

A) School Board of Brevard County  
**District/Agency Name**

B) 050-2639A-9CB01 / 09C001  
**Project Number TAPS Number**

C) One (1)  
**Amendment Number**

## FLORIDA DEPARTMENT OF EDUCATION BUDGET AMENDMENT NARRATIVE FORM

<b>D) Total Project Amount Currently Approved</b>  <p style="text-align: center;"><b><u>\$15,293,020.00</u></b></p>	<b>E) Total Project Amount resulting from this Budget Amendment</b>  <p style="text-align: center;"><b><u>\$15,491,678.00</u></b></p>
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**F) Line Item Description**

FUNCTION	OBJECT	ACCOUNT TITLE AND NARRATIVE	FTE	AMOUNT INCREASE	AMOUNT DECREASE
6300	100	Salaries for teachers supporting programs for students with disabilities		\$195,531.99	
				\$195,531.99	

**Total Total**



**Instructions**  
**Budget Amendment Narrative Form**  
**DOE 151**

- A. Enter District/Agency Name.
- B. Enter Project Number of original project and corresponding TAPS Number.
- C. Enter chronological number of this Amendment Request.
- D. Enter the Total Project Amount Currently Approved.
- E. Enter the Total Project Amount resulting from this Budget Amendment.
- F. Provide a narrative description for each budget item by category to justify the requested Budget Amendment. List **ONLY** the budget lines that are being amended and/or new ones being created. For each budget line to be amended, indicate whether the amount will be increased or decreased in the appropriate column and record the adjusted amount being submitted for approval.

**THIS FORM MUST BE ACCOMPANIED BY AN  
APPROPRIATELY COMPLETED PROJECT  
AMENDMENT REQUEST FORM, DOE 150.**

