


**Florida Department of Education  
Project Award Notification**

<b>1 PROJECT RECIPIENT</b> Suwannee County School District	<b>2 PROJECT NUMBER</b> 610-2126B-6CB01	S.C.S.B. OFFICE OF SUPERINTENDENT
<b>3 PROJECT/PROGRAM TITLE</b> Title I Part A Education of Disadvantaged Children & Youth  <p align="right"><b>TAPS 16A002</b></p>	<b>4 AUTHORITY</b> 84.010A Title I, Part A, Basic USDE or Appropriate Agency  FAIN#: S010A150009  <p align="right">OCT 19 2015 K.L.</p>	
<b>5 AMENDMENT INFORMATION</b> Amendment Number: Type of Amendment: Effective Date:	<b>6 PROJECT PERIODS</b>  Budget Period: 07/01/2015 - 06/30/2016 Program Period: 07/01/2015 - 06/30/2016	
<b>7 AUTHORIZED FUNDING</b> Current Approved Budget: \$2,475,788.00 Amendment Amount: Estimated Roll Forward: \$400,000.00 Certified Roll Amount: Total Project Amount: \$2,875,788.00	<b>8 REIMBURSEMENT OPTION</b> Federal Cash Advance	
<b>9 TIMELINES</b> <ul style="list-style-type: none"> <li>Last date for incurring expenditures and issuing purchase orders: <u>06/30/2016</u></li> <li>Date that all obligations are to be liquidated and final disbursement reports submitted: <u>08/20/2016</u></li> <li>Last date for receipt of proposed budget and program amendments: <u>05/31/2016</u></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 : <u>07/01/2015</u></li> </ul>		
<b>10 DOE CONTACTS</b> <b>Program:</b> Sonya Morris <b>Phone:</b> (850) 245-9614 <b>Email:</b> <a href="mailto:Sonya.Morris@fldoe.org">Sonya.Morris@fldoe.org</a> <b>Grants Management:</b> Unit A (850) 245-0496	<b>Comptroller Office</b> <b>Phone:</b> (850) 245-0411  <b>Duns#:</b> 100013127 <b>FEIN#:</b> F596000872001	
<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.</li> <li>For federal cash advance projects, monthly expenditures must be submitted to the Comptroller's Office by the 20<sup>th</sup> of each month for the preceding month's disbursements utilizing the On-Line Disbursement Reporting System.</li> <li>The following documents must be completed and returned to the Department of Education no later than September 30, 2015, as a condition for final approval of this award:           <ul style="list-style-type: none"> <li>General Assurances, Terms and Conditions for Participation in Federal and State Programs</li> <li>DOE 610/620 (as applicable): Risk Analysis, Federal and State Grant Programs</li> </ul> </li> </ul> <p>Failure to submit these documents by September 30, 2015, may result in suspension or termination of this award.</p>		
<b>12 APPROVED:</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">   <hr/>           Authorized Official on behalf of Pam Stewart            Commissioner of Education         </div> <div style="text-align: center;">   <hr/>           Date of Signing         </div> <div style="text-align: right;">  <p>FLORIDA DEPARTMENT OF EDUCATION <small>fldoe.org</small></p> </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

<p><b>Please mail original to:</b> Florida Department of Education Office of Grants Management 325 W. Gaines St, Rm. 332 Tallahassee, FL 32399-0400 Telephone: 850-245-0496</p> <p><b>AND</b></p> <p><b>Please upload copy to:</b> Continuous Improvement Management System (CIMS) <a href="http://www.floridaCIMS.org">www.floridaCIMS.org</a> Telephone: 850-245-0426</p>	<p><b>A) Program Name</b> Title I, Part A: Improving the Academic Achievement of the Disadvantaged 2015-16</p> <hr/> <p><b>TAPS Number</b> 16A002</p>	<p><b>DOE Use ONLY</b></p> <p><b>Date Received</b></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">OFFICE OF GRANTS MANAGEMENT 2015 JUN -4 PM 2:13 RECEIVED</p>
<p><b>B) Name and Address of Eligible Applicant</b> Suwannee County Schools 702 2ND ST NW LIVE OAK, FL 32064-1608</p>		<p><b>Project Number</b> 610-1263A-40001 2126B-6C801</p>
<p><b>C) Total Funds Requested</b>  \$2,775,787.00</p>	<p><b>D) Applicant Contact &amp; Business Information</b></p>	
<p style="text-align: center;"><b>DOE Use ONLY</b> <b>Total Approved Project</b> \$ 2,875,788.00</p>	<p><b>Title I, Part A Main Contact Name</b> Lila Udell</p> <hr/> <p><b>E-mail Address</b> lila.udell@suwannee.k12.fl.us</p> <hr/> <p><b>Telephone Number</b> 386-647-4638</p>	<p><b>Fiscal Contact Name</b></p> <hr/> <p><b>E-mail Address</b></p> <hr/> <p><b>Telephone Number</b></p>
<p><b>DUNS Number</b> 100013127</p>	<p><b>FEIN Number</b> 596000872</p>	
<p><b>Certification</b></p>		
<p>I, <b>Jerry A. Scarborough</b>, 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>		
<p><b>E) Signature of Agency Head</b></p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: right;"> <p>6/2/15</p> </div> </div>		

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<p><b>B) Name and Address of Eligible Applicant</b> Suwannee County Schools 702 2ND ST NW LIVE OAK, FL 32064-1608</p>		<p><b>Project Number</b> 610-2126B-6CB01</p>
<p><b>C) Total Funds Requested</b>  \$2,875,788.00</p>	<p><b>D) Applicant Contact &amp; Business Information</b></p>	
	<p><b>Title I, Part A Main Contact Name</b> Lila Udell</p>	<p><b>Fiscal Contact Name</b> Vickie Music DePratter</p>
<p><b>DOE Use ONLY</b> <b>Total Approved Project</b> \$ 2,875,788.00</p>	<p><b>E-mail Address</b> lila.udell@suwannee.k12.fl.us</p>	<p><b>E-mail Address</b> vickie.depratter@suwannee.k12.fl.us</p>
	<p><b>Telephone Number</b> 386-647-4638</p>	<p><b>Telephone Number</b> 386-647-4609</p>
<p><b>DUNS Number</b> 100013127</p>	<p><b>FEIN Number</b> 596000872</p>	
<p><b>Certification</b></p>		
<p>I, <b>Jerry A. Scarborough</b>, 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>		
<p><b>E) Signature of Agency Head</b></p> <div style="display: flex; justify-content: space-between; align-items: center;">  <span style="font-size: 1.5em;">7-27-15</span> </div>		