

FLORIDA DEPARTMENT OF EDUCATION

PROJECT AMENDMENT REQUEST

Please return to: Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0735	A) Agency Name: The School Board of Broward County, Florida 600 SE 3rd Avenue Fort Lauderdale, FL 33301	DOE USE ONLY Date Received				
B) Program Name: <u>ARP ESSER III - Formula Grant to LEAs</u> TAPS Number: <u>22A175 and 22A177</u>		Project Number (DOE Assigned) 060-1211A-2C001 060-1211K-2C001				
C) Amendment Type <input type="checkbox"/> Program <input checked="" type="checkbox"/> Budget Amendment Number: <u>7</u>	D) Amendment Request Contact Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Contact Name: <u>Erum Motiwala,</u> Associate Superintendent Finance </td> <td style="width: 40%;"> Telephone Numbers: 754-321-1990 </td> </tr> <tr> <td> Mailing Address: 600 SE 3rd Avenue Fort Lauderdale, FL 33301 </td> <td> E-mail Addresses: Erum.motiwala@browardschools.com </td> </tr> </table>		Contact Name: <u>Erum Motiwala,</u> Associate Superintendent Finance	Telephone Numbers: 754-321-1990	Mailing Address: 600 SE 3rd Avenue Fort Lauderdale, FL 33301	E-mail Addresses: Erum.motiwala@browardschools.com
Contact Name: <u>Erum Motiwala,</u> Associate Superintendent Finance	Telephone Numbers: 754-321-1990					
Mailing Address: 600 SE 3rd Avenue Fort Lauderdale, FL 33301	E-mail Addresses: Erum.motiwala@browardschools.com					
E) Required Signature and Certification						
<p>I, <u>Dr. Peter B. Licata</u>, (<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 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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> _____ Signature of Agency Head </div> <div style="width: 30%; text-align: center;"> Superintendent of Schools _____ Title </div> <div style="width: 30%; text-align: right;"> <div style="text-align: center;"> _____ Date </div> </div> </div>						

**FLORIDA DEPARTMENT OF EDUCATION
BUDGET AMENDMENT NARRATIVE FORM**

A) The School Board of Broward County, Florida
District/Agency

060-1211A-2C001/22A175

060-1211K-2C001/22A177

Project Number/TAPS Number

C) 7
Amendment Number

D) Total Project Amount Currently Approved
\$577,597,504.00

E) Total Project Amount resulting from this Budget Amendment
\$577,597,504.00

F) Line Item Desc

Function	Object	Use of Funds	Activity Number*	Account Title and Narrative	FTE	Amount Increase	Amount Decrease
5100	100	41	2 (R)	Salary - Funds will be utilized to cover salary and benefits costs for 2023-24 (232 Teachers) to continue the employment of teachers (Same activity as use of Funds # 1-2 - 2 (R) -changing Function. @ \$60,388	232	14,010,016.00	
5100	200	42	2 (R)	Fringe Benefits rates variable @ 22.30% and fixed @ \$10,633 for teachers to continue the employment of teachers.		5,589,984.00	
6500	640	1	2(K)	Assurance 1.9 Technology computer laptops \$11.6M; Computer carts and wiring \$12.4M; Power adapters \$3.3M; Laptop management tool for tracking and identifying specs on laptops \$3.9M; lan School \$800,000; wireless access points and network switches \$5M 2021-22, 2022-23 and 2023-24		-	13,192,851.39
7700	770	6	2 (R)	COVID-19 related medical claim cost for doctor visits and hospitalization 2021-22, 2022-23 and 2023-24		-	6,407,148.61
Total						19,600,000.00	19,600,000.00

F) Narrative

The purpose of this amendment is to realign approved grant funds. These requested budgetary changes will not change the scope of the grant.

100/200-Personnel Increase

- Item #41 Activity#2 (R) Realign technology and medical claims for 2023-24 to retain Teachers. **\$14,010,016**
- Item #42 Activity#2 (R) Realign to Fringe Benefits variable @ 22.30% and fixed rate \$10,633. **\$5,589,984**

640-Furniture, Fixtures and Equipment Decrease

- Item #1 Activity#2 (K) Realign Assurance 1.9 technology computer laptops for students to achieve 1:1 ratio in schools \$11.6M; Computer carts and wiring \$12.4M; Power adapters \$3.3M; Laptop management tool for tracking and identifying specs on laptops \$3.9M; LanSchool \$800,000; wireless access points and network switches \$5M 2021-22, 2022-23 and 2023-24. **\$13,192,851.39**

770-Claims Decrease

- Item #6 Activity#2 (R) Realign COVID-19 related medical claim cost for doctor visits and hospitalization 2021-22, 2022-23 and 2023-24 to Teacher salary and fringe costs. **\$6,407,148.61**

Instructions for Completion of DOE 150 Project Amendment Request

- A. Enter Agency Name
- B. Enter Program Name and TAPS number as listed on the original Project Award Notification.
- C. Enter Amendment Type – Refer to Project Application and Amendment Procedures for Federal and State Programs (Green Book) for definitions of Program and Budget amendments.
- D. Enter Amendment Request Contact Information for the person who is responsible for the project.
- E. Complete Required Signature. **Note:** Application amendments signed by officials other than the Superintendent, or President/Chairman of the Board, must have a letter of authorization to sign on the behalf of said official, attached to the DOE 150 when the application amendment is submitted.
- F. Provide sufficient narrative to describe and justify the type of amendment being requested. Narrative should include the purpose of the amendment and description of the amended services or budget changes – i.e. changes in scope or objectives, changes in deliverables or work tasks and how these changes affect the original application. Any budget change will require details on the increase/decrease and how the change affects the original application.

Attach Budget Amendment Narrative Form (DOE 151) if this amendment requires budget changes.