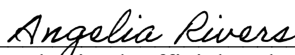



**Florida Department of Education
Project Award Notification**

1 PROJECT RECIPIENT Liberty County School District	2 PROJECT NUMBER 390-90430-3P001
3 PROJECT/PROGRAM TITLE Computer Science Teacher Certification <div style="text-align: right;">TAPS 23A140</div>	4 AUTHORITY LI 100 2022-23 GAA USDE or Appropriate Agency
5 AMENDMENT INFORMATION Amendment Number: Type of Amendment: Effective Date:	6 PROJECT PERIODS Budget Period: 07/01/2022 - 01/25/2025 Program Period: 07/01/2022 - 01/25/2025
7 AUTHORIZED FUNDING Current Approved Budget: \$3,799.00 Amendment Amount: Estimated Roll Forward: Certified Roll Amount: Total Project Amount: \$3,799.00	8 REIMBURSEMENT OPTION Reimbursement with Performance
9 TIMELINES <ul style="list-style-type: none"> Last date for incurring expenditures and issuing purchase orders: <u>01/25/2025</u> Date that all obligations are to be liquidated and final disbursement reports submitted: <u>03/20/2025</u> Last date for receipt of proposed budget and program amendments: <u>12/25/2024</u> Refund date of unexpended funds; mail to DOE Comptroller, 325 W. Gaines Street, 944 Turlington Building, Tallahassee, Florida 32399-0400: Last date for receipt of invoice : <u>01/25/2025</u> 	
10 DOE CONTACTS Program: Patricia Duncan Phone: (850) 245-0808 Email: Patricia.Duncan@fldoe.org Grants Management: Unit A (850) 245-0735	<div style="display: flex; justify-content: space-between;"> <div> Comptroller Office Phone: (850) 245-0401 </div> <div> UEI#: LVN6Y885WAC4 FEIN#: F596000720001 </div> </div>
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. 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. 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. 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. The Department's approval of this contract/grant does not excuse compliance with any law. Other: Payment is rendered upon submission of documented allowable disbursements, plus documentation of completion of specified performance objectives. 	
12 APPROVED: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Authorized Official on behalf of the Commissioner of Education </div> <div style="text-align: center;"> 4/5/2023 _____ Date of Signing </div> <div style="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

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) 245-0735	A) Program Name: <h2 style="text-align: center;">Computer Science Certification</h2> TAPS NUMBER: 23A140	DOE USE ONLY Date Received <h2 style="text-align: center;">2.22.23</h2>						
B) Name and Address of Eligible Applicant: <h3 style="text-align: center;">Liberty County</h3> 11051 NW SR 12, Bristol, FL, 32321		Project Number (DOE Assigned) <h2 style="text-align: center;">390-90430-3P001</h2>						
C) Total Funds Requested: <h2 style="text-align: center;">\$3,799</h2> <hr style="width: 50%; margin: 10px auto;"/> <div style="text-align: center;"> DOE USE ONLY Total Approved Project: <h2 style="text-align: center;">\$ 3,799.00</h2> </div>	D) Applicant Contact & Business Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Contact Name: Mandie Fowler Fiscal Contact Name: Melanie King </td> <td style="width: 40%;"> Telephone Numbers: <h2 style="text-align: center;">850-643-2275</h2> </td> </tr> <tr> <td> Mailing Address: 11051 NW SR 12, Bristol, FL, 32321 </td> <td> E-mail Addresses: mandie.fowler@lcsb.org melanie.king@lcsb.org </td> </tr> <tr> <td> Physical/Facility Address: 11051 NW SR 12, Bristol, FL, 32321 </td> <td> UEI number: LVN6Y885WAC4 FEIN number: F596000720001 </td> </tr> </table>		Contact Name: Mandie Fowler Fiscal Contact Name: Melanie King	Telephone Numbers: <h2 style="text-align: center;">850-643-2275</h2>	Mailing Address: 11051 NW SR 12, Bristol, FL, 32321	E-mail Addresses: mandie.fowler@lcsb.org melanie.king@lcsb.org	Physical/Facility Address: 11051 NW SR 12, Bristol, FL, 32321	UEI number: LVN6Y885WAC4 FEIN number: F596000720001
Contact Name: Mandie Fowler Fiscal Contact Name: Melanie King	Telephone Numbers: <h2 style="text-align: center;">850-643-2275</h2>							
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Physical/Facility Address: 11051 NW SR 12, Bristol, FL, 32321	UEI number: LVN6Y885WAC4 FEIN number: F596000720001							
CERTIFICATION <p>I, <u>Kyle Peddie</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> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 40%;"> E) Signature of Agency Head </div> <div style="width: 30%; text-align: center;"> Superintendent Title </div> <div style="width: 25%; text-align: center;"> 2/21/2023 Date </div> </div>								

Scope of Work Narrative

Liberty County

Computer Science Certification

Grant funds will be utilized to provide district teachers the opportunity to obtain applicable course certifications. Examples include: materials to study certification exam content, certification testing fees, and FLDOE fees for certifications, as well as time to study, and basic supplies.

FLORIDA DEPARTMENT OF EDUCATION

BUDGET NARRATIVE FORM 101S

A) Name of Eligible Recipient/Fiscal Agent:

B) DOE Assigned Project Number:

C) TAPS Number:

Liberty

390-90430-3P001

23A140

(1)	(2)	(3)	(4)	(5)	(6)
FUNCTION	OBJECT	Account Title and Narrative	FTE POSITION	AMOUNT	% Allocated to This Project
6400	730	Payment/Reimbursement for online Professional Learning courses for computer science teachers to prepare for certification exams (3 @ \$300/each)		\$ 900.00	100%
6400	730	Payment/Reimbursement for certification exams for computer science certification exams (\$120/each)		\$ 360.00	100%
6400	730	Payment/Reimbursement for adding appropriate computer science certifications to teacher certifications (\$120/each)		\$ 360.00	100%
6400	140	Substitutes for teachers for exam date(s) & time to study for certification exams @ \$125/day * 6 days		\$ 750.00	100%
6400	220	Social security for substitutes (6.2%)		\$ 46.50	100%
6400	221	Medicare for substitutes (1.45%)		\$ 10.88	100%
6400	240	Workers Comp for substitutes (0.468%)		\$ 3.51	100%
6400	510	Basic supplies for Professional Learning for computer science teachers, \$77.63 each (ex: printer ink, copy paper, binders, highlighters, pens, pencils)		\$ 232.88	100%
6400	120	Teacher hourly rate (\$35/hour) for teachers t0 time to study for certification exams @ 35*3*10		\$ 1,050.00	100%
6400	220	Social security for teachers (6.2%)		\$ 65.10	100%
6400	221	Medicare for teachers (1.45%)		\$ 15.23	100%
6400	240	Workers Comp for teachers (0.468%)		\$ 4.90	100%
D) TOTAL				\$ 3,799.00	100%

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

April 2022

DOE 101S

Project Performance Accountability Form

Program Name: Computer Science Certification Project Number: 390-90430-3P001 Reporting Period: 2023-24

Scope of Work Tasks/Activities	Deliverables (product or service)	Evidence (verification)	Due Date (completion)	Financial Consequences/
The grant program goal is certified teachers for technology courses	FLDOE assigned teacher certifications showing proper certification.	Evidence can include: Teacher TD/substitute payments for testing days Pearson certification testing data FLDOE Teacher Certification applications/completion	6/30/2023	•
				•
				•
				•
				•

Note: Add additional lines if necessary