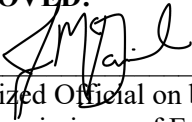



**Florida Department of Education
Project Award Notification**

1 PROJECT RECIPIENT Liberty County School District	2 PROJECT NUMBER 390-92690-4P001	
3 PROJECT/PROGRAM TITLE Heroes in the Classroom Bonus Program <p align="center">TAPS 24A313</p>	4 AUTHORITY 23 GAA Section 2 Specific Appropriation 95 USDE or Appropriate Agency FAIN#:	
5 AMENDMENT INFORMATION Amendment Number: Type of Amendment: Effective Date:	6 PROJECT PERIODS Budget Period: 07/01/2023 - 06/30/2024 Program Period: 07/01/2023 - 06/30/2024	
7 AUTHORIZED FUNDING Current Approved Budget: \$4,000.00 Amendment Amount: Estimated Roll Forward: Certified Roll Amount: Total Project Amount: \$4,000.00	8 REIMBURSEMENT OPTION Reimbursement with Performance	
9 TIMELINES <ul style="list-style-type: none"> • Last date for incurring expenditures and issuing purchase orders: <u>06/30/2024</u> • Date that all obligations are to be liquidated and final disbursement reports submitted: <u>08/20/2024</u> • Last date for receipt of proposed budget and program amendments: <u>04/30/2024</u> • Refund date of unexpended funds; mail to DOE Comptroller, 325 W. Gaines Street, 944 Turlington Building, Tallahassee, Florida 32399-0400: • Date(s) for program reports: • Federal Award Date : <u>07/01/2023</u> • Last date for receipt of invoice : <u>06/30/2024</u> 		
10 DOE CONTACTS Program: Virginia Whitaker Phone: (850) 245-0608 Email: Virginia.Whitaker@fldoe.org Grants Management: Unit A (850) 245-0735	Comptroller Office Phone: (850) 245-0401 UEI#: LVN6Y885WAC4 FEIN#: F596000720001	
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: 		
12 APPROVED:  _____ Authorized Official on behalf of the Commissioner of Education	05/28/2024 _____ Date of Signing	

INSTRUCTIONS
PROJECT AWARD NOTIFICATION

- 1** Project Recipient: Agency, Institution or Non-Governmental entity to which the project is awarded.
- 2** Project Number: This is the agency number, grant number, and project code that must be used in all communication. (Projects with multiple project numbers will have a separate DOE-200 for each project number).
- 3** Project Description: Title of program and/or project. TAPS #: Departmental tracking number.
- 4** Authority: Federal Grants - Public Law or authority and CFDA number. State Grants - Appropriation Line Item Number and/or applicable statute and state identifier number.
- 5** Amendment Information: Amendment number (consecutively numbered), type (programmatic, budgeting, time extension or others) in accordance with the Project Application and Amendment Procedures for Federal and State Programs (Green Book), and effective date.
- 6** Project Periods: The periods for which the project budget and program are in effect.
- 7** Authorized Funding: Current Approved Project (total dollars available prior to any amendments); Amendment Amount (total amount of increase or decrease in project funding); Estimated Roll Forward (roll forward funds which have been estimated into this project); and Total Project Amount (total dollars awarded for this project).
- 8** Reimbursement Options:
 - Federal Cash Advance –On-Line Reporting required monthly to record expenditures.
 - Advance Payment – Upon receipt of the Project Award Notification, up to 25% of the total award may be advanced for the first payment period. To receive subsequent payments, 90% of previous expenditures must be documented and approved by the Department.
 - Quarterly Advance to Public Entity – For quarterly advances of non-federal funding to state agencies and LEAs made in accordance within the authority of the General Appropriations Act. Expenditures must be documented and reported to DOE at the end of the project period. If audited, the recipient must have expenditure detail documentation supporting the requested advances.
 - Reimbursement with Performance - Payment made upon submission of documented allowable expenditures, plus documentation of completion of specified performance objectives.
- 9** Timelines: Date requirements for financial and program reporting/requests to the Department of Education.
- 10** DOE Contacts: Program contact for program issues, Grants Management Unit for processing issues, and Comptroller's Office number for payment information.
- 11** Terms and Special Conditions: Listed items apply to this project. (Additional space provided on Page 2 of 2 if needed.)
- 12** Approved: Approval signature from the Florida Department of Education and the date signature was affixed.

FLORIDA DEPARTMENT OF EDUCATION PROJECT 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;">Heroes in the Classroom Bonus Program</h2> TAPS NUMBER: 24A313	DOE USE ONLY Date Received <h2 style="text-align: center;">3/20/2024</h2>								
B) Name and Address of Eligible Applicant: Liberty County School Board 11051 NW SR 20 Bristol, FL, 32321		Project Number (DOE Assigned) <h2 style="text-align: center;">390-92690+4P001</h2>								
C) Total Funds Requested: <div style="text-align: center;">4,000</div> <hr style="width: 20%; margin: auto;"/> <p style="text-align: center;">DOE USE ONLY</p> Total Approved Project: \$ 4,000	D) Applicant Contact & Business Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Contact Name: Mandie Fowler</td> <td style="width: 50%;">Telephone Numbers:</td> </tr> <tr> <td>Fiscal Contact Name: Melanie King</td> <td>850-643-2275</td> </tr> <tr> <td>Mailing Address: 11051 NW SR 20 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 20 Bristol, FL, 32321</td> <td>UEI number:LVN6Y885WAC4 FEIN number: F596000720001</td> </tr> </table>		Contact Name: Mandie Fowler	Telephone Numbers:	Fiscal Contact Name: Melanie King	850-643-2275	Mailing Address: 11051 NW SR 20 Bristol, FL, 32321	E-mail Addresses: Mandie.fowler@lcsb.org Melanie.king@lcsb.org	Physical/Facility Address: 11051 NW SR 20 Bristol, FL, 32321	UEI number:LVN6Y885WAC4 FEIN number: F596000720001
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Fiscal Contact Name: Melanie King	850-643-2275									
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Physical/Facility Address: 11051 NW SR 20 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>										
E)	_____ Superintendent Title	_____ 5/7/2024 Date								

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

A) Name of Eligible Recipient/Fiscal Agent:	Liberty
B) DOE Assigned Project Number:	
C) TAPS Number:	24A313

(1)	(2)	(3)	(4)	(5)	(6)
FUNCTION	OBJECT	Account Title and Narrative	FTE POSITION	AMOUNT	% Allocated to This Project
6300	120	Teacher Bonus for one district teachers who is a former First Responders with honorable records (\$4,000-1 Gen Ed, 5th grade)		\$ 4,000.00	100%
D) TOTAL				\$ 4,000.00	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**
fldoe.org

April 2022 DOE 101S



LIBERTY COUNTY SCHOOL DISTRICT

KYLE PEDDIE, SUPERINTENDENT

• 11051 NW SR 20 • Bristol, Florida 32321
Phone: (850) 643-2275 • Fax: (850) 643-2533 • www.lcsb.org

Memorandum regarding Heroes in the Classroom Bonus Program

Date: 15 Apr 24

Recipient: Kimberly Goodwin

In order to qualify for the Heroes in the Classroom Bonus Program funds, employees must sign a 2 year commitment to the district. This is a one time bonus of \$4,000 with an additional \$1,000 for critical shortage area placement.

Your start date: 2 Aug 23, commitment end date: 2 Aug 25

If you terminate your contract prior to the end date, the district will qualify for reimbursement on a prorated basis.

For more information please contact Mandie Fowler or Jeff Sewell.

Yes, I would like to participate in the Heroes in the Classroom Bonus Program.

No, I would not like to participate in the Heroes in the Classroom Bonus Program.

Signed: Ky Goodwin

District I
James E. Flowers

District II
Jodi Bailey

District III
Darrel "Doobie" Hayes

District IV
Jason Singletary

District V
Charles "Boo" Morris III

State of Florida Department of Education

EDUCATOR CERTIFICATE

This Certifies That

KIMBERLY ANN GOODWIN

*Has satisfactorily completed all requirements of Florida Statutes and
State Board of Education Rules for the coverages or endorsements listed below:*

NON-RENEWABLE TEMPORARY SOCIAL SCIENCE

GRADES 6-12

07/01/2023 - 06/30/2028

Department of Education Number 1499714

Paul O. Burns
Chancellor of Public Schools

2743378

Manny Diaz, Jr.
Commissioner of Education

Issued: August 25, 2023



CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

RENDER FORM VOID

1. NAME (Last, First, Middle) CASEY, KIMBERLY ANN		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE - REG AF		3. SOCIAL SECURITY NUMBER 140 78 8882																														
4. GRADE, RATE OR RANK SSGT		5. DATE OF BIRTH (YYYYMMDD) 1970128		6. RESERVE OBLIGATION TERMINATION DATE N/A																														
7a. PLACE OF ENTRY INTO ACTIVE DUTY BROOKLYN NY		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) BOONTON NJ																																
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 0089 SECURITY FORCES SQ (AMC)			9. STATION WHERE SEPARATED ANDREWS AFB MD																															
9. COMMAND TO WHICH TRANSFERRED N/A			10. SGLI COVERAGE AMOUNT: \$250,000																															
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of duty if other than primary) 3P071 SECURITY FORCES CRAFTSMAN (10 YRS 7 MOS 12 DYS)			12. RECORD OF SERVICE																															
			<table border="1"> <thead> <tr> <th>DATE ENTERED: AD THIS PERIOD</th> <th>YEAR(S)</th> <th>MONTH(S)</th> <th>DAY(S)</th> </tr> </thead> <tbody> <tr> <td>a. SEPARATION DATE THIS PERIOD</td> <td>10</td> <td>07</td> <td>11</td> </tr> <tr> <td>b. NET ACTIVE SERVICE THIS PERIOD</td> <td>10</td> <td>07</td> <td>11</td> </tr> <tr> <td>c. TOTAL PRIOR ACTIVE SERVICE</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>d. TOTAL PRIOR INACTIVE SERVICE</td> <td>00</td> <td>06</td> <td>24</td> </tr> <tr> <td>e. FOREIGN SERVICE</td> <td>00</td> <td>06</td> <td>06</td> </tr> <tr> <td>f. SEA SERVICE</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>g. EFFECTIVE DATE OF PAY GRADE</td> <td>2001</td> <td>Feb</td> <td>01</td> </tr> </tbody> </table>			DATE ENTERED: AD THIS PERIOD	YEAR(S)	MONTH(S)	DAY(S)	a. SEPARATION DATE THIS PERIOD	10	07	11	b. NET ACTIVE SERVICE THIS PERIOD	10	07	11	c. TOTAL PRIOR ACTIVE SERVICE	00	00	00	d. TOTAL PRIOR INACTIVE SERVICE	00	06	24	e. FOREIGN SERVICE	00	06	06	f. SEA SERVICE	00	00	00	g. EFFECTIVE DATE OF PAY GRADE
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f. SEA SERVICE	00	00	00																															
g. EFFECTIVE DATE OF PAY GRADE	2001	Feb	01																															
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Air Force Achievement Medal with 1 Oak Leaf Cluster, Air Force Commendation Medal, Armed Forces Expeditionary Medal, NOO Professional Military SEE REMARKS			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) AIRMAN LEADERSHIP SCHOOL 9902 MILITARY POLICE INVESTIGATOR, 3 WEEKS, 0308																															
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM			16. DAYS ACCRUED LEAVE 3.0																															
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			18. MEMBER REQUESTS COPY 4 BE SENT TO: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																															
19. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 806 BOONTON AVENUE BOONTON NJ 07005			20. NEAREST RELATIVE (Name and address - include Zip Code) KATHLEEN MORVIS 806 BOONTON AVENUE BOONTON NJ 07005																															
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Kimberly Casey</i>			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) ANTHONY M. PINKNEY, MSGT, USAF SUPPORT RELATIONS & EMPLOYMENTS <i>[Signature]</i>																															
23. TYPE OF SEPARATION DISCHARGE																																		
24. SEPARATION AUTHORITY AFI 36-3208																																		
25. NARRATIVE REASON FOR SEPARATION COMPLETION OF ACTIVE SERVICE																																		
26. CHARACTER OF SERVICE (Include upgrades) HONORABLE																																		
27. SEPARATION CODE K BK																																		
28. REENTRY CODE 1P																																		
29. MEMBER REQUESTS COPY 4 (Initials) <i>OK</i>																																		

14-AUTOMATED, FEB 2000

PREVIOUS EDITION IS OBSOLETE.

MEMBER-4

Heroes in the Classroom Bonus Program Narrative

The Liberty County School District currently has one teacher who qualify for bonus funds, teaching 5th grade general education. She is a new hire. All funds received from this program will be used to pay bonuses for this employee, \$4,000 eand she has agreed to remain LCSB employees for the stipulated two year period and has signed a contract (attached).

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 (product or service)	Evidence (verification)	Due Date (completion)	Unit Cost (optional)
Employ one retired/honorable discharged first responder as a classroom teacher	Eligible teacher completion of certification requirements, and commitment to the district	Teacher certification Teacher discharge paperwork Teacher signed 2 year contract	May 2024	\$4,000

Note: Add additional lines if necessary

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.

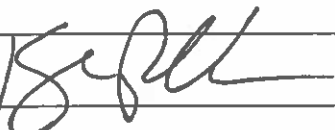
Instructions: These general assurances will be in effect for the duration of the project it covers. The state agencies or boards administering the projects covered by the application shall not require the submission or amendment of such an application unless required by changes in federal or state law, 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	39	Kyle Peddie, Superintendent
Typed Agency Name	Agency Number	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.

	5/13/2024	850-643-2275
Signature (must be original)	Date	Area Code/Telephone Number