Administrative Cost Limit Waiver – Special Rule Justification Form

NEGOTIATIONS REQUEST

Click in shaded areas below to type.

Agency Name: _____
County: _____
Grant Title: _____
Director Name: _____
Grant Contact: _____
Grant Amount Requested: _____
Total Administrative Cost Amount Requested: _____
Total Administrative Percentage Requested: _____

In accordance with the Adult Education and Family Literacy Act (AEFLA) of 2014, Section 233: LOCAL ADMINISTRATIVE COST LIMITS (a-b):

(a) In General.-- Subject to subsection (b), of the amount that is made available under this subtitle to an eligible provider –
(1) not less than 95 percent shall be expended for carrying out adult education and literacy activities; and
(2) the remaining amount, not to exceed five percent, shall be used for planning, administration, personnel development, and interagency coordination.

(b) Special Rule. -- In cases where the cost limits described in subsection (a) are too restrictive to allow for adequate planning, administration, personnel development, and interagency coordination, the eligible provider shall negotiate with the eligible sub-recipient in order to determine an adequate level of funds to be used for noninstructional purposes.

However, in cases where the 5% administrative cost limit is too restrictive, funded programs can negotiate a higher administrative cost limit by submitting an administrative cost limit waiver with their annual grant application. Please note, FDOE will only grant a waiver in instance where the applicant can prove that the higher administrative cost limit is absolutely necessary to their program’s ability to meet the grant requirement and positively impact students.
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Instructions to initiate the negotiations process:

1. Complete and return with your grant application the Administrative Cost Limit Waiver - Special Rule Justification Form.

2. Attach two (2) separate DOE 101S Budget Narrative forms:

   o **Administrative Cost Budget**: including all of the proposed budget line items identified as administrative cost,
     - Salaries --- include position descriptions with all functions and job responsibilities performed and the percent of time dedicated to each job function and/or responsibility.

   o **Direct Programmatic Services Budget**: including all ‘other’ non-administrative proposed cost budget line items, and

   o Make sure the two Budget Narrative forms total the grant amount requested, and the combined percentage of administrative cost does not exceed ten percent (10%).

Note: It is at the discretion of the Florida Department of Education to determine the appropriate administrative cost percentage on a case-by-case basis.
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**Justification:**
In the shaded space below, provide a written narrative to justify this request for administrative costs greater than 5% of the grant award amount. Include specific references to explain each of the following:
- why an amount greater than 5% is requested;
- in what ways will your agency be hindered in accomplishing the project goals and objectives - if only 5% administrative costs are allowed in the grant.

Click in the shaded area below to type your written justification statement:

_____

Agency Director Signature ___________________________________________ Date ________________
Agency Financial Officer Signature _________________________________ Date ________________

____________________________________________________________________

For DOE use only:   Approved [ ]  Denied [ ]
Administrative Cost Percentage (%) Approved: ______________________

**Division of Career, Technical, and Adult Education:**

Program Manager Review: ___________________________________________ Date ________________
Director Review: _________________________________________________ Date ________________
Bureau Chief Review: ______________________________________________ Date ________________
Vice Chancellor: ___________________________________________________ Date ________________
Chancellor: _________________________________________________________ Date ________________

**Grants Management Office:**

Bureau Chief: _____________________________________________________ Date ________________
Assistant Deputy Commissioner: ________________________________ Date ________________