safe Schools Canine Grant Program - Liberty County School District (390-92490-4DK01) - OSS Program Approved  
**Importance:** High

Apologies, forgot to copy you.

Sincerely,

Kinisha Murphy, FCCM  
[Office of Safe Schools \(fldoe.org\)](mailto:Office of Safe Schools (fldoe.org))  
(850)245-5162

---

**From:** Murphy1, Kinisha  
**Sent:** Friday, August 30, 2024 3:56 PM  
**To:** [csmith@libertycountysheriff.org](mailto:csmith@libertycountysheriff.org); mandie fowler <[mandie.fowler@lcsb.org](mailto:mandie.fowler@lcsb.org)>  
**Cc:** OSS grants <[OSSgrants@fldoe.org](mailto:OSSgrants@fldoe.org)>  
**Subject:** RE: 24A348 Florida Safe Schools Canine Grant Program - Liberty County School District (390-92490-4DK01) - OSS Program Approved  
**Importance:** High

Thank you for the revisions. I've forwarded this project application to the next step for

approval.

Sincerely,

Kinisha Murphy, FCCM

[Office of Safe Schools \(fldoe.org\)](mailto:Kinisha.Murphy1@fldoe.org)

(850)245-5162

---

**From:** [csmith@libertycountysheriff.org](mailto:csmith@libertycountysheriff.org) <[csmith@libertycountysheriff.org](mailto:csmith@libertycountysheriff.org)>

**Sent:** Friday, August 30, 2024 9:33 AM

**To:** Murphy1, Kinisha <[Kinisha.Murphy1@fldoe.org](mailto:Kinisha.Murphy1@fldoe.org)>

**Cc:** mandie fowler <[mandie.fowler@lcsb.org](mailto:mandie.fowler@lcsb.org)>

**Subject:** 25A348 DOE101S Florida Safe School Canine

Good morning,

I've attached the updated documents with the adjustments made to the DOE101S and a signed form D-2 by the Superintendent.

Lieutenant Chad Smith

Liberty County Sheriff's Office

Cell: 850-447-2291

Office: 850-643-2235

12832 NW Central Ave Bristol, Florida 32321



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**From:** [Murphy1, Kinisha](#)  
**To:** [WmsTaylor, Felicia](#)  
**Cc:** [Baker, Melissa](#); [Curtis, Mark](#); [Lesley, Michael](#)  
**Subject:** RE: Canine Project Status 10/01/2024 (xxx-92490-4DK01; 24A348)  
**Date:** Tuesday, October 1, 2024 5:08:00 PM  
**Attachments:** [image004.png](#)

---

Liberty has not responded to my request for revision. Sent follow-up email today. I'll call the agency program contacts tomorrow.

Sincerely,

Kinisha Murphy, FCCM  
[Office of Safe Schools \(fldoe.org\)](#)  
(850)245-5162

---

**From:** WmsTaylor, Felicia <Felicia.WmsTaylor@fldoe.org>  
**Sent:** Tuesday, October 1, 2024 3:56 PM  
**To:** Murphy1, Kinisha <Kinisha.Murphy1@fldoe.org>  
**Cc:** Baker, Melissa <Melissa.Baker@fldoe.org>; Curtis, Mark <Mark.Curtis@fldoe.org>; Lesley, Michael <Michael.Lesley@fldoe.org>  
**Subject:** Canine Project Status 10/01/2024 (xxx-92490-4DK01; 24A348)

Greetings, Kinisha.

Checking in with you about the status for the 2023-2024 Canine project.

Liberty (390) – OSS requested a revised PPAF on 9/12/2024 for this original project. Has this agency responded?

The OGM needs to complete the budget review for the following amendments.

- Jefferson (330); PO approved on 9/23/2024 (day before Hurricane Helena closure) – we are on it.

Felicia A. Williams-Taylor, FCPM  
Senior Educational Program Director  
Office of Grants Management  
Phone: 850-245-0717  
Office Hours: 8:30 AM to 5:00 PM EST



## Project Performance Accountability Form

### Definitions

- **Scope of Work-** The major tasks that the grantee is required to perform
- **Tasks-** The specific activities performed to complete the Scope of Work
- **Deliverables-** The products and/or services that directly relate to a task specified in the Scope of Work. Deliverables must be quantifiable, measurable, and verifiable
- **Evidence-** The tangible proof
- **Due Date-** Date for completion of tasks
- **Unit Cost-** Dollar value of deliverables

| Scope of Work Tasks/Activities                            | Deliverables<br>(product or service)               | Evidence<br>(verification)                         | Due Date<br>(completion) | Unit Cost |
|---|--|--|--------------------------|-----------|
| Acquire Certified K-9 & applicable handler training       | Copy of K-9 & handler credentials                  | Copy of K-9 & handler credentials                  | Fall 2024                | \$20,000  |
| Acquire K-9 vehicle                                       | Vehicle sales records                              | Vehicle sales records                              | Fall 2024                | \$70,000  |
| Acquire uniforms & equipment for K-9 handler              | Uniform & equipment sales records                  | Uniform & equipment sales records                  | Fall 2024                | \$3,000   |
| Salary, overtime, & benefits for K-9 handler for one year | Employee payroll records                           | Employee payroll records                           | Fall 2025                | \$107,316 |
| Care for K-9 for one year (veterinary, food, & grooming)  | Veterinary records, food receipts, groomer records | Veterinary records, food receipts, groomer records | Fall 2025                | \$4,700   |
|   |  |  |                          |           |
|   |  |  |                          |           |
|   |  |  |                          |           |
|   |  |  |                          |           |

*Note: Add additional lines if necessary*

**From:** [Murphy1, Kinisha](#)  
**To:** [csmith@libertycountysheriff.org](mailto:csmith@libertycountysheriff.org); [mandie fowler](#)  
**Cc:** [OSS grants](#)  
**Subject:** RE: 24A348 Florida Safe Schools Canine Grant Program - Liberty County School District (390-92490-4DK01) - OSS Program Approved  
**Date:** Friday, August 30, 2024 3:55:00 PM  
**Attachments:** [image004.png](#)  
**Importance:** High

---

Thank you for the revisions. I've forwarded this project application to the next step for approval.

Sincerely,

Kinisha Murphy, FCCM  
[Office of Safe Schools \(fldoe.org\)](#)  
(850)245-5162

---

**From:** csmith@libertycountysheriff.org <csmith@libertycountysheriff.org>  
**Sent:** Friday, August 30, 2024 9:33 AM  
**To:** Murphy1, Kinisha <Kinisha.Murphy1@fldoe.org>  
**Cc:** mandie fowler <mandie.fowler@lcsb.org>  
**Subject:** 25A348 DOE101S Florida Safe School Canine

Good morning,

I've attached the updated documents with the adjustments made to the DOE101S and a signed form D-2 by the Superintendent.

Lieutenant Chad Smith

Liberty County Sheriff's Office

Cell: 850-447-2291

Office: 850-643-2235

12832 NW Central Ave Bristol, Florida 32321



**From:** [Murphy1, Kinisha](#)  
**To:** [csmith@libertycountysheriff.org](mailto:csmith@libertycountysheriff.org)  
**Cc:** [QSS grants](#); [Baker, Melissa](#)  
**Subject:** RE: Florida Safe Schools Canine Grant Program - Revision Required - Liberty County School District (TAPS# 24A348, Project# 390-92490-4DK01 & TAPS# 25A348, Project# 390-92490-5DK01)  
**Date:** Thursday, August 29, 2024 6:31:00 PM  
**Attachments:** [24A348 & 25A348 Liberty-DOE101S app UPDATE 08-29-2024\(RevisionRequested\).xlsx](#)  
[General Assurance Form D-2 - fillable.pdf](#)  
**Importance:** High

---

Received, thank you, Lt. Smith. I've reviewed these documents. There are two items that require revision.

- The allocation for TAPS# 25A348 was transposed on the DOE101S. It should equal \$91,368 instead of \$91,638. Please decrease a line item by \$270 to balance the budget (25a tab).
- The School District Superintendent must sign Page D-2 of the attached General Assurances Form.

Please return these two documents to me as soon as possible.

Sincerely,

Kinisha Murphy, FCCM  
[Office of Safe Schools \(fldoe.org\)](#)  
(850)245-5162

---

**From:** csmith@libertycountysheriff.org <csmith@libertycountysheriff.org>  
**Sent:** Thursday, August 29, 2024 11:08 AM  
**To:** Murphy1, Kinisha <Kinisha.Murphy1@fldoe.org>  
**Subject:** RE: Florida Safe Schools Canine Grant Program - Revision Required - Liberty County School District (390-92490-4DK01-A2)

Ms. Murphy,

I've attached the updated forms for our canine grant submission. Please let me know if you have any questions.

Best regards!

Lt. Chad Smith  
Liberty County Sheriff's Office  
12832 N.W. Central Ave.  
Bristol, FL 32321  
Office (850) 643-2235  
Cell (850) 447-2291

---

**From:** [Murphy1, Kinisha](#)  
**To:** [mandie fowler](#)  
**Cc:** [Baker, Melissa](#)  
**Subject:** RE: Florida Safe Schools Canine Grant Program - Revision Required - Liberty County School District (390-92490-4DK01)  
**Date:** Tuesday, August 27, 2024 1:51:00 PM

---

Sounds good, thank you.

Sincerely,

Kinisha Murphy, FCCM  
[Office of Safe Schools \(fldoe.org\)](#)  
(850)245-5162

---

**From:** mandie fowler <[mandie.fowler@lcsb.org](mailto:mandie.fowler@lcsb.org)>  
**Sent:** Tuesday, August 27, 2024 1:37 PM  
**To:** Murphy1, Kinisha <[Kinisha.Murphy1@fldoe.org](mailto:Kinisha.Murphy1@fldoe.org)>  
**Cc:** Baker, Melissa <[Melissa.Baker@fldoe.org](mailto:Melissa.Baker@fldoe.org)>  
**Subject:** Re: Florida Safe Schools Canine Grant Program - Revision Required - Liberty County School District (390-92490-4DK01)

We are working on revisions this afternoon & tomorrow. Thank you for your help.

Thank you,

Mandie M. Fowler, Ed.S.  
Director of Instruction  
Liberty County School District

---

**From:** Murphy1, Kinisha <[Kinisha.Murphy1@fldoe.org](mailto:Kinisha.Murphy1@fldoe.org)>  
**Sent:** Tuesday, August 27, 2024 9:51 AM  
**To:** mandie fowler <[mandie.fowler@lcsb.org](mailto:mandie.fowler@lcsb.org)>  
**Cc:** Baker, Melissa <[Melissa.Baker@fldoe.org](mailto:Melissa.Baker@fldoe.org)>  
**Subject:** FW: Florida Safe Schools Canine Grant Program - Revision Required - Liberty County School District (390-92490-4DK01)

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning Ms. Fowler

FYI, Liberty County Sheriff's Office applied for Fiscal Year 2023-24 (TAPS# 24A348) Florida Safe Schools Canine Grant Program. The application requires revision and cooperation from the

Liberty County School District.

Please see below for application guidance. This guidance applies to both FY 2023-25 (TAPS# 24A348) and FY 2024-25 (TAPS# 25A348) projects.

Sincerely,

Kinisha Murphy, FCCM

[Office of Safe Schools \(fldoe.org\)](https://fldoe.org)

(850)245-5162

---

**From:** Murphy1, Kinisha

**Sent:** Monday, August 26, 2024 12:05 PM

**To:** [csmith@libertycountysheriff.org](mailto:csmith@libertycountysheriff.org); [ricky.sansom@lcsb.org](mailto:ricky.sansom@lcsb.org); Kyle Peddie <[kyle.peddie@lcsb.org](mailto:kyle.peddie@lcsb.org)>

**Cc:** Baker, Melissa <[Melissa.Baker@fldoe.org](mailto:Melissa.Baker@fldoe.org)>

**Subject:** RE: Florida Safe Schools Canine Grant Program - Revision Required - Liberty County School District (390-92490-4DK01-A2)

**Importance:** High

Good afternoon Lt. Smith:

Apologies for the delayed response. I've reviewed your agency's project application. The following require revision before approval. Please see below for guidance on completing the project application.

- Liberty's allocation for Fiscal Year 2023-25 (TAPS#24A348, 340-92490-4DK01) is \$102,273. Please adjust the project application & budget.  
Liberty's allocation for Fiscal Year 2024-25 (TAPS#25A348, 340-92490-5DK01) is \$91,368. Submit a separate project application to claim this amount.
- Liberty County School District is the Fiscal Agent. Please have the School Superintendent sign the DOE100A Assurances form (D-2) . Sheriff Money signs the attached Attestation Form.
- The Project Narrative-Scope of Work (SOW) submission is required for this project. Please work with Liberty County School District to include the Narrative-SOW.

The school district manages the funds as the fiscal agent, and the law enforcement agency does the work. Both the school district and law enforcement agency must work together to receive these funds. The stakeholders are the respective agency heads, School District Finance Office, the School Safety Specialist, District Threat Management Coordinator, the School District grants manager, the Sheriff's Office Finance Office and the Sheriff's Office grants manager. The RFA contains the following:

- A. The Project Application cover page (DOE 100A) and General Assurances (Page D-2, see attached)** must be signed by the School District Superintendent or authorized designee.
- B. The Attestation Form (attached)** must be signed by the Sheriff or authorized designee.
- C. The Project Narrative-Scope of Work** describes the program implementation plan. The actual

proof of performance e.g., certification documents, receipts, etc. aren't required until after the project is awarded.

- The Sheriff's Office must describe the type of training and certifications the canine (and handler if applicable) will have and the accrediting body that recognizes it. They must summarize their policy for canines who are unfit for duty, retired or require euthanasia.
  - The School District must describe how they plan to use the canine at schools. For example, at Parent & Family Engagement events, sporting events, dances, rallies, as academic & behavioral incentives, etc. Tie the activities to the goals and measures in the Strategic Plan.
- D. The Project Narrative-Scope of Work must have the following required information:
1. Description of the breed(s), age, and a photograph (if available) of each canine to be purchased and trained.
  2. The preferred type of canine are "floppy-eared" breeds and those from the Sporting group e.g., Labrador retrievers, English springer spaniels, cocker spaniels, etc. These breeds are perceived to be cute, friendly, and non-threatening by the public.
- Description of the type of training the canines will attend e.g., moving target, person-borne concealed-carried firearms, ammunitions, and/or explosives detection capability.
  - Description of the applicable industry standard and accrediting body e.g., North American Police Work Dog Association (NAPWDA), International Police Work Dog Association (IPWDA), United States Police Canine Association (USPCA), Florida Law Enforcement Canine Association (FLECA), Commission on Accreditation for Law Enforcement Agencies (CALEA).
  - Certification of the canine's training and qualification as a firearm detection canine to include:
    1. Evidence that the canine has been successfully trained to interact with children, and
    2. Evidence that the canine has successfully completed behavior and temperament training.
    3. (Optional) Evidence that the firearm detection canine has successfully completed animal-assisted therapy training.
  - Provide documentation of humane disposition of canines that are unable to serve or have retired.
    1. Are they sold to other agencies or put up for adoption as pets? *Note: All sale proceeds must be returned to the Florida Department of Education.*
    2. What is the policy regarding treatment and euthanasia? Humane euthanasia is allowed only if recommended by a qualified veterinary health professional or animal control authority.
  - Identify the minimum level of service to be performed.
  - Identify how this Funding Program complies with the goals and measures in the Florida State Board of Education Strategic Plan. The Florida Strategic Plan is at: [Strategic Plan \(fldoe.org\)](https://fldoe.org/StrategicPlan)  
School district data is also found in the School Environmental Incident Reporting (SESIR) tool. The links to SESIR are at: [Discipline Data \(fldoe.org\)](https://fldoe.org/DisciplineData), [SESIR Codes & Definitions \(fldoe.org\)](https://fldoe.org/SESIRCodes) and [About SESIR – School Environmental Safety Incident Reporting \(fldoe.org\)](https://fldoe.org/AboutSESIR)
1. **The Project Performance Accountability Form (PPAF) (You've completed this section)** should have the following information:

- a. Scope of Work Tasks/Activities – This should be summarized from the Narrative-SOW
- b. Deliverables – Copy this from the Narrative-SOW. Summarize the goods and services provided.
- c. Evidence – Provide proof the task was completed such as paid checks, payroll summaries or invoices.
- d. Due Date – This should be August 31, 2025.
- e. Unit Cost (optional) – The total should equal your agency's allocation.

2. **The Budget Narrative Form (DOE 101S) (You've completed this section)** should itemize the costs required to complete grant activities. The School District Finance Office should assist with completing this form.

- a. Function and Object Codes – Required for goods/services purchased using grant funds. These codes are in chapter four of the Red Book at [Financial & Program Cost Accounting & Reporting for Florida Schools \(fldoe.org\)](#)
- b. Account Title and Description – Name the cost item and summarize the purpose.
- c. FTE Position - Provide a Full-Time Equivalent (FTE) value for positions in the budget.
- d. Amount – List the amount for each line item. The budgeted total cannot exceed your agency's allocation.
- e. Percent Allocated to this Project – The proportion of the cost item paid by this grant. If this grant funds the entire cost enter "100%".

**How to request payment** - The payment process begins after your agency's project application is approved. Only activities occurring during the project period are covered. The first payment is a 50 percent advance after approval. To receive payment, you will need your agency's approved project and amendments, supporting documents and three forms. The forms are found on the Comptroller's website at [Comptroller Forms \(fldoe.org\)](#). Please download the following:

- **DOE 300 – Detail of Salary Expenditures** is completed if the grant pays wages or benefits.
- **DOE 301 - Detail of Monthly Expenditures:** List your invoices, receipts, paid checks, and corresponding line items that apply.
  - The DOE 301 amount requested for payment (Column 8) = DOE 399 current disbursements (Column 7).
- **DOE 399 – Project Disbursement Report:** *Complete this form and the budget (DOE101S) together to save time.* Submit the DOE 399 when ready to request payment.
  - List the line items from your application and amendments (Columns 1-4).
  - Total Disbursements (Column 5) is any funds issued to you as of the reporting date.
  - Undisbursed Balance (Column 6) is Budget Amount less Total Disbursements (Column 4-Column 5).
  - Current Disbursements (Column 7) is your request for payment. The DOE 399 current disbursements (Column 7) = DOE 301 amount requested for payment (Column 8)

*Note: The requests for payment should match activities and timelines found in the budget and Project Performance Accountability Form. The request for payment cannot exceed amounts in each line item.*

Please submit the supporting documents to the School District Finance Office. They will

complete these forms then email them with supporting documents to [OSSGrants@fldoe.org](mailto:OSSGrants@fldoe.org).  
I'll review to ensure all required documents are included then forward to the Comptroller's  
Office for payment.

I've attached your agency's submission and required forms. Please revise the project  
application and return to me at [Kinisha.Murphy1@fldoe.org](mailto:Kinisha.Murphy1@fldoe.org) and [OSSGrants@fldoe.org](mailto:OSSGrants@fldoe.org).  
I hope this helps. Please contact me if you have questions or need assistance.

Sincerely,

Kinisha Murphy, FCCM  
[Office of Safe Schools \(fldoe.org\)](mailto:Kinisha.Murphy1@fldoe.org)  
(850)245-5162

---

**From:** [csmith@libertycountysheriff.org](mailto:csmith@libertycountysheriff.org) <[csmith@libertycountysheriff.org](mailto:csmith@libertycountysheriff.org)>  
**Sent:** Wednesday, August 14, 2024 1:49 PM  
**To:** Murphy1, Kinisha <[Kinisha.Murphy1@fldoe.org](mailto:Kinisha.Murphy1@fldoe.org)>  
**Subject:** RE: Canine Question - Liberty

Hi Kinisha,  
If there are any questions that I can help with as a representative of the Liberty County Sheriff's  
Office, please feel free to contact me and I will be happy to assist.

Lieutenant Chad Smith  
Liberty County Sheriff's Office  
(850) 447-2291

---

**From:** Murphy1, Kinisha <[Kinisha.Murphy1@fldoe.org](mailto:Kinisha.Murphy1@fldoe.org)>  
**Sent:** Wednesday, August 14, 2024 10:43 AM  
**To:** Baker, Melissa <[Melissa.Baker@fldoe.org](mailto:Melissa.Baker@fldoe.org)>  
**Cc:** [csmith@libertycountysheriff.org](mailto:csmith@libertycountysheriff.org)  
**Subject:** RE: Canine Question - Liberty

No, not yet. This agency is in my queue to call back today. There are multiple issues with the  
submission.

Sincerely,

Kinisha Murphy, FCCM  
[Office of Safe Schools \(fldoe.org\)](mailto:Kinisha.Murphy1@fldoe.org)  
(850)245-5162

---

**From:** Baker, Melissa <[Melissa.Baker@fldoe.org](mailto:Melissa.Baker@fldoe.org)>

**Sent:** Wednesday, August 14, 2024 10:38 AM  
**To:** Murphy1, Kinisha <[Kinisha.Murphy1@fldoe.org](mailto:Kinisha.Murphy1@fldoe.org)>  
**Cc:** [csmith@libertycountysheriff.org](mailto:csmith@libertycountysheriff.org)  
**Subject:** Canine Question - Liberty

Good morning Kinisha,

I just spoke with Lieutenant Smith on a couple of questions and one topic that came up was related to the canine grant. He was inquiring about the status of the application for Liberty County. I explained that the school district is the grant recipient, but that it was possible for you to provide an update.

I looked on the grant tracker and saw that the Sheriff signed the application instead of the Superintendent. Has this issue been resolved?

Thank you,  
Melissa Baker  
Office of Safe Schools  
Florida Department of Education  
325 West Gaines Street  
Tallahassee, FL 32399-0400  
850-245-0626



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# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

|   |   |  |                                       |                                    |                                     |  |   |   |   |  |
|---|---|--|---------------------------------------|------------------------------------|-------------------------------------|--|---|---|---|--|
| <b>Please return to:</b><br><br>Florida Department of Education<br>Office of Grants Management<br>Room 332 Turlington Building<br>325 West Gaines Street<br>Tallahassee, Florida 32399-0400<br>Telephone: (850) 245-0496  | <b>A) Program Name:</b><br><b>Florida Safe Schools<br/>Canine Grant Program</b><br><br><b>TAPS NUMBER: 24A348</b>   | <b>DOE USE ONLY</b><br><br>Date Received                       |                                       |                                    |                                     |  |   |   |   |  |
| <b>B) Name and Address of Eligible Applicant:</b><br><br><b>Liberty County Sheriff's Office</b>   |   | <b>Project Number (DOE Assigned)</b><br><b>390-92490-4DK01</b> |                                       |                                    |                                     |  |   |   |   |  |
| <b>C) Total Funds Requested:</b><br><br><div style="text-align: center; border-bottom: 1px solid black; margin: 5px 0;"> <b>\$205,016</b> </div> <div style="text-align: center;"> <b>DOE USE ONLY</b><br/><br/> <b>Total Approved Project:</b><br/> <b>\$ 102,273.00</b> </div>  | <b>D) Applicant Contact &amp; Business Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Contact Name: Dusty Arnold</td> <td style="width: 40%;">Telephone Numbers:<br/>850-643-2275</td> </tr> <tr> <td>Fiscal Contact Name: Brett Phillips</td> <td></td> </tr> <tr> <td>Mailing Address:<br/>P.O. Box 67<br/>Bristol, FL, 32321</td> <td>E-mail Addresses:<br/><a href="mailto:darnold@libertycountysheriff.org">darnold@libertycountysheriff.org</a><br/><a href="mailto:bphillips@libertycountysheriff.org">bphillips@libertycountysheriff.org</a></td> </tr> <tr> <td>Physical/Facility Address:<br/>12832 NW Central Ave.<br/>Bristol, FL, 32321</td> <td>DUNS number: 615989910<br/><br/>FEIN number: 59-602-0341</td> </tr> </table> |  | Contact Name: Dusty Arnold            | Telephone Numbers:<br>850-643-2275 | Fiscal Contact Name: Brett Phillips |  | Mailing Address:<br>P.O. Box 67<br>Bristol, FL, 32321 | E-mail Addresses:<br><a href="mailto:darnold@libertycountysheriff.org">darnold@libertycountysheriff.org</a><br><a href="mailto:bphillips@libertycountysheriff.org">bphillips@libertycountysheriff.org</a> | Physical/Facility Address:<br>12832 NW Central Ave.<br>Bristol, FL, 32321 | DUNS number: 615989910<br><br>FEIN number: 59-602-0341 |
| Contact Name: Dusty Arnold  | Telephone Numbers:<br>850-643-2275  |  |                                       |                                    |                                     |  |   |   |   |  |
| Fiscal Contact Name: Brett Phillips   |   |  |                                       |                                    |                                     |  |   |   |   |  |
| Mailing Address:<br>P.O. Box 67<br>Bristol, FL, 32321   | E-mail Addresses:<br><a href="mailto:darnold@libertycountysheriff.org">darnold@libertycountysheriff.org</a><br><a href="mailto:bphillips@libertycountysheriff.org">bphillips@libertycountysheriff.org</a>   |  |                                       |                                    |                                     |  |   |   |   |  |
| Physical/Facility Address:<br>12832 NW Central Ave.<br>Bristol, FL, 32321   | DUNS number: 615989910<br><br>FEIN number: 59-602-0341  |  |                                       |                                    |                                     |  |   |   |   |  |
| <b>CERTIFICATION</b>  |   |  |                                       |                                    |                                     |  |   |   |   |  |
| <p>I, <u>Buddy Money</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> |   |  |                                       |                                    |                                     |  |   |   |   |  |
| <table style="width: 100%;"> <tr> <td style="width: 45%; vertical-align: bottom;"> <b>E)</b> <br/>           Signature of Agency Head         </td> <td style="width: 15%; vertical-align: bottom;">           Sheriff<br/>           Title         </td> <td style="width: 40%; vertical-align: bottom;">           July 8, 2023<br/>           Date         </td> </tr> </table>  |   |  | <b>E)</b><br>Signature of Agency Head | Sheriff<br>Title                   | July 8, 2023<br>Date                |  |   |   |   |  |
| <b>E)</b><br>Signature of Agency Head   | Sheriff<br>Title  | July 8, 2023<br>Date   |                                       |                                    |                                     |  |   |   |   |  |

**FLORIDA DEPARTMENT OF EDUCATION  
BUDGET NARRATIVE FORM 101S**

|  |                                     |
|--|-------------------------------------|
| <b>A) Name of Eligible Recipient/Fiscal Agent:</b> | <b>Liberty Co. Sheriff's Office</b> |
| <b>B) DOE Assigned Project Number:</b>             | <b>390-92490-4DK01</b>              |
| <b>C) TAPS Number:</b>                             | <b>24A348</b>                       |

| (1)             | (2)    | (3)  | (4)          | (5)                  | (6)                         |
|-----------------|--------|--|--------------|----------------------|-----------------------------|
| FUNCTION        | OBJECT | Account Title and Narrative  | FTE POSITION | AMOUNT               | % Allocated to This Project |
| 5900            | 590    | Certified K-9 purchase   |              | \$ 15,000.00         | 7%                          |
| 5900            | 310    | K-9 Handler Training   |              | \$ 5,000.00          | 2%                          |
| 5900            | 160    | K-9 Handler Salary-\$50,000 (one year) + overtime \$10,000 + K-9 K-9 Handler Stipend-\$2,400 |              | \$ 62,400.00         | 30%                         |
| 5900            | 210    | K-9 Handler Salary Retirement  |              | \$ 16,335.00         | 8%                          |
| 5900            | 220    | K-9 Handler Salary Federal Benefits  |              | \$ 3,825.00          | 2%                          |
| 5900            | 230    | K-9 Handler Salary Group Healthcare  |              | \$ 24,756.00         | 12%                         |
| 5900            | 240    | K-9 Handler Workers Comp   |              | \$ 292.03            | 0%                          |
| 5900            | 310    | K-9 Veterinary fees (one year)   |              | \$ 2,000.00          | 1%                          |
| 5900            | 590    | K-9 Dog food (one year)  |              | \$ 1,200.00          | 1%                          |
| 5900            | 310    | K-9 Grooming fees (one year)   |              | \$ 1,500.00          | 1%                          |
| 7800            | 650    | K-9 Vehicle  |              | \$ 70,000.00         | 34%                         |
| 5900            | 642    | K-9 Handler uniforms & equipment   |              | \$ 3,000.00          | 1%                          |
|                 |        |  |              |                      |                             |
|                 |        |  |              |                      |                             |
|                 |        |  |              |                      |                             |
|                 |        |  |              |                      |                             |
|                 |        |  |              |                      |                             |
|                 |        |  |              |                      |                             |
|                 |        |  |              |                      |                             |
| <b>D) TOTAL</b> |        |  |              | <b>\$ 205,308.03</b> | <b>100%</b>                 |

## DOE ATTESTATION (Program and Grants Management)

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.



**FLORIDA DEPARTMENT OF  
EDUCATION**  
fldoe.org

**April 2022**

**DOE 101S**