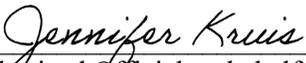


**Florida Department of Education
Project Award Notification**

| | | |
|--|--|--|
| 1 PROJECT RECIPIENT Flagler County School District | 2 PROJECT NUMBER 180-1276C-6CH01 | |
| 3 PROJECT/PROGRAM TITLE Title IX, Part A - Education of Homeless Children and Youth Project- Year 2 <p align="center">TAPS 26A006</p> | 4 AUTHORITY 84.196A Title IX Part A Homeless ESSA USDE or Appropriate Agency FAIN#: S196A250010 | |
| 5 AMENDMENT INFORMATION Amendment Number: Type of Amendment: Effective Date: | 6 PROJECT PERIODS Budget Period: 07/01/2025 - 08/31/2026 Program Period:07/01/2024 - 08/31/2027 | |
| 7 AUTHORIZED FUNDING Current Approved Budget: \$51,690.00 Amendment Amount: Estimated Roll Forward: Certified Roll Amount: Total Project Amount: \$51,690.00 | 8 REIMBURSEMENT OPTION Federal Cash Advance | |
| 9 TIMELINES <ul style="list-style-type: none"> • Last date for incurring expenditures and issuing purchase orders: <u>08/31/2026</u> • Date that all obligations are to be liquidated and final disbursement reports submitted: <u>10/20/2026</u> • Last date for receipt of proposed budget and program amendments: <u>07/31/2026</u> • Refund date of unexpended funds; mail to DOE Comptroller, 325 W. Gaines Street, 944 Turlington Building, Tallahassee, Florida 32399-0400: • Date(s) for program reports: • Federal Award Date : <u>07/01/2025</u> | | |
| 10 DOE CONTACTS Program: Bryce Trafford Phone: (850) 245-9920 Email: Bryce.Trafford@fldoe.org Grants Management: Unit A (850) 245-0735 | Comptroller Office Phone: (850) 245-0401 UEI#: FEW6KNASENC4 FEIN#: F596000609027 | |
| 11 TERMS AND SPECIAL CONDITIONS <ul style="list-style-type: none"> • This project and any amendments are subject to the procedures outlined in the <u>Project Application and Amendment Procedures for Federal and State Programs</u> (Green Book) and the General Assurances for Participation in Federal and State Programs and the terms and requirements of the Request for Proposal or Request for Application, RFP/RFA, hereby incorporated by reference. • For federal cash advance projects, expenditures must be recorded in the Florida Grants System (FLAGS) as close as is administratively feasible to when actual disbursements are made for this project. Cash transaction requests must be limited to amounts needed and be timed with the actual, immediate cash requirements to carry out the purpose of the approved project. • All provisions not in conflict with any amendment(s) are still in full force and effect and are to be performed at the level specified in the project award notification. • The Department's approval of this contract/grant does not excuse compliance with any law. • Other: Please note that additional terms and conditions may apply depending on the assurances associated with this project. For further details, refer to Section 11 on the following page. | | |
| 12 APPROVED: <div style="display: flex; justify-content: space-between;"> <div data-bbox="167 1808 589 1923">  Authorized Official on behalf of the Commissioner of Education </div> <div data-bbox="812 1818 1002 1892"> <u>7/31/2026</u> Date of Signing </div> <div data-bbox="1185 1759 1516 1862">  FLORIDA DEPARTMENT OF EDUCATION <small>fldoe.org</small> </div> </div> | | |

INSTRUCTIONS
PROJECT AWARD NOTIFICATION

- 1 Project Recipient: Agency, Institution or Non-Governmental entity to which the project is awarded.
- 2 Project Number: This is the agency number, grant number, and project code that must be used in all communication. (Projects with multiple project numbers will have a separate DOE-200 for each project number).
- 3 Project Description: Title of program and/or project. TAPS #: Departmental tracking number.
- 4 Authority: Federal Grants - Public Law or authority and CFDA number. State Grants - Appropriation Line Item Number and/or applicable statute and state identifier number.
- 5 Amendment Information: Amendment number (consecutively numbered), type (programmatic, budgeting, time extension or others) in accordance with the Project Application and Amendment Procedures for Federal and State Programs (Green Book), and effective date.
- 6 Project Periods: The periods for which the project budget and program are in effect.
- 7 Authorized Funding: Current Approved Project (total dollars available prior to any amendments); Amendment Amount (total amount of increase or decrease in project funding); Estimated Roll Forward (roll forward funds which have been estimated into this project); and Total Project Amount (total dollars awarded for this project).
- 8 Reimbursement Options:
 - Federal Cash Advance –On-Line Reporting required monthly to record expenditures.
 - Advance Payment – Upon receipt of the Project Award Notification, up to 25% of the total award may be advanced for the first payment period. To receive subsequent payments, 90% of previous expenditures must be documented and approved by the Department.
 - Quarterly Advance to Public Entity – For quarterly advances of non-federal funding to state agencies and LEAs made in accordance within the authority of the General Appropriations Act. Expenditures must be documented and reported to DOE at the end of the project period. If audited, the recipient must have expenditure detail documentation supporting the requested advances.
 - Reimbursement with Performance - Payment made upon submission of documented allowable expenditures, plus documentation of completion of specified performance objectives.
- 9 Timelines: Date requirements for financial and program reporting/requests to the Department of Education.
- 10 DOE Contacts: Program contact for program issues, Grants Management Unit for processing issues, and Comptroller's Office number for payment information.
- 11 **Terms and Special Conditions:** Listed items apply to this project
As applicable, grantees must not use federal funds under this project in any manner that violates the United States Constitution, Title VI or Title VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq. or 42 U.S.C. § 2000e et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.), section 504 of the Rehabilitation Act (29 U.S.C. § 794), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12131 et seq.), the Boy Scouts of America Equal Access Act of 2001 (20 U.S.C. § 7905), section 117 of the Higher Education Act of 1965, as amended (20 U.S.C. § 1011f), or other applicable federal law. To the extent that a grantee uses grant funds for such unallowable activities, the U.S. Department of Education and/or the Florida Department of Education may take appropriate enforcement action including under section 451 of the General Education Provisions Act (GEPA), which may include the recovery of funds under section 452 of GEPA.
- 12 Approved: Approval signature from the Florida Department of Education and the date signature was affixed.

FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

| | | | | | | | | | | |
|---|--|--|---------------------------|-------------------------------------|----------------------------------|--|--|--|--|--|
| 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) Program Name: Title IX, Part A (TIXPA) – Education of Homeless Children and Youth (EHCY) Project TAPS NUMBER: 26A006 | DOE USE ONLY Date Received 6/3/2025 | | | | | | | | |
| B) Name and Address of Eligible Applicant: Flagler County Public Schools 1769 E. Moody Blvd. Bldg. 2, Bunnell, FL 32110 | | Project Number (DOE Assigned) 180-1276C-6CH01 | | | | | | | | |
| C) Total Funds Requested: \$54,450.00 \$51,690.00 DOE USE ONLY Total Approved Project: \$51,690.00 | D) Applicant Contact & Business Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Contact Name: Tammy Yorke</td> <td>Telephone Numbers: 386-437-7534 x 2</td> </tr> <tr> <td>Fiscal Contact Name: Tammy Yorke</td> <td></td> </tr> <tr> <td>Mailing Address: 1769 E. Moody Blvd. Bldg. 2 Bunnell, FL 32110</td> <td>E-mail Addresses: yorket@flaglerschools.com</td> </tr> <tr> <td>Physical/Facility Address: 1769 E. Moody Blvd. Bldg. 2 Bunnell, FL 32110</td> <td>UEI number: FEW6KNASENC4 FEIN number: F596000609024</td> </tr> </table> | | Contact Name: Tammy Yorke | Telephone Numbers: 386-437-7534 x 2 | Fiscal Contact Name: Tammy Yorke | | Mailing Address: 1769 E. Moody Blvd. Bldg. 2 Bunnell, FL 32110 | E-mail Addresses: yorket@flaglerschools.com | Physical/Facility Address: 1769 E. Moody Blvd. Bldg. 2 Bunnell, FL 32110 | UEI number: FEW6KNASENC4 FEIN number: F596000609024 |
| Contact Name: Tammy Yorke | Telephone Numbers: 386-437-7534 x 2 | | | | | | | | | |
| Fiscal Contact Name: Tammy Yorke | | | | | | | | | | |
| Mailing Address: 1769 E. Moody Blvd. Bldg. 2 Bunnell, FL 32110 | E-mail Addresses: yorket@flaglerschools.com | | | | | | | | | |
| Physical/Facility Address: 1769 E. Moody Blvd. Bldg. 2 Bunnell, FL 32110 | UEI number: FEW6KNASENC4 FEIN number: F596000609024 | | | | | | | | | |
| CERTIFICATION | | | | | | | | | | |
| <p>I, <u>LaShakia Moore</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 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.</p> | | | | | | | | | | |
| E) _____ Signature of Agency Head | _____ Superintendent Title | _____ June 3, 2025 Date | | | | | | | | |



**2025-2026 Title IX, Part A (TIXPA) -
Education for Homeless Children and Youth (EHCY) Project
Year 2 Application**

| | |
|---|--|
| Local Educational Agency Name: | Flagler County Schools |
| Project Contact Name: | Tammy Yorke |
| Project Contact Title: | Coordinator of Federal Programs |
| Project Contact Telephone: | 386-437-7534 |
| Project Contact E-mail: | YorkeT@flaglerschools.com |
| Homeless Education Liaison Name: | Rashawnda Lloyd-Miller |

For more information, please contact:

Florida McKinney-Vento Program

Phone: (850) 245-0479

Email: flmvp@fldoe.org

**Bureau of Federal Educational Programs
Florida McKinney-Vento Program**

2025-26 TIXPA–EHCY Project – Year 2 Program Specific Assurances

The Local Educational Agency (LEA) must assure that:

- The LEA will comply with all reporting requirements by the requested time and contain such information as required, including but not limited to the requirements under the McKinney-Vento Homeless Assistance Act (MVA).
- All costs are reasonable and necessary and that these uses of funds align with the purpose of, and other requirements in, the MVA.
- The LEA will meet the requirements of section 442 of the General Education Provisions Act (GEPA), 20 U.S.C. 1232e, [Single local educational agency application](#).



By checking this box, I hereby certify that the LEA agrees to all the assurances of the TIXPA-EHCY Program, and will abide by all federal, state and local laws.

Part 1: SUMMARY

A. Outcomes

- By checking this box, I hereby certify that the intended outcomes for Year 2 have not changed from the TIXPA-EHCY Project Application-Year 1.

If the intended outcomes for Year 2 have changed, please describe the changes below.

Part 2: GOALS AND PROGRESS MONITORING

A. Areas of Focus

- By checking this box, I hereby certify that the **Areas of Focus** (AOFs) of Identification and Enrollment, Regular School Attendance and Full Participation and Support for Academic Achievement for Year 2 have not changed from the TIXPA-EHCY Project Application-Year 1.

If the Areas of Focus for Year 2 have changed, please describe the changes below.

B. Goals

- By checking this box, I hereby certify that the **Goals** for the AOFs for Year 2 have not changed from the TIXPA-EHCY Project Application-Year 1.

If the Goals for Year 2 have changed, please describe the changes below.

C. Progress Monitoring Indicator

- By checking this box, I hereby certify that the Progress Monitoring Indicators for Year 2 have not changed from the TIXPA-EHCY Project Application-Year 1.

If the Progress Monitoring **Indicators** for Year 2 has changed, please describe the changes below.

Part 3: IMPLEMENTATION PLAN

A. Use of Other Resources

1. What other federal funds is the LEA/consortium using to support the identification, enrollment, retention, and educational success of children and youth experiencing homelessness specifically? Select all that apply.

- Title I, Part A Homeless Set-aside funds reserved for children and youth experiencing homelessness
- Other funds and services available to children, youth, and families experiencing homelessness. Please specify below:

Due to the rise in identified students experiencing homelessness, including unaccompanied homeless youth (UHY), the district has added an Attendance Social Worker funded through Title IV. This strategic role is intended to improve the identification process and provide critical support to homeless students, particularly UHY. Additionally, the Title I Office will implement stronger progress monitoring measures to track academic performance, behavior, and school attendance among identified homeless students.

B. Use of Local Resources

- By checking this box, I hereby certify that the activities correlated to Area(s) of Focus with the use of local funds for Year 2 have not changed from the TIXPA-EHCY Project Application-Year 1.

If the activities have changed, please describe the changes below.

C. Use of Title I, Part A Reservation for Homeless Education

1. Provide the amount of the Title I, Part A Homeless (TIPA) Reservation for the 2024-25 and 2025-26 subgrants. Verify this amount with TIPA staff, especially for the 2025-26 school year.

| 2024-25 TIPA Homeless Reservation | 2025-26 TIPA Homeless Reservation* |
|-----------------------------------|------------------------------------|
| \$118,078.92 | \$132,918.74 |

**The 2025-26 amount above must match the Homeless Set-Aside amount in the 2025-26 Title I, Part A application in order to be approved.*

2. Indicate how the amount of the 2025-26 Title I, Part A Reservation was determined. Include in your response, a brief explanation as to why the amount has remained the same, increased or decreased from the previous year (2024-25).

The Title I Coordinator conducted a thorough review of the previous year's financial allocations, carefully analyzed the needs assessments for both TIPA and EHCY, and developed a budget that reflects historical spending patterns while addressing current priorities. The TIPA Homeless Reservation funds will support a portion of the salaries for the Homeless Education Liaison and the Office Specialist for the McKinney-Vento Program (MVP). These funds will also cover licensing costs for McKinney-Vento.org (staff training) and the TransAct Student Success Tracker (a student information management system for those experiencing homelessness). To promote school stability and consistent attendance, the district will provide transportation to the school of origin (SOO) for students identified as experiencing homelessness throughout the school year. Additionally, both district and school-based MVP liaisons will engage in ongoing professional development to stay informed on current legislation and best practices.

3. List by number (e.g., 1, 2, 3) the activities supported with the use of the 2025-26 Title I, Part A reservation.

1. Staffing: MV Staff Salaries/ Compensation
2. Transportation: School Of Origin
3. Parent Involvement Activities
4. Academic Support: Tutoring, Homework Assistance, Extended Day Program
5. Postsecondary Counseling and Support
6. Professional Learning: District and/or School Staff
7. School Supplies

D. Proposed Use of TIXPA-EHCY Subgrant Funds for McKinney-Vento Activities

By checking this box, I hereby certify that the Activities for Year 2 have not changed from the TIXPA-EHCY Project Application-Year 1. If no change, delete the blank Activity Table template.

If the activities for Year 2 have changed, please describe the changes below and complete an Activity Table for each new activity.

By checking this box, I hereby certify that no amendments were submitted for Year 1.

If an amendment was or amendments were submitted for Year 1, briefly summarize the changes below for each one.

LEA Program Operations Activities

A. Project Management

1. Homeless Education Liaison

- By checking this box, I hereby certify that the Homeless Education Liaison has not changed from the TIXPA-EHCY Project Application-Year 1. The name of the current liaison and other information is below.

| | |
|---------------------------------------|---|
| First and Last Name | Rshawnda Lloyd-Miller |
| Position Title | District Families In Transition Liaison |
| % Time Devoted to the MVP | 100% |
| % MVP Funding of Position | 50% |
| % TIPA Funding of Position | 50% |
| % Other Funding of Position (Specify) | 0% |

- By checking this box, I hereby certify that the Homeless Education Liaison has changed from the TIXPA-EHCY Project Application-Year 1. Below is information on the new liaison.

| | |
|---------------------------------------|--|
| First and Last Name | |
| Position Title | |
| Email Address | |
| Telephone Number | |
| Qualifications | |
| % Time Devoted to the MVP | |
| % MVP Funding of Position | |
| % TIPA Funding of Position | |
| % Other Funding of Position (Specify) | |

2. Project Manager

- By checking this box, I hereby certify that the Project Manager has not changed from the TIXPA-EHCY Project Application-Year 1.

- By checking this box, I hereby certify that the Project Manager has changed from the TIXPA-EHCY Project Application-Year 1. Below is information on the new Project Manager.

| | |
|---------------------------------------|---------------------------------|
| First and Last Name | Tammy Yorke |
| Position Title | Coordinator of Federal Programs |
| % Time Devoted to the MVP | 10% |
| % MVP Funding of Position | 0% |
| % TIPA Funding of Position | 75% |
| % Other Funding of Position (Specify) | 25% (General) |

3. Additional MV staff

By checking this box, I hereby certify that the additional MV staff devoted to the MVP have not changed from the TIXPA-EHCY Project Application-Year 1.

By checking this box, I hereby certify that the additional MV staff devoted to the MVP have changed from the TIXPA-EHCY Project Application-Year 1. Below is information on the new MV staff.

| Name (First, Last) | Title/Duties | Actual Position FTE (e.g., 1.0) | % MVP Duties of Position | % MVP Funding | % TIPA Funding | % Other Funding |
|--------------------------|--------------|------------------------------------|--------------------------------|------------------|-------------------|--------------------|
| | | | | | | |
| | | | | | | |

Part 4: EVALUATION PLAN

A. Evaluation

By checking this box, I hereby certify that the Evaluation Plan has not changed from the TIXPA-EHCY Project Application-Year 1.

If the Evaluation Plan has changed, please describe the changes below.

Part 5: STRATEGIC IMPERATIVES, EXECUTIVE ORDER, GEPA

A. Support for Strategic Imperatives

By checking this box, I hereby certify that the Strategic Imperatives have not changed from the TIXPA-EHCY Project Application-Year 1.

If the Strategic Imperatives have changed, please describe the changes below.

B. Executive Order

Instructions: Read the statement on Executive Order 11-116 and then select the checkbox to continue.

The employment of unauthorized aliens by any contractor is considered a violation of Section 274A (e) of the Immigration and Nationality Act. If the contractor knowingly employs unauthorized aliens, such violation shall be cause for unilateral cancellation of the contract. In addition, pursuant to Executive Order 11-116, for all contracts providing goods or services to the state in excess of nominal value; (a) the Contractor will utilize the E-Verify system established by the U.S. Department of Homeland Security to verify the employment eligibility of all new employees hired by the contractor during the Contract term, (b) require that Contractors include in such subcontracts the requirement that subcontractors performing work or providing services pursuant to the state contract utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.

C. General Education Provisions Act (GEPA)

By checking this box, I hereby certify that the GEPA statement has not changed from the TIXPA-EHCY Project Application-Year 1.

**FLORIDA DEPARTMENT OF EDUCATION
BUDGET NARRATIVE FORM 101S**

| | |
|--|--------------------------------------|
| A) Name of Eligible Recipient/Fiscal Agent: | Flagler County Public Schools |
| B) DOE Assigned Project Number: | 180-1276C-6CH01 |
| C) TAPS Number: | 26A006 |

| LINE ITEM | (1) ASSOCIATED ACTIVITY NUMBER(S) | (2) FUNCTION | (3) OBJECT | (4) Account Title and Narrative | (5) FTE POSITION | (6) AMOUNT | (7) % Allocated to This Project |
|-----------------|--|-----------------|---------------|---|------------------------|---------------|---------------------------------------|
| 1 | 1 | 6100 | 130 | Other Certified (Student Personnel Services): Homeless Education Liaison salary (the remaining 50% of the salary is part of the TIP A Homeless Set Aside) <i>Duties</i> : Identify students; Ensure enrollment & regular school attendance; Assist/facilitate access to educational & support services; advocate for students' rights & resolve enrollment disputes; coordinate staff training; and collaborate with community agencies. | 0.50 | \$32,451.18 | 50% |
| 2 | 1 | 6100 | 210 | Retirement 13.63% (Student Personnel Services) | | \$4,478.90 | 50% |
| 3 | 1 | 6100 | 220 | FICA 7.65% (Student Personnel Services) | | \$2,482.51 | 50% |
| 4 | 1 | 6100 | 230 | Group Insurance (Student Personnel Services) | | \$5,000.00 | 50% |
| 5 | 1 | 6100 | 240 | Workers' Compensation 5% (Student Personnel Services) | | \$1,622.56 | 50% |
| 6 | 2 | 9100 | 730 | Dues and Fees: Extended Day After-school wrap around services for # FIT students grades VPK-5 to address various needs such as supervision, academic/homework support, and therapy/mentoring opportunities to ensure these students can fully engage in school activities | | \$3,984.20 | 100% |
| 7 | | 7200 | 792 | Indirect Cost 3.34% | | \$1,670.65 | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| D) TOTAL | | | | | | \$51,690.00 | |

DOE ATTESTATION (Program and Grants Management)

The cost for each line item budget category has been evaluated and determined to be allowable, reasonable and



The cost for each line item budget category has been evaluated and determined to be the most reasonable and necessary as required by Section 216.3475, Florida Statutes. Documentation is on file evidencing the methodology used and the conclusions reached.



April 2022

DOE 101S