# 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	· · · · · · · · · · · · · · · · · · ·		DOE USE ONLY  Date Received		
B) Program Name: <u>ARP ESSER I</u> TAPS Number: <u>22A175 and 22</u>	Project Number (DOE Assigned) 060-1211A-2C001 060-1211K-2C001				
C) Amendment Type	D)		t Request Contact Information		
☐ Program ☑ Budget  Amendment Number:7		ontact Name: Erum Motiwala, sociate Superintendent Finance	Telephone Numbers: 754-321-1990		
	60	ailing Address: 0 SE 3 <sup>rd</sup> Avenue rt Lauderdale, FL 33301	E-mail Addresses: Erum.motiwala@browardschools.com		
	E) Re	quired Signature and Certification			
certify to the best of my knowled true, complete and accurate, for general assurances and specific information or the omission of at claims or otherwise. Furthern requirements; and procedures for the expenditure of funds on this appropriate state and federal state	dge and belief that the purposes, and to programmatic a my material fact more, all applicate fiscal control and project. All reconstruction of the first further certificated. Disbursement	all the information and attachments sobjectives, set forth in the RFA or Resourances for this project. I am away subject me to criminal, or administrate ble statutes, regulations, and proceed maintenance of records will be implested to the second	ally bind the agency/organization, do hereby submitted in this application amendment are FP and are consistent with the statement of are that any false, fictitious, or fraudulent rative penalties for the false statement, false edures; administrative and programmatic emented to ensure proper accountability for equirements will be available for review by ed on or after the effective date and prior to atte to this project and will not be used for		
Further, I understand that it is to submission of this application and Signature of Agency Head		of the agency head to obtain from its  Superintendent of Schools  Title	s governing body the authorization for the  2/29/24  Date		

### FLORIDA DEPARTMENT OF EDUCATION BUDGET AMENDMENT NARRATIVE FORM

District/Agenc	Project Number/TAPS Number
A) The School Board of Broward County, Florida	060-1211K-2C001/22A177
	060-1211A-2C001/22A175

Amendment Number

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

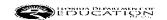
E) Total Project Amount resulting from this Budget Amendment

\$577,597,504.00

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	232	14,010,016.00	
				continue the employment of teachers (Same activity as use of Funds # 1-2 - 2 (R) -changing Function. @ \$60,388			
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		-	6,407,148.6
					Total	19,600,000.00	19,600,00

DOE 151 nevised January 2017

kichara Corcoran, Commissioner



#### 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 <u>Project Application and Amendment Procedures for Federal and State Programs</u> (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.