

# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

<b>Please return to:</b>  charterschoolgrant@fldoe.org	<b>A) Program Name:</b>  FL Public Charter Schools Program (CSP) Remote Learning & Access due to COVID-19 grant  <b>TAPS NUMBER: 20C090</b>	<b>DOE USE ONLY</b>  Date Received
<b>B) Name and Address of Eligible Applicant:</b>		<b>Project Number (DOE Assigned)</b> TBD
<b>C) Total Funds Requested:</b>  \$ _____  <hr style="width: 20%; margin: 0 auto;"/> <div style="text-align: center;"> <b>DOE USE ONLY</b>   <b>Total Approved Project:</b>           \$ _____       </div>	<b>D) Applicant Contact &amp; Business Information</b>	
	School Contact Name: _____  District/Fiscal Contact Name: _____	School Contact Number: _____  District/Fiscal Contact #: _____
	Mailing Address: _____	E-mail Addresses: _____
	Physical/Facility Address (School): _____	DUNS number (district): _____  FEIN number (district): _____
<b>CERTIFICATION</b>		
<p>I, _____, (<i>Please Type Name</i>) 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>		
<b>E)</b>	_____ Signature of Agency Head	_____ Title
	_____ Signature of Charter Head	_____ Title
		_____ Date
		_____ Date



## Instructions for Completion of DOE 100A

- A. If not pre-populated, enter name and TAPS number of the program for which funds are requested.
  - B. Enter name and mailing address of eligible applicant. The applicant is the public or non-public entity receiving funds to carry out the purpose of the project.
  - C. Enter the total amount of funds requested for this project.
  - D. Enter requested information for the applicant's program and fiscal contact person(s). These individuals are the people responsible for responding to all questions, programmatic or budgetary regarding information included in this application. The Data Universal Numbering System (DUNS), or unique agency identifier number, requirements are explained on page A-2 of the Green Book. The Applicant name must match the name associated with their DUNS registration. The Physical/Facility address and Federal Employer Identification Number/Tax Identification Number (FEIN/FEID or TIN) (also known as) Employer Identification Number (EIN) are collected for department reporting.
  - E. **The original signature of the appropriate agency head is required.** The agency head is the school district superintendent, university or community college president, state agency commissioner or secretary, or the chairperson of the Board for other eligible applicants.
- **Note: Applications signed by officials other than the appropriate agency head identified above must have a letter signed by the agency head, or documentation citing action of the governing body delegating authority to the person to sign on behalf of said official. Attach the letter or documentation to the DOE 100A when the application is submitted.**

**Florida Public Charter School Program (CSP)  
Remote Learning and Access due to COVID-19  
Grant (TAPS# 20C090)**



**School Information Form**

  

**(REQUIRED)**

1. District: \_\_\_\_\_
2. Official School Name: \_\_\_\_\_
3. MSID (6 digits): \_\_\_\_\_
4. Physical Location: \_\_\_\_\_
5. Grade Levels Served: \_\_\_\_\_
6. Student Enrollment:      2019-20:                      2020-21: \_\_\_\_\_
7. Number of Teachers/Staff:    Teachers:                      Additional Staff: \_\_\_\_\_
8. Year School Opened: \_\_\_\_\_
9. Title I Status?                      Yes                      No \_\_\_\_\_
10. Is the school governed by a board that operates **fewer** than five schools?      Yes                      No  
     If yes, list the schools below.
  
11. Is the school governed by a board that operates **more** than five schools?      Yes                      No  
     Identification of sister schools is optional.
  
12. Does the school contract with an education services provider (ESP)?      Yes                      No  
     Identify the provider in space below.

13. Provide a brief description of the school's educational program.

14. Explain why the school is seeking funds under this RFA. Why are CSP funds necessary to accommodate the school's and students' remote-learning needs, or technology enhancements, due to the disruption caused by COVID-19?

15. Explain how the charter school will support all students in the school through this project.

16. Provide a brief plan for how the school will transition back to the school's original academic program after the COVID-19 emergency has ended.

**Assurances**  
**(REQUIRED)**

THE FLORIDA CHARTER SCHOOL OFFICE MUST HAVE IN PLACE A FRAMEWORK FOR EVALUATING THE RISKS POSED BY APPLICANTS BEFORE THEY RECEIVE FEDERAL AWARDS (CSP, TITLE V, PART B OF THE ESEA NONREGULATORY GUIDANCE, SECTION D-4, AND TITLE 2, SUBTITLE A, CHAPTER II, PART 200, SUBPART D, §200.205 FEDERAL AWARDING AGENCY REVIEW OF RISK POSED BY APPLICANTS, AND §200.519 CRITERIA FOR FEDERAL PROGRAM RISK). TO EVALUATE APPLICANTS THAT MAY POSE A RISK OF NON-COMPLIANCE, THE CSP PROGRAM OFFICE REQUIRES THE CONFIRMATION OF THE ASSURANCES LISTED BELOW.

PLEASE REVIEW, COMPLETE, AND SIGN THIS FORM. APPROVAL OF THE CSP BUDGET IS CONTINGENT ON THE COMPLETION OF THIS FORM.

ASSURANCES\* (please check box)

- Applicant confirms the school has an executed contract with the local school district.
- Applicant confirms all CSP purchased items will **only benefit** the Applicant school, staff and enrolled students to comply with CFR, Title 2, Subtitle A, Chapter II, Part 200, Subpart D, §200.405 Allocable costs.
- Applicant's established internal controls (policy and procedures) effectively safeguards the management of equipment and property purchased with CSP grant funds to comply with CFR, Title 2, Subtitle A, Chapter II, Part 200, Subpart D, §200.303 Internal controls.
- Applicant school confirms CSP purchased items will comply with the definitions and rules of 'Use' and 'Disposition' found in CFR, Title 2, Subtitle A, Chapter II, Part 200, Subpart D, §200.311 Real Property.
- Applicant confirms the school's lease and/or management organization contract does not include provisions that allow Landlord/Lessor or management organization to take possession of any equipment purchased with public funds under any circumstance. Regardless of threshold, all items (including computer hardware) must be accountable and reverted back to the school district.
- Applicant confirms a full inventory of all CSP purchased property will be conducted at a minimum twice yearly by January 1, 2021 and at the end of the project period.
- Applicant confirms all CSP inventory will be logged and labelled upon receipt of equipment at the school. The school's inventory report must include the following

fields: Item/Serial number, Item Description, Funding Source, Acquisition Date, Cost, location/room#, Condition, and Disposition date.

- Applicant confirms all CSP purchased property with 600 object codes will be tagged and labeled with the following information:
  - Property of [District/School Name]
  - Inventory item ID/serial #
  - Purchased with Federal CSP funds
  
- Applicant confirms all expenditures will be reported to the CSP Program office via the CSP Grant Tracking System ([www.flcsp.org](http://www.flcsp.org)) no later than the first day of each month.
  
- Applicant will annually provide the Secretary and the State educational agency such information as may be required to determine if the charter school is making satisfactory progress toward achieving the objectives of the project.
  
- Applicant will cooperate with the Secretary and the State educational agency in evaluating the school’s project.
  
- Applicant confirms that CSP purchased items will not be permanently installed.
  
- Applicant confirms the school has never provided remote learning as part of their educational program. Funding will only be provided to support the *initial* implementation of remote-learning programs that demonstrate financial need for such resources.
  
- Applicant confirms it is *not* a current recipient of a CSP sub-grant award. Active CSP sub-grantees may not receive sub-grants under this RFA.

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| • Has the applicant previously received a CSP grant?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, are all previous CSP sub-grant activities satisfactorily completed? This includes complying with all state and federal reporting and record-keeping requirements.  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Applicant confirms that sub-grant funds under this RFA will not be used to carry out the same project or activities from a previous CSP grant or sub-grant (i.e., any activities funded under the school’s previous CSP sub-grant. | <input type="checkbox"/> | <input type="checkbox"/> |

- Applicant confirms that the purpose of applying is to meeting the immediate educational needs of its students impacted by the COVID-19 national emergency and will complete all grant requirements in the time specified in the RFA.
- Applicant confirms the sub-grant under this RFA will support all students in the school.
- Applicant confirms all students will be held accountable for meeting the academic performance requirements of the state accountability system and as described in their executed charter agreement.
- Applicant confirms it will adhere to the written plan provided in the project summary and plan for transitioning from remote-learning efforts to the school's original academic program after the COVID-19 national emergency has ended.

*\*PAGES 7 & 8 PROVIDE APPLICABLE CFR REQUIREMENTS THAT PERTAIN TO ASSURANCES ABOVE.*

District: \_\_\_\_\_

Full name of charter school: \_\_\_\_\_

MSID (6 digit): \_\_\_\_\_

**SIGNATURE CERTIFIES THE CSP APPLICANT'S AGREEMENT WITH EACH OF THE ASSURANCES.**

SCHOOL PRINCIPAL/ADMINISTRATOR

CHARTER SCHOOL BOARD CHAIR

\_\_\_\_\_  
**AUTHORIZED REPRESENTATIVE NAME (TYPED)\***

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**AUTHORIZED REPRESENTATIVE SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

***\*Authorized representative must be affiliated with the charter school and not a management company contractor.***

**Attestation Page**

***(REQUIRED)***

- I certify that I am authorized to submit this proposal on behalf of the named school. I certify that I am the authorized contact for this proposal and understand that all communications regarding this proposal will be sent to me.
  
- I certify that to the best of my knowledge all information included in this proposal is true and accurate. If any information in this proposal is determined to be inaccurate or false, the Department of Education reserves the right to either rescure the proposal or find the applicant ineligible.

\_\_\_\_\_ I agree to the above statements.

District: \_\_\_\_\_

Full name of charter school: \_\_\_\_\_

MSID (6 digit): \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Contact Email: \_\_\_\_\_



**Voluntary Agreement for Administrative Fees**  
*(OPTIONAL)*

Pursuant to Section 5204(f)(4)(B) of the Elementary and Secondary Education Act amended by the No Child Left Behind Act (NCLB) in 2001, local education agencies (LEA) are prohibited from deducting funds for administrative fees or expenses, **such as indirect costs**, from a sub-grant awarded to an eligible applicant unless the eligible applicant voluntarily enters into a mutually agreed upon arrangement for administrative services with the LEA.

**If the charter school voluntarily enters into an agreement with the sponsor allowing the sponsor to withhold indirect costs from the sub-grant, the charter school must sign and submit this form certifying the voluntary agreement for indirect costs.** If this form is not submitted, the sponsor may not withhold indirect costs from the sub-grant.

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By signing this form I understand that I, as the authorized representative of the charter school (eligible sub-grant applicant), am under no obligation to agree to allow the sponsor to withhold **indirect costs** from the charter school's federal Charter Schools Program (CSP) sub-grant award.

I further certify that the charter school is *voluntarily* entering into a mutually agreed upon arrangement for administrative services and the **indirect cost** fee for such services may be deducted from the charter schools CSP grant award, and that such fees are in addition to the 5% administrative services fee the sponsor withholds from the charter school's Florida Education Finance Program (FEFP) payments pursuant to Section 1002.33(20)(a), Florida Statutes.

The **indirect cost rate** used for each new award letter will be the current negotiated rate between the district (sponsor) and the Department.

District: \_\_\_\_\_

Full name of charter school: \_\_\_\_\_

MSID (6 digit): \_\_\_\_\_

<b>SIGNATURE CERTIFIES THE CSP APPLICANT'S AGREEMENT TO ADMINISTRATIVE FEES.</b>	
	SCHOOL PRINCIPAL/ADMINISTRATOR
	CHARTER SCHOOL BOARD CHAIR
<i><b>AUTHORIZED REPRESENTATIVE NAME (TYPED)*</b></i>	<b>TITLE</b>
<i><b>AUTHORIZED REPRESENTATIVE SIGNATURE</b></i>	<i><b>DATE SIGNED</b></i>
<i><b>*Authorized representative must be affiliated with the charter school and not a management company contractor.</b></i>	



**DOE USE ONLY (Program)**

I certify that 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.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DOE USE ONLY (Grants Management)**

I certify that the cost for each line item budget category has been evaluated and determined to be allowable as required by Section 216.3475, Florida Statutes. Documentation is on file evidencing the methodology used and the conclusions reached.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

