



# Bureau of Exceptional Education and Student Services

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

June, 2022





FLORIDA DEPARTMENT OF  
**EDUCATION**  
fldoe.org

# Submission and Intake



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# 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-procurement/grants-management/department-of-edu-grants-forms.shtml>;
- 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

<b>Please return to:</b>  Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	<b>A) Program Name:</b>   <b>TAPS NUMBER:</b>	<b>DOE USE ONLY</b>  Date Received <input type="text"/>										
<b>B) Name and Address of Eligible Applicant:</b>		<b>Project Number (DOE Assigned)</b>  <b>[DO NOT LIST MORE THAN ONE]</b>										
<b>C) Total Funds Requested:</b>  \$ _____  <hr/> <b>DOE USE ONLY</b>  <b>Total Approved Project:</b>  \$ _____	<b>D) Applicant Contact &amp; Business Information</b> <table border="1"> <tr> <td data-bbox="620 911 1049 943">Contact Name:</td> <td data-bbox="1049 911 1476 943">Telephone Numbers:</td> </tr> <tr> <td data-bbox="620 943 1049 976">Fiscal Contact Name:</td> <td data-bbox="1049 943 1476 976"></td> </tr> <tr> <td data-bbox="620 976 1049 1009">Mailing Address:</td> <td data-bbox="1049 976 1476 1009">E-mail Addresses:</td> </tr> <tr> <td data-bbox="620 1009 1049 1042">Physical/Facility Address:</td> <td data-bbox="1049 1009 1476 1042">DUNS number:</td> </tr> <tr> <td data-bbox="620 1042 1049 1075"></td> <td data-bbox="1049 1042 1476 1075">FEIN number:</td> </tr> </table>		Contact Name:	Telephone Numbers:	Fiscal Contact Name:		Mailing Address:	E-mail Addresses:	Physical/Facility Address:	DUNS number:		FEIN number:
Contact Name:	Telephone Numbers:											
Fiscal Contact Name:												
Mailing Address:	E-mail Addresses:											
Physical/Facility Address:	DUNS number:											
	FEIN number:											



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# Applying in the Online Grant System



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# 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:

If you are already registered, login here.

##### Returning User Login

Login Name:  \*

Password:

[Forgot Password?](#)

#### New User Registration:

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 through the steps to create a login for grant applications and/or grant reporting. You will be asked to select the grants that you are responsible for and then provide contact information and indicate your specific roles in the process.

##### New User Registration

Agency Code:

Password:   
**Initial password is required.**

# Application - Main Menu

## BEES 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 BEES 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](#)

Sign

**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: 22COXX to 23COXX

# 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.

Save Records

count	Function <a href="#">view codes</a>	Object <a href="#">view codes</a>	Account Title and Description	FTE (decimal value)	Amount (decimal value, no dollar signs)	% Allocated to this Agreement (decimal value, no percent signs)	delete
1	<input type="checkbox"/>	<input type="checkbox"/> exception to FTE rule Alt. desc: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/> exception to FTE rule Alt. desc: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/> exception to FTE rule Alt. desc: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

# 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 Records

count	Function <a href="#">view codes</a>	Object <a href="#">view codes</a>	Account Title and Description	FTE (decimal value)	Amount (decimal value, no dollar signs)	% Allocated to this Agreement (decimal value, no percent signs)	delete
1	6300	110 <input type="checkbox"/> exception to FTE rule Alt. desc: <input type="text"/>	Coordinator (professional salary) who provides daily grant management, coordination with the FDOE and other	0.800	80.00	80.00	<input type="checkbox"/>

# 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): 501-90240-1S001

E) TAPS  
 Number  
 21C020

[Export to Excel For Your Records](#)

count	Function	Object	Account Title and Description	FTE	Amount	% ALLOCATED to this PROJECT	ALLOWABLE DOE USE ONLY	REASONABLE DOE USE ONLY	NECESSARY DOE USE ONLY
1	6300	110	<u>Administrators</u> 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%			
Totals:				0.800	\$80.00				

DOE 101



Richard Corcoran, Commissioner

DOE 101 S  
 Form 00100

# 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	<u>Administrative Costs-</u> 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	<u>Information Technology-</u> Computers; and computer related items (under \$5,000) (e.g. printers x2, laptops x2, desktops x1, projectors x1)		4,000.00	100%
	1200	<u>Salary/Wages-</u> 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 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.

# 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**
- CCEIS – 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.shtml>.

# 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.

\*

No.	Type	Title/Description	BEESS Strategic Plan Select only one area from the list below OR indicate that the deliverable is not addressed in the BEESS Strategic Plan	Indicators Select all applicable indicators from the list below or NA if not applicable	Source Documentation Maintained by the Project to Support the Deliverable	Funding Source (Federal or State General Revenue)	Total Budget for Deliverable	Performance Requirements: Grant Year Total Deliverable Units	Cost per Unit	Performance Targets/Deliverable Units to be Completed per Quarter	Delete
1	--select--		<input type="radio"/> Dispute Resolution and Monitoring <input type="radio"/> K-12 Students - Best Practices for Appropriate Evaluation and Identification of Students with Disabilities <input type="radio"/> K-12 Students - Best Practices for Inclusion <input type="radio"/> K-12 Students - Access Best Practices for Standards-Based Instructional Support <input type="radio"/> K-12 Students - ELA Best Practices for Standards-Based Instructional Support <input type="radio"/> K-12 Students - Math Best Practices for Standards-Based Instructional Support <input type="radio"/> K-12 Students - Best Practices for Positive Behavior/Student Engagement <input type="radio"/> Parent Involvement and Engagement <input type="radio"/> Prekindergarten <input type="radio"/> Teachers and Leaders <input type="radio"/> Transition/Postsecondary <input type="radio"/> This deliverable is not addressed in the BEESS Strategic Plan.	<input type="checkbox"/> SPP 1 <input type="checkbox"/> SPP 2 <input type="checkbox"/> SPP 3 <input type="checkbox"/> SPP 4 <input type="checkbox"/> SPP 5 <input type="checkbox"/> SPP 6 <input type="checkbox"/> SPP 7 <input type="checkbox"/> SPP 8 <input type="checkbox"/> SPP 9 <input type="checkbox"/> SPP 10 <input type="checkbox"/> SPP 11 <input type="checkbox"/> SPP 12 <input type="checkbox"/> SPP 13 <input type="checkbox"/> SPP 14 <input type="checkbox"/> Restraint/Seclusion <input type="checkbox"/> CCEIS - Identification <input type="checkbox"/> CCEIS - Discipline <input type="checkbox"/> CCEIS - Placement <input type="checkbox"/> NA		<input type="radio"/> State <input type="radio"/> Federal				Qtr. I: <input type="text"/> Qtr. II: <input type="text"/> Qtr. III: <input type="text"/> Qtr. IV: <input type="text"/>	<input type="checkbox"/>
2	--select--		<input type="radio"/> Dispute Resolution and Monitoring	<input type="checkbox"/> SPP 1		<input type="radio"/> State				Qtr. I: <input type="text"/>	<input type="checkbox"/>

# 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

<b>Project Name:</b> [Enter text]	<b>Project Number (One form per project number):</b> [Enter text]
--------------------------------------	--

<b>Program Manager Name (Representative Completing Form):</b> [Enter text]	<b>Program Manager Contact Info (Phone/ Email):</b> [Enter text]
---	---

<b>Project Liaison Name (Reviewer):</b> [Enter text]	<b>Date Approved by Reviewer:</b> [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 narrative. 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 application budget narrative. Submit 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 Liaison 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] Funding Source: [Enter Text] Associated FTE: [Enter Text]  2. Position Title: [Enter Text] Funding Source: [Enter Text] Associated FTE: [Enter Text]  3. Position Title: [Enter Text] Funding Source: [Enter Text] Associated FTE: [Enter Text]	1. [Enter Text]  2. [Enter Text]  3. [Enter Text]
[Enter First Name Last Name]	[Enter Title]: [Enter Responsibilities]	\$(Enter Salary)	[FTE]	1. Position Title: [Enter Text] Funding Source: [Enter Text] Associated FTE: [Enter Text]	1. [Enter Text]

# Salary Increase Funding Chart

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

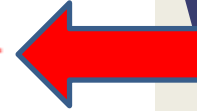
# Additional notes on Salaries & Pay Schedules

- 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.

# 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 291-90280-1S002

## 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) 501-90240-1S001

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]:

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### 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](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-grants-procurement/grants-management/project-application-amendment-procedur.stml>

- **State Expenditure Reference Guide**

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

# Questions?

Contact

[BESEDiscretionaryProjectTeam@fldoe.org](mailto:BESEDiscretionaryProjectTeam@fldoe.org)

