

**EXCEPTIONAL STUDENT EDUCATION DISCRETIONARY PROJECTS APPLICATION**

Please return to: Bureau of Grants Management Division of Financial Services Florida Department of Education Turlington Building, Room 325 325 West Gaines Street Tallahassee, Florida 32399-0400 (850) 488-6304, Suncom: 278-6304	<b>A)</b> Name and Agency of Eligible Recipient:	<b>DOE USE ONLY</b>  Date Received
<b>B)</b> Agency Contact Information		Project Number: <b>(1)</b>
Name:	Address:	Total Amount Funded: \$
Telephone:		Project Number: <b>(2)</b>  Total Amount Funded: \$
Fax:		Project Number: <b>(3)</b>  Total Amount Funded: \$
<b>C)</b> Program Name: <b>(1)</b> <b>IDEA, Part B (2C001)</b>	<b>C)</b> Program Name: <b>(2)</b> <b>IDEA, Part B, Preschool (2C002)</b>	<b>C)</b> Program Name: <b>(3)</b> <b>IDEA, Part B, Discretionary Supplement (2C003)</b>
<b>D)</b> Salaries/Benefits \$ <b>E)</b> Purchased Services \$ <b>F)</b> Expenses \$ <b>G)</b> Capital Outlay \$  <b>H)</b> Total \$	<b>D)</b> Salaries/Benefits \$ <b>E)</b> Purchased Services \$ <b>F)</b> Expenses \$ <b>G)</b> Capital Outlay \$  <b>H)</b> Total \$	<b>D)</b> Salaries/Benefits \$ <b>E)</b> Purchased Services \$ <b>F)</b> Expenses \$ <b>G)</b> Capital Outlay \$  <b>H)</b> Total \$

CERTIFICATION/BUDGET BY SCHOOL DISTRICT/OTHER AGENCY

The governing body of the applicant has authorized the filing of this application and the undersigned representative has been duly authorized to file this application and act as the authorized representative of the applicant in connection with this application.

I, \_\_\_\_\_, *(Please Type Name)* do hereby certify that all facts, figures, and representations made in this application are true, correct, and consistent with the statement of assurances signed and submitted previously. Furthermore, all applicable statutes, regulations, and procedures for program and fiscal control and for records maintenance will be implemented to ensure proper accountability of funds distributed for this project. All records necessary to substantiate these items will be available for review by state and federal monitoring staff. I further certify that all disbursements will be obligated after project approval date and prior to the termination date; have not been previously reported; and were not used for matching funds on this or any special project.

(I) \_\_\_\_\_  
 Signature of Superintendent/Agency Head



**EXCEPTIONAL STUDENT EDUCATION DISCRETIONARY PROJECTS APPLICATION**

A) \_\_\_\_\_  
District/Agency Name

B) \_\_\_\_\_  
Project Name

**FLORIDA DEPARTMENT OF EDUCATION**

*Budget Recap and Description Form*

<b>(1) Function</b>	<b>(2) Object</b>	<b>(3) Description</b>	<b>(4) Amount</b>

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*Budget Recap and Description Form*

<b>(1) Function</b>	<b>(2) Object</b>	<b>(3) Description</b>	<b>(4) Amount</b>

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*Budget Recap and Description Form*

<b>(1) Function</b>	<b>(2) Object</b>	<b>(3) Description</b>	<b>(4) Amount</b>

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*Budget Recap and Description Form*

<b>(1) Function</b>	<b>(2) Object</b>	<b>(3) Description</b>	<b>(4) Amount</b>

**EXCEPTIONAL STUDENT EDUCATION DISCRETIONARY PROJECTS APPLICATION**

**CONSOLIDATED APPLICATION  
CERTIFICATION  
(If applicable)**

**Fiscal Agent:**

The filing of this application has been authorized by each District School Board listed below and the District Superintendent has been duly authorized to file this application and act as the authorized representative in connection with this application.

Certification is hereby given that all facts, figures, and representations made in the application are true and correct, and are consistent with the statements of assurances signed and submitted previously by this district.

\_\_\_\_\_  
District

\_\_\_\_\_  
Signature of Superintendent

Certification is hereby given that all facts, figures, and representations made in the application are true and correct, and are consistent with the statements of assurances signed and submitted previously by this district.

\_\_\_\_\_  
District

\_\_\_\_\_  
Signature of Superintendent

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(Continue on Additional Sheets as Necessary)

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**ADDITIONAL CERTIFICATIONS**  
(If applicable)

**Fiscal Agent:**

**Name of Organization or Entity:**  
**Address:**

**Certification is hereby given that all facts, figures, and representations made in this application with regard to participation of the organization or entity specified above are true and correct.**

\_\_\_\_\_  
**Name and Title of Authorized Representative (Typed)**

\_\_\_\_\_  
**Signature of Authorized Representative & Date Signed**

(Continue on Additional Sheets as Necessary)

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(Continue on Additional Sheets as Necessary)

# EXCEPTIONAL STUDENT EDUCATION DISCRETIONARY PROJECTS APPLICATION

## ADDITIONAL ASSURANCES - ALL PROJECTS

**Fiscal Agent:**

Submission of this application hereby assures that the applicant and all participating districts will implement the project consistent with the following requirements:

- Assurance is hereby provided that project funds will not be used to purchase furniture or equipment without prior written approval from the Department of Education/Bureau of Instructional Support and Community Services (DOE/BISCS). Upon termination of the project, at the option of DOE/BISCS, all equipment purchased with project funds will be transferred to the location(s) specified by DOE/BISCS, and all necessary property records actions will be taken to transfer ownership to the DOE or its designee.
- Assurance is hereby provided that the fiscal agent for this project accepts responsibility for implementing all project activities as specified in this application or subsequent amendments, specifically including those of a regional or statewide nature. The fiscal agent will ensure that activities essential to project effectiveness including, but not limited to, reimbursement of travel expenses for persons from other districts/agencies, employment of substitutes for teachers in other school districts, or payment of consulting fees for persons to provide services to other school districts will be implemented in an efficient and timely manner.
- Assurance is hereby provided that products developed for statewide dissemination will be submitted to content and policy review by DOE/BISCS prior to any distribution for other than awareness, field-test, or validation purposes. This fiscal agent will ensure that product developers adhere to policies and procedures set forth in "Guidelines for Project Publications," available from the BISCS Clearinghouse/Information Center. The applicant will allow a minimum of four weeks for BISCS to complete the content and policy review of any product, and will also allow sufficient time to make required revisions, have the revisions verified by BISCS, and have the final document reproduced.
- Assurance is hereby provided that fees will not be charged for any service provided under the auspices of the project without prior written approval of DOE/BISCS.

# EXCEPTIONAL STUDENT EDUCATION DISCRETIONARY PROJECTS APPLICATION

## ADDITIONAL ASSURANCES - SED NETWORK PROJECTS

**Fiscal Agent:**

Submission of this application hereby assures that the applicant and all participating districts and organizations or agencies will implement the project to develop and continue a multiagency service network for students with severe emotional disturbance consistent with requirements of Section 230.2317, Florida Statutes; the prescribed project workscope; and with the following requirements:

- The project will function under a multiagency advisory body defined by the applicant which has membership, holds meetings, and carries out duties and functions as follows:
  - reviews the role and mission of the project;
  - is composed of the required minimum membership (Directors of Exceptional Student Education or Student Services, Children and Family Administrators, and Juvenile Justice Program Managers or designees, Parent Representative of students with emotional disabilities);
  - determines network outcomes and project activities based on analysis of current needs;
  - determines measures of success and evaluation process at time of project application ;
  - copies the SED Network program specialist on all agenda announcements, meeting minutes, strategic plans and related documents to network accomplishments within 30 days of production
  - notifies the ***Bureau of Instructional Support and Community Services*** no later than January 30, of each year if insufficient progress in achieving stated outcomes is indicated by the network, and develops a corrective action plan no later than 60 days from the date of notification;
  - primary personnel employed by the project participate in two mandatory statewide inservice and planning activities; and
  - application and annual report must be completed by the date specified by the ***Bureau of Instructional Support and Community Services***.
- All activities which include the provision of direct service to students with severe emotional disturbance and their families will adhere to the following guidelines prior to implementation:
  - If the direct services are start-up activities:
    - the provision of these services is warranted based on the need to fill gaps to improve services as identified by the project's advisory board;
    - funds to provide these services are not available at this time;
    - funding these services does not supplant existing services supported by other funding sources; and
    - a time frame is established for discontinuation of the support.
  - If the direct services are pilot activities, the project will implement a plan to evaluate the efficacy of the activity and evaluations will be included in the annual report of the project accomplishments.
- Property purchased with program funds will be used for the purpose of the program.
- Equipment no longer needed to accomplish the objectives of the project will be shared, replaced, transferred, or disposed of in accordance with applicable rules and regulations.
- Fiscal agent subgrants to one or more participating districts will be made consistent with policies and procedures in DPS Memorandum 84-279.
- Products developed or adapted for use only in the project service region will be reviewed and approved by the multiagency governing body prior to dissemination.
- All application revisions, including those which do not require prior approval, will be incorporated into project records and disbursement reports in an accurate and timely manner.
- Funds will be used in such a manner that the effects of funds used in other programs are neither duplicated nor counteracted.
- Funds will be used to increase the impact of funds available under other programs.
- Procedures for the implementation of a comprehensive system of personnel development will be carried out in accordance with applicable regulations, including:
  - Appropriate and ongoing inservice training programs are available under the auspices of the project to personnel engaged in the education of exceptional students consistent with the approved project workscope or concept statement (34 CFR 300.382).
  - Project sponsored inservice is included in the agency's Master Plan for Inservice (Section 236.0811, Florida Statutes; Florida State Plan under the Individuals with Disabilities Education Act).
  - All exceptional student education training conducted by the project is reported through the appropriate FDLRS Associate Center (Florida State Plan under the Individuals with Disabilities Education Act).
  - Significant information and promising practices are disseminated to personnel, administrators, agencies, and organizations [34 CFR 76.301(c)(8)].
  - Promising educational practices and materials are adopted as appropriate [34 CFR 76.301(c)(8); 300.384].

(NOTE: Compliance will be measured against implementation of Goal 3 of the project workscope and descriptions provided on subsequent pages of this application.)

Our Board has reviewed and agreed to the assurance requested of SED Network Projects.

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Name and Title of Multiagency Advisory Board Chairperson	Signature of Multiagency Advisory Board Chairperson	Date Signed
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**EXCEPTIONAL STUDENT EDUCATION DISCRETIONARY PROJECTS APPLICATION**

<b>PROJECT ABSTRACT</b>	____ Revised ____ No Change	<b>Fiscal Agent:</b>
<b>Summary of Project Objectives, Activities, and Expected Outcomes:</b>		

EXCEPTIONAL STUDENT EDUCATION DISCRETIONARY PROJECTS APPLICATION

PROJECT ABSTRACT

\_\_\_ Revised  
\_\_\_ No Change

Fiscal Agent:

Summary of Project Objectives, Activities, and Expected Outcomes:



**EXCEPTIONAL STUDENT EDUCATION DISCRETIONARY PROJECTS APPLICATION**

<b>PARTICIPATION AND COORDINATION</b>		<b>Fiscal Agent:</b>
<b>Group:</b>	<b>Description of Manner and Extent of Participation and Coordination:</b>	

**EXCEPTIONAL STUDENT EDUCATION DISCRETIONARY PROJECTS APPLICATION**

<b>PARTICIPATION AND COORDINATION</b>		<b>Fiscal Agent:</b>
<b>Group:</b>	<b>Description of Manner and Extent of Participation and Coordination:</b>	

**EXCEPTIONAL STUDENT EDUCATION DISCRETIONARY PROJECTS APPLICATION**

**REPORT OF ACCOMPLISHMENTS**

**Fiscal Agent:**

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**EXCEPTIONAL STUDENT EDUCATION DISCRETIONARY PROJECTS APPLICATION**

**PROJECT DESIGN**

\_\_\_ Revised  
\_\_\_ No Change

**Fiscal Agent:**

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**EXCEPTIONAL STUDENT EDUCATION DISCRETIONARY PROJECTS APPLICATION**

**PROJECT IMPLEMENTATION**

**Fiscal Agent:**

**Objective:**

<b>Timelines:</b>	<b>Activities:</b>	<b>Target Populations(s):</b>

(Continue on Additional Sheets as Necessary)

**EXCEPTIONAL STUDENT EDUCATION DISCRETIONARY PROJECTS APPLICATION**

**PROJECT IMPLEMENTATION**

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(Continue on Additional Sheets as Necessary)

**EXCEPTIONAL STUDENT EDUCATION DISCRETIONARY PROJECTS APPLICATION**

**COMPREHENSIVE SYSTEM OF PERSONNEL  
DEVELOPMENT**

**Fiscal Agent:**

**Description of Procedures for Implementation:**

(Continue on Additional Sheets as Necessary)



**EXCEPTIONAL STUDENT EDUCATION DISCRETIONARY PROJECTS APPLICATION**

**PROJECT EVALUATION**

**Fiscal Agent:**

**Description of Proposed Performance Standards and Procedures for Project Evaluation:**

(Continue on Additional Sheets as Necessary)

**EXCEPTIONAL STUDENT EDUCATION DISCRETIONARY PROJECTS APPLICATION**

**PROJECT RESOURCES –  
PERSONNEL**

\_\_\_\_\_ Revised  
\_\_\_\_\_ No Change

**Fiscal Agent:**

**Project Staffing Plan:**

<b>Personnel Projections</b>			
<b>Position Title</b>	<b>Amount of Time</b>	<b>Paid with Project Funds (Yes or No)</b>	<b>Job Responsibilities/Qualifications or Project Contributions</b>

(Continue on Additional Sheets as Necessary)