

Bureau of Exceptional Education and Student Services

2022-23 Annual Discretionary Projects Meeting (Fiscal Agents)
Part 2

June, 2022





Submission and Intake



Application Submission Process

The following actions are required for successful submission of the project application:

- Submit the signed (DOE 100A) to the Office of Grants Management (OGM) ShareFile folder #1;
 - Access downloadable version of DOE 100A at https://www.fldoe.org/finance/contracts-grants-
- Submit application via the Online Grants System at https://web03.fldoe.org/GrantsReporting/Default.aspx.



Required Documents for Submission

- Submit DOE 100A via OGM ShareFile; and
- Submit application components via Online Grants System:
 - Budget Narrative form(s) (DOE 101S);
 - Narrative Application Scope of Work including Baseline Data;
 - Project Performance Accountability Deliverables (Schedule of Deliverables); and
 - One merged PDF Document Split-funding forms; Salary Increase Justification Chart, if applicable; Program Specific Assurances; and Others.



Project Application Single (DOE100A)

FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

Please return to:	A) Program Name:	DOE USE ONLY		
Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	TAPS NUMBER:	Date Received		
B) Name	and Address of Eligible Applicant:	D I W I DOE I I		
		Project Number (DOE Assigned)		
		[DO NOT LIST MORE THAN ONE]		
C) Total Funds Requested:	D) Applicant Contact &	D) Applicant Contact & Business Information		
\$	Contact Name:	Telephone Numbers:		
POE VEE ONLY	Fiscal Contact Name:			
DOE USE ONLY	Mailing Address:	E-mail Addresses:		
Total Approved Project	ivaning rumess.	L-man Addresses.		
s				
	Physical/Facility Address:	DUNS number:		
		FEIN number:		





Applying in the Online Grant System



Application - Log In

Online Grant System

Login

To access the online Grant Application System and the Grant Reporting System for your agency select the appropriate option below. If you have already created a login for any grant and are a returning user, enter your login information at "Returning User Login" box below. Once you are logged in you can register for additional grants if necessary, by editing your profile. If you are a new user to this system, go to the "New User Registration" box below.

Returning User Login: New User Registration: If you are already registered, login here. If you are a new user, register for a user account here. Enter your agency access code and default password, and then click continue. You will be guided Returning User Login through the steps to create a login for grant applications and/or grant reporting. You will be asked to Login Name: select the grants that you are responsible for and then provide contact information and indicate your Password: specific roles in the process. Log In New User Registration Forgot Password? Agency Code: Password: Initial password is required. Continue



Application - Main Menu

BEESS Online Grant Application

Welcome MARIXCIA CHRISHON, Florida Atlantic University

Grant Main Menu | Program Main Menu | Log Out

Program Main Menu

Grant: Administrative Services Project 501-2621B-1CD01

Standard Grant Forms:

DOE 100

DOE 100

Budget Forms

Budget for Administrative Services Project 501-2621B-1CD01

Standard Project Narratives:

- · Project Design
 - Project Abstract
 - Baseline Data
 - Established Need
 - · Description of Alternate Methods for Trainings/Meetings
 - · Support of the BEESS Strategic Plan/State Performance Plan
 - · Evaluation Plan
- · Support for Strategic Plan
- General Education Provisions Act
- · Equitable Services

Project Performance Accountability:

- Products
- Training
- · Service Delivery

Assurances:

ADDITIONAL ASSURANCES

New! PDF Upload for Split-funded position, CA page, Specific Assurances & Other

Final Steps for Completing Application:

· Printer Friendly Format of Application



Project and TAPS Numbers

Project Number -

- >Annually rolls up one digit (0-9)
- Example: 090-2622B-2CD01 to 090-2623B-3CD01

TAPS -

Example: 22C0XX to 23C0XX



Budget Narrative Form (DOE 101S) -Sample Entry View

Online Grant System

Welcome: MARIXCIA CHRISHON, , Your Access Level: DOE | Admin Main Menu | | Log Out

FLORIDA DEPARTMENT OF EDUCATION BUDGET

Grant Application Menu | Print or View Budget Data Return to View Budget Reports

For CARD (Center for Autism Related Disorders) 501-90240-1S001

If you prefer, you may upload your budget data in a "tab delimited" text file format. Go to Data Upload Screen

Green Book | Red Book | Budget Instructions |

Funds Requested: \$1.00 | Budget Total: \$0.00 | Amount Remaining: \$1 (rounded to the nearest dollar) Edit the budget data in the rows provided and click the "Save Records" button. Each time you save, 10 additional rows will be added to the table.

NOTE: Only rows that have a function and object code will be saved. If the function or object code is left blank, the row will be ignored.

	Sav	e Record	s					
cc	unt	Function view codes	Object view codes	Account Title and Description	FTE (decimal value)	Amount (decimal value, no dollar signs)	% Allocated to this Agreement (decimal value, no percent signs)	delete
1			exception to FTE rule	^				
			Alt. desc:	V				
2			exception to FTE rule	^				
			Alt. desc:	V				
3			exception to FTE rule	^				
			Alt. desc:	<u> </u>				



Budget Narrative Form (DOE 101S) -Sample Entry View - Error

FLORIDA DEPARTMENT OF EDUCATION BUDGET

Data Saved Successfully.

Grant Application Menu | Print or View Budget Data

Return to Program Menu

For CARD (Center for Autism Related Disorders) 501-90240-1S001

If you prefer, you may upload your budget data in a "tab delimited" text file format. Go to Data Upload Screen

Green Book | Red Book | Budget Instructions |

Funds Requested: \$1.00 | Budget Total: \$80.00 | Amount Remaining: (\$79) (rounded to the nearest dollar)

WARNING: Your budget exceeds the amount of funds requested by: -79.00 Edit the budget data in the rows provided and click the "Save Records" button. Each time you save, 10 additional rows will be added to the table.

NOTE: Only rows that have a function and object code will be saved. If the function or object code is left blank, the row will be ignored.

	Save Record	ds					
cou	Function	Object	Account Title and Description	Account Title and Description FTE Amount % Alloca		% Allocated to this Agreement	delete
COL	view codes	<u>view codes</u>	Account true and Description	(decimal value)	(decimal value, no dollar signs)	(decimal value, no percent signs)	delete
1	6300	110 acception to FTE rule	Coordinator (professional salary) who provides daily grant management,	0.800	80.00	80.00	
		Alt. desc:	coordination with the FDOE and other				



Budget Narrative Form (DOE 101S) -Sample Print View

Online Grant System

Welcome: MARIXCIA CHRISHON, Florida Atlantic University, Your Access Level: DOE | Admin Main Menu | | Log Out

Back to budget page Return to Program Menu

NOTE: For display purposes the text for the "Activity" and "Account Title and Description", will be abbreviated if it is more than 75 characters long. Click here to Hide full text.

FLORIDA DEPARTMENT OF EDUCATION
BUDGET DESCRIPTION FORM CARD (Center for Autism Related Disorders) 2020-2021

A) NAME OF ELIGIBLE RECIPIENT: Florida Atlantic University
B) Project Number (DOE USE ONLY): 501-90240-1 \$001

E) TAPS Number 21C020

Export to Excel For Your Records

count	Function	Object	Account Title and Description	FTE	Amount	% ALLOCATED to this	ALLOWABLE DOE USE ONLY	REASONABLE DOE USE ONLY	NECESSARY DOE USE ONLY
1	6300		Administrators Coordinator (professional salary) who provides daily grant management, coordination with the FDOE and other CARD centers, supervision of all staff, constituent support, and professional development.	0.800	\$80.00	80.00%			
Tota	ls:			0.800	\$80.00				

DOE 101



Richard Corcoran, Commissioner

DOE 101 S



Budget Narrative Form - DOE 101S

- Allowable Expenses employing appropriate staff for administering project, materials, supplies and other relevant costs for administration
- Unallowable Expenses some examples include advertisement, capital improvements and permanent renovations, marketing, food, services covered by indirect costs, gift cards, incentives (not an all-inclusive list)



Budget Narrative Form - DOE 101S

- Furniture or equipment prior written approval must be obtained from BEESS
- Technology purchase of the following types of devices and services require prior approval from BEESS: tablets and portable media players, iPads, air cards and Internet connectivity services
- Mini-grants requires permission and proper controls for oversight



Administrative Costs

Unallowable

Function	Object	Account Title and Narrative	FTE	Amount	% Allocated to this project
	1234	Administrative Costs- Expenditures associated with the administration of the project. (0.0740740731342662 X 1,970,458.00 = 145,959.85)		145,959.85	100%

Allowable

Function	Object	Account Title and Narrative	FTE	Amount	% Allocated to this project
	6400	Information Technology- Computers; and computer related items (under \$5,000) (e.g. printers x2, laptops x2, desktops x1, projectors x1)		4,000.00	100%
	1200	Salary/Wages- Project Director: Responsibility includes overall day to day management of project activities.	1	75,000.00	100%



DOE 101S: Participant Support Costs

- Defined as direct costs for items such as stipends or subsistence allowances, travel allowances and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences or training projects.
- Includes costs for families to attend advisory meetings, in- and out-of-state conferences, clinics, and trainings.



DOE 101S: Participant Support Costs

For each PSC line item, fiscal agents must:

- Identify the total amount of participant support costs to be charged to the IDEA Part B grant; and
- Provide a description that includes:
 - □ activities for which the costs will be used, elements of the costs (i.e., travel, registration and individual participant costs);
 - specific timeframe of the activities;
 - ☐ role of participants or trainees related to the IDEA Part B program; and
 - breakdown of the cost including an equation.



Project Abstract Scope of Work - Sample Entry View

SCOPE OF WORK	
Project Abstract	
Applicants are required to provide a description of the key elements and primary focus of the	ie project.
Limit 64,000 characters or about 12,800 words.	
Save	



Baseline Data

- Projects will identify the starting point from which progress will be measured.
- This section should include data from FDOE, the discretionary project and the school district(s).
- There should be evidence in the application of input from the exceptional student education (ESE) directors in the school districts that are served by the discretionary project. In the absence of existing data, initial data collection plans should be provided.



Baseline Data

Types of data that may be used include:

- Quantitative data, such as relevant indicator data as reflected in the State Performance Plan (SPP) and Annual Performance Report (APR) or LEA Profiles, information regarding school districts that are targeted or have been determined to have systemic non-compliance, student performance outcome data, school district graduation rates and formal survey results;
- Quantitative data reflecting recent project performance activities, such as the number of people trained by the discretionary project and school or district impact data collected by the project;
- Qualitative data, such as informal needs assessment results, focus group results or case studies; or
- Data specific to the discretionary project (e.g., quarterly census).

Established Need

The project will identify the state, regional or district need based on analysis of the baseline data.

- The project must show evidence of input from ESE directors to ensure that the needs of students with disabilities in their school districts are addressed.
- There may be differences based on the regions or areas served.
- The project must align the established need to the corresponding statute, as applicable.
- The project is expected to review the manner in which the discretionary project has collected data in order to determine the need of the school districts to be served.

FLORIDA DEPARTMENT

Description of Alternate Methods for Trainings and Meetings

Projects must provide the following information:

- The types of alternate methods for training events or meetings that were implemented during the 2019-2020 project award period;
- The methods that will be continued for the 2021-2022 project award period; and
- Any new methods or innovations that will be added for the 2022-2023 project award period.



Support of the BEESS Strategic Plan and State Performance Plan

For each area of the BEESS Strategic Plan target addressed by the project:

- Include reference to the measurable target for each indicator (as stated in the BEESS Strategic Plan);
- Describe collaboration activities with other discretionary projects with regard to the SPP indicators and BEESS Strategic Plan;
- Include monitoring and support to school districts; and
- Include how the discretionary project contributes to student outcomes.



BEESS Strategic Plan Area

Select the primary applicable response:

- Dispute Resolution and Monitoring
- K-12 Students Best Practices for Appropriate Evaluation and Identification
- K-12 Students Best Practices for Inclusion
- Access Best Practices for Standards-Based Instructional Support
- ELA Best Practices for Standards-Based Instructional Support
- Math Best Practices for Standards-Based Instructional Support
- K-12 Students Best Practices for Positive Behavior/Student Engagement
- Parent Involvement and Engagement
- Prekindergarten
- Teachers and Leaders
- Transition/Postsecondary
- This deliverable is not addressed in the BEESS Strategic Plan.



State Performance Plan Indicators

□ SPP 1: Graduation Rate ☐ SPP 2: Dropout Rate ☐ SPP 3: Participation/Performance on Statewide Assessments ☐ SPP 4: Discipline Rates ☐ SPP 5: Least Restrictive Environment (LRE), Ages 6-21 □ SPP 6: LRE, Ages 3-5 ☐ SPP 7: Preschool Outcomes □ SPP 8: Parent Involvement ☐ SPP 9: Disproportionate Representation in Special Education ☐ SPP 10: Disproportionate Representation in Specific Disability Programs ☐ SPP 11: 60-Day Timeline □ SPP 12. Transition from Part C to Part B □ SPP 13: Secondary Transition (Individual Educational Plan components) ☐ SPP 14: Postschool Outcomes ☐ SPP 15 & 16: ESE compliance and Dispute Resolution □ Restraint and Seclusion ☐ CCEIS – Identification ☐ CCEIS — Discipline □ CCFIS - Placement

Select "N/A" if none of these indicators apply to the deliverable.



Support for State Strategic Plans

 Projects must describe how the project will incorporate one or more of the goals located in Florida's State Board of Education Strategic Plan including the identification of targeted State Performance Plan Indicators. For further guidance, visit

http://www.fldoe.org/policy/state-board-of-edu/strategic-plan.stml.



Schedule of Deliverables - Sample Entry View

Project Performance Accountability/Deliverables view/print form ☐ Not Applicable Products Applicants will provide the information for each section below. Data NOT saved. Correct the following errors and click the save button again. . *Check NA or enter some data. Save Indicators Funding Performance Select all Performance BEESS Strategic Plan Requirements: applicable Targets/Deliverable Select only one area from the list below OR Cost per (Federal or Grant Year Title/Description Documentation Maintained by the Units to be Type indicators from indicate that the deliverable is not Total the list below or Project to Support the Deliverable Completed per addressed in the BEESS Strategic Plan. General Deliverable NA if not Quarter Revenue) Units applicable -select-O Dispute Resolution and Monitoring SPP 1 O State O K-12 Students - Best Practices for SPP 2 O Federal Appropriate Evaluation and SPP 3 Identification of Students with Spp 4 Disabilities SPP 5 O K-12 Students - Best Practices for SPP 6 Inclusion SPP 7 O K-12 Students - Access Best Practices for Standards-Based ☐SPP 8 Instructional Support ☐ SPP 9 O K-12 Students - ELA Best Practices SPP 10 for Standards-Based Instructional SPP 11 Support SPP 12 O K-12 Students - Math Best Practices SPP 13 for Standards-Based Instructional SPP 14 Support O K-12 Students - Best Practices for Restraint/Seclusion Positive Behavior/Student Engagement OParent Involvement and Identification Engagement CCBS. OPrekindergarten Discipline O Teachers and Leaders □cces. Placement O Transition/Postsecondary O This deliverable is not addressed in the BEESS Strategic Plan. 2 -select-O Dispute Resolution and Monitoring O State

Project Performance Accountability (Deliverables)

Deliverables must:

- Be directly linked to a specific line item/cost item that in turn links to the specific task, activity or service;
- Identify the minimum level of service to be performed;
 and
- Be quantifiable, measurable and verifiable (how many, how often, duration).

Deliverables: BEESS defines deliverables to include product, training and service delivery.

References: Chapter 215, Florida Statutes - Financial Matters: General Provisions; 215.971 - Agreements funded with federal or state assistance http://m.flsenate.gov/Statutes/215.971



Split-Funded Position Form

2022-23 Split-Funded Position Form For Discretionary Projects (Federal and/ or State)

Bureau of Exceptional Education and Student Services

Project Name:	Project Number (One form per project number):
[Enter text]	[Enter text]
Program Manager Name (Representative Completing Form):	Program Manager Contact Info (Phone/ Email):
[Enter text]	[Enter text]
Project Liaison Name (Reviewer):	Date Approved by Reviewer:
[Enter text]	[Enter text]

General Instructions for Program Manager:

Complete one form per project number. Each position funded by the project referenced above should be listed separately, one on each line. Add lines and copy/ paste template formatting, as needed. List each employee's name (first and last) by position title. Positions titles and responsibilities should align with the applicable employee's name and match the application budget namative. Enter the salary and associated FTE paid from the project referenced at the top of this form. If the project is split-funded, list the position title, funding source and associated FTE for each split-funding source. If the project is not split-funded, in other words the project listed at the top of this form covers 1.0 FTE of the listed position or the position is strictly part-time with no other funding source (FTE) being covered by another project, enter a comment under the Notes/Explanation column. There should be a note/ explanation for each position listed. For example, also explain FTE totals that do not equal 1.0 FTE.

General Instructions for Project Liaison:

Review the chart to ensure information provided is complete and aligns with the approved form will be part of the approved template with the review notification complete email. As the approved form will be part of the approved application packet. If the form is incomplete, it will be returned to the illaison for program manager revisions.

	Split-Funding Chart						
Employee Name	Position Title: Responsibilities	Salary (\$)	FTE	Split funded? If yes – provide each position title, funding source and associated FTE Notes/ Provide Explanation for split funding			
[Enter First Name Last Name]	[Enter Title]: [Enter Responsibilities]	\$[Enter Salary]	[FTE]	1. Position Title: [Enter Text]			
				Position Title: [Enter Text] Funding Source: [Enter Text] Associated FTE: [Enter Text]			
				Position Title: [Enter Text] Funding Source: [Enter Text] Associated FTE: [Enter Text]			
[Enter First Name Last Name]	[Enter Title]: [Enter Responsibilities]	\$[Enter Salary]	[FTE]	1. Position Title: [Enter Text]			

Salary Increase Funding Chart

Project Name/ Project Number:				
Position Title (Including Function/ Object Code):				
0 (0)				
Current Salary				
Increase				
New Salary				
% Increase				
Is FTE being increased? If so, provide current				
approved FTE and the resulting FTE.				
Are benefits being increased?				
Why is the salary increase being requested?				
How does the position align/ qualify for an increase				
according to the documentation provided?				
What lines are the funds being pulled to cover the				
increases?				
How will the project ensure that services are not				
reduced/ impacted?				
Explain the plan to recoup funds.				
Position Title (Including Function/ Object Code):				
Current Salary				
Increase				



Additional notes on Salaries & Pay Schedules

- Projects are funded for 12 months of coverage, therefore services, products, and trainings should be made available on a 12-month/year-round basis to all stakeholders and personnel involved in the education of students with exceptionalities.
- This will be accomplished by either 12-month contracts or 10-month contracts with extra duty days/supplemental contracts to ensure a full year, with no gaps in services. Staffing models will be at the discretion of the fiscal agents. Failure to provide the required 12-months of services may result in financial consequences or impact the next year's project award.

FLORIDA DEPARTMEN

Application - Unsuccessful Submission

Program Main Menu

Highlighted items are not complete. These items must be completed before data can be submitted to FLDOE.

Grant: Youth Mental Health Awareness Training Admin 291-90280-15002

Standard Grant Forms:

DOE 100

DOE 100

Budget Forms

Budget for Youth Mental Health Awareness Training Admin 291-90280-1S002

Standard Project Narratives:

- Project Design
 - Project Abstract
 - Baseline Data
 - Established Need
 - Description of Alternate Methods for Trainings/Meetings
 - Support of the BEESS Strategic Plan/State Performance Plan
 - Evaluation Plan
- Support for Strategic Plan
- General Education Provisions Act
- Equitable Services

Project Performance Accountability:

- Products
- Training
- Service Delivery

Assurances:

ADDITIONAL ASSURANCES

Signed Forms [Include delegation of authority if form is not signed by the agency head]:

Signed DOE 100A (one form per project number) and Signed Cooperative Agreement Page, as applicable

Final Steps for Completing Application:

- · Printer Friendly Format of Application
- Verify Complete and Submit to FLDOE

Application - Successful Submission

Program Main Menu

Grant: CARD (Center for Autism Related Disorders) 501-90240-15001

Our records indicate this application has been officially submitted to the DOE on 3/17/2020 Official notification has been sent to FDOE staff via e-mail. NO FURTHER EDITS SHOULD BE MADE TO THIS APPLICATION UNLESS REQUESTED BY FDOE STAFF.

Standard Grant Forms:

DOE 100

DOE 100

Budget Forms

Budget for CARD (Center for Autism Related Disorders) 501-90240-1S001

Standard Project Narratives:

- Project Design
 - Project Abstract
 - Baseline Data
 - · Established Need
 - Description of Alternate Methods for Trainings/Meetings
 - . Support of the BEESS Strategic Plan/State Performance Plan
 - Evaluation Plan
- · Support for Strategic Plan
- Equitable Services

Project Performance Accountability:

- Products
- Training
- Service Delivery

Assurances:

ADDITIONAL ASSURANCES

Signed Forms [Include delegation of authority if form is not signed by the agency head]:

Signed DOE 100A (one form per project number) and Signed Cooperative Agreement Page, as applicable

Final Steps for Completing Application:

- · Printer Friendly Format of Application
- Verify Complete and Submit to FLDOE

Resources

Uniform Grant Guidance: 2 C.F.R. Part 200

https://www.eC.F.R..gov/cgi-bin/text-idx?tpl=/eC.F.R.browse/Title02/2C.F.R.200 main 02.tpl

Red Book

http://www.fldoe.org/finance/fl-edu-finance-program-fefp/financial-program-cost-accounting-repo.stml

Green Book

http://www.fldoe.org/finance/contracts-grantsprocurement/grants-management/project-application-amendmentprocedur.stml

State Expenditure Reference Guide

https://www.myfloridacfo.com/Division/AA/Manuals/documents/ReferenceGuideforStateExpenditures.pdf



Questions? Contact BESEDiscretionaryProjectTeam@fldoe.org



