

# FLORIDA DEPARTMENT OF EDUCATION

## PROJECT AMENDMENT REQUEST

<b>Please return to:</b>  Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	<b>A) Agency Name:</b>  Brevard Public Schools 2700 Judge Fran Jamieson Way Viera, Fl. 32940	<b>DOE USE ONLY</b>  Date Received
<b>B) Program Name: IDEA Part B K-12 Entitlement 2016-2017</b>  <b>TAPS Number: 17C001</b>		<b>Project Number (DOE Assigned)</b>
<b>C) Amendment Type</b>  <input type="checkbox"/> Program <input checked="" type="checkbox"/> Budget  <b>Amendment Number: 2</b>	<b>D) Amendment Request Contact Information</b>	
	<b>Contact Name:</b> Dawna M. Bobersky	<b>Telephone Numbers:</b> <b>321-633-1000 ext. 520</b>
	<b>Mailing Address:</b> <b>2700 Judge Fran Jamieson Way</b> <b>Viera, Fl. 32940</b>	<b>E-mail Addresses:</b> <a href="mailto:Bobersky.dawna@brevardschools.org">Bobersky.dawna@brevardschools.org</a>
<b>E) Required Signature and Certification</b>		
<p>I, Dr. Desmond Blackburn, 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 amendment 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 amendment.</p>		
_____ Signature of Agency Head	_____ Title	_____ Date
<b>F) Narrative</b>		
<p>The approved 2016 Roll Forward of \$1,831,325.37 for Brevard Public Schools will support public and private school students with disabilities. The amount of \$1,767,325.37 will be for regular IDEA Part B funding and \$64,000.00 will support private school proportionate share. The funds will be used to provide professional development activities for instructional and support staff related to curriculum, Florida Common Standards, Access Points, Dyslexia, ASD, sensory integration, disability awareness, compliance, and safety for students with disabilities. The amendment includes funds for new programs and units.</p>		

A) Brevard Public Schools  
District/Agency Name

B) 050-2637B-7CB01  
Project Number

17C001  
TAPS Number

C) 2  
Amendment Number

## FLORIDA DEPARTMENT OF EDUCATION BUDGET AMENDMENT NARRATIVE FORM

<b>D) Total Project Amount Currently Approved</b>  <b>\$19,461,829.00</b>	<b>E) Total Project Amount resulting from this Budget Amendment</b>  <b>\$ 21,293,154.37</b>
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**F) Line Item Description**

FUNCTION	OBJECT	ACCOUNT TITLE AND NARRATIVE	FTE	AMOUNT INCREASE	AMOUNT DECREASE
5200	511	Materials, supplies and curriculum, including supplements and consumable materials, for new and existing classes and Community Based Instruction (CBI) serving students with disabilities. This includes materials to support CPI, Dyslexia, transition, social-emotional health, and sensory integration.		\$1,050,000.00	
6300	644	Replacement of computers for district staff to support initiatives directly related to serving students with disabilities.		\$150,000.00	
7800	652	2 vans to be used to transport high school students with disabilities to Community Based Instruction (CBI), job shadowing, job experiences, and job coaching.		\$50,000.00	
6300/6400	100/200	Professional development for staff working with students with disabilities. PD to include: Dyslexia, ASD, sensory integration, social-emotional supports, transition, and planning for new units.		\$250,000.00	
5200	520	Supplemental curriculum materials to support students with disabilities who are on Florida Access Points.		\$100,325.37	
6300	100	<u>Stipends:</u> Teachers and Support Staff to attend summer workshops on ASD, Dyslexia, Social-emotional supports, CPI, Access Points, and Florida Common Standards.		\$231,000.00	
				<b>\$1,831,325.37</b>	

**Total**

**Total**



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<b>Please return to:</b>  Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	<b>A) Agency Name:</b>  School Board of Brevard County 2700 Judge Fran Jamieson Way Viera, Fl. 32940	<b>DOE USE ONLY</b>  Date Received
<b>B) Program Name: IDEA Part B, Preschool Entitlement 2016-2017</b>  <b>TAPS Number: 17C002</b>		<b>Project Number (DOE Assigned)</b>  <b>050-2677B-7CP01</b>
<b>C) Amendment Type</b>  <input type="checkbox"/> Program <input checked="" type="checkbox"/> Budget  <b>Amendment Number: 001</b>	<b>D) Amendment Request Contact Information</b>	
	<b>Contact Name:</b> Dr. Dawna M. Bobersky	<b>Telephone Numbers:</b> <b>321-633-1000 ext. 520</b>
	<b>Mailing Address:</b> 2700 Judge Fran Jamieson Way Viera, FL 32940	<b>E-mail Addresses:</b> Bobersky.dawna@brevradschools.org
<b>E) Required Signature and Certification</b>		
<p>I, Dr. Desmond K. Blackburn, 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 amendment 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 amendment.</p>		
_____ Signature of Agency Head	_____ Title	_____ Date
<p>The approved Preschool accumulated 2016 Roll Forward for Brevard Public Schools is \$40,867.22. The funds will be used to provide professional development activities for instructional and support staff related to curriculum development and training for preschool students with disabilities. The budget also includes materials, training, and supplies to enhance the educational environment and instructional needs of preschool students with disabilities.</p>		

