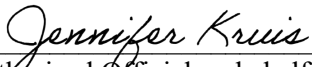



**Florida Department of Education  
Project Award Notification**


CORRECTED COPY 8.15.25

<b>1 PROJECT RECIPIENT</b> DeSoto County School District	<b>2 PROJECT NUMBER</b> 140-1276C-6CH01	
<b>3 PROJECT/PROGRAM TITLE</b> Title IX, Part A - Education of Homeless Children and Youth Project- Year 2  <p align="center"><b>TAPS 26A006</b></p>	<b>4 AUTHORITY</b> <b>84.196A Title IX Part A Homeless ESSA USDE or Appropriate Agency</b>  FAIN#: S196A250010	
<b>5 AMENDMENT INFORMATION</b> Amendment Number: Type of Amendment: Effective Date:	<b>6 PROJECT PERIODS</b>  Budget Period:07/01/2025 - 08/31/2026 Program Period:07/01/2024 - 08/31/2027	
<b>7 AUTHORIZED FUNDING</b> Current Approved Budget:                 \$42,292.00 Amendment Amount: Estimated Roll Forward: Certified Roll Amount: Total Project Amount:                         \$42,292.00	<b>8 REIMBURSEMENT OPTION</b> Federal Cash Advance	
<b>9 TIMELINES</b> <ul style="list-style-type: none"> <li>• Last date for incurring expenditures and issuing purchase orders: <span style="float: right;"><u>08/31/2026</u></span></li> <li>• Date that all obligations are to be liquidated and final disbursement reports submitted: <span style="float: right;"><u>10/20/2026</u></span></li> <li>• Last date for receipt of proposed budget and program amendments: <span style="float: right;"><u>07/31/2026</u></span></li> <li>• Refund date of unexpended funds; mail to DOE Comptroller, 325 W. Gaines Street, 944 Turlington Building, Tallahassee, Florida 32399-0400:</li> <li>• Date(s) for program reports:</li> <li>• Federal Award Date : <span style="float: right;"><u>07/01/2025</u></span></li> </ul>		
<b>10 DOE CONTACTS</b> <b>Program:</b> Bryce Trafford Phone: (850) 245-9920 Email: <a href="mailto:Bryce.Trafford@fldoe.org">Bryce.Trafford@fldoe.org</a> <b>Grants Management:</b> Unit A (850) 245-0735	<b>Comptroller Office</b> <b>Phone:</b> (850) 245-0401  <b>UEI#:</b> R15RVLUFVK4 <b>FEIN#:</b> F596000580023	
<b>11 TERMS AND SPECIAL CONDITIONS</b> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• The Department’s approval of this contract/grant does not excuse compliance with any law.</li> <li>• 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.</li> </ul>		
<b>12 APPROVED:</b>  <div style="display: flex; justify-content: space-between;"> <div data-bbox="155 1772 764 1892">                   _____                  Authorized Official on behalf of the                  Commissioner of Education             </div> <div data-bbox="797 1772 1065 1860">                 7/28/2025                  _____                  Date of Signing             </div> <div data-bbox="1192 1724 1516 1829">                  FLORIDA DEPARTMENT OF  <b>EDUCATION</b>  <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

<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) 245-0735	<b>A) Program Name:</b>  Title IX, Part A (TIXPA) – Education of Homeless Children and Youth (EHCY) Project  <b>TAPS NUMBER: 26A006</b>	<b>DOE USE ONLY</b>  Date Received  5/16/2025
<b>B) Name and Address of Eligible Applicant:</b> School District of DeSoto County 530 LaSolona Avenue Arcadia, Florida 34266		<b>Project Number (DOE Assigned)</b> 140-1276C-6CH01
<b>C) Total Funds Requested:</b>  <b>\$42,292.00</b>  <hr style="width: 50%; margin: 0 auto;"/> <b>DOE USE ONLY</b>  <b>Total Approved Project:</b> \$42,292.00	<b>D) Applicant Contact &amp; Business Information</b>	
Contact Name: Kathy Severson  Fiscal Contact Name: Bobby Bennett		Telephone Numbers:  (863) 993-1333
Mailing Address: 310 W. Whidden Street Arcadia, Florida 34266		E-mail Addresses:  kathy.severson@desotoschools.com
Physical/Facility Address: 310 W. Whidden Street Arcadia, Florida 34266		UEI number: R15RVLUFVK4  FEIN number: 59-6000580
<b>CERTIFICATION</b>		
<p>I, <u>Bobby Bennett</u>, 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 of Schools Title	_____ 5/19/25 Date



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

<b>A) Name of Eligible Recipient/Fiscal Agent:</b>	<b>School District of DeSoto County</b>
<b>B) DOE Assigned Project Number:</b>	<b>140-1276C-6CH01</b>
<b>C) TAPS Number:</b>	<b>26A006</b>

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
LINE ITEM	ASSOCIATED ACTIVITY NUMBER(S)	FUNCTION	OBJECT	Account Title and Narrative	FTE POSITION	AMOUNT	% Allocated to This Project
1	Activity #1	6100	160	<b>Other Support Personnel:</b> Homeless Advocate to assist Homeless Liaison with training all LEA staff, advocate for students and parents, mentor students, assist with supplies, disaggregate data for LEA staff, and assist with transportation of students to/from, appointments . Salary funding; 33% of Homeless Advocate's salary are paid from Homeless Children/Youth (EHCY) funds, 33% Homeless Advocate's salary are paid from Workforce Education and 34% is paid from local funds.	0.33	\$ 15,520.89	33%
2	Activity #1	6100	210	<b>Retirement:</b> Retirement for Homeless Advocate @ 13.63%.	0	\$ 2,115.50	33%
3	Activity #1	6100	220	<b>Social Security:</b> Social Security for Homeless Advocate @ 7.65%	0	\$ 1,187.35	33%
4	Activity #1	6100	230	<b>Group Insurance:</b> Insurance Benefits for Homeless Advocate @ 60% .	0	\$ 5,000.00	33%
5	Activity #2	6100	390	<b>Other Purchased Services:</b> Printing costs associated with the Student Residency Questionnaires to be distributed to each school in the district and McKinney-Vento informational program brochures and informational handbooks. Available electronically, as well. <b>DHS:</b> 500 school request x .20 per copy = \$100 <b>DMS:</b> 500 school request x .20 per copy = \$100 <b>WES:</b> 500 school request x .20 per copy = \$100 <b>MES:</b> 500 school request x .20 per copy = \$100 <b>NES:</b> 250 school request x .20 per copy = \$50 <b>DSS:</b> 250 school request x .20 per copy = \$50	0	\$ 500.00	100%
6	Activity #3	6110	510	<b>Supplies:</b> Supplies including winter care kits, hygiene kits (in emergency situations), articles of clothing to meet school dress code for homeless students, storage containers to store student clothing 84 Students x \$48.00	0	\$ 4,036.05	100%
7	Activity #4	6110	590	<b>Other Materials and Supplies:</b> Purchase of shoes, jackets and prepaid cards for emergency use to purchase materials necessary to attend school and participate in school activities for distribution to homeless students 125 Students X \$22.82		\$ 2,852.38	100%
8	Activity #5	6130	311	<b>Physical and mental health services:</b> such as eye exams , physicals, dental, medical and crisis management 20 Students X \$50	0	\$ 1,000.00	100%
9	Activity #6	6300	110	<b>Administrator :</b> Salary funding; 3% of Homeless Liaison's salary are paid from Homeless Children/Youth (EHCY) funds, 67% of the Homeless Liaison's salary are paid from local funds and 30% of the Homeless Liaison's salary are paid from Workforce Education funds.	0.03	\$ 3,297.15	3%
10	Activity #6	6300	210	<b>Retirement:</b> Retirement for Homeless Liaison 3% @ 34.52%	0	\$ 1,137.52	3%
11	Activity #6	6300	220	<b>Social Security Benefits:</b> Social Security Benefits for Homeless Liaison 3% @7.65%.	0	\$ 252.23	3%

12	Activity #6	6300	230	<b>Group Insurance:</b> Group Insurance for Homeless Liaison @3%.	0	\$ 25.39	3%
13	Activity #7	6400	369	<b>Technology Related Rentals:</b> 2025-2026 academic year subscription to provide unlimited McKinney-Vento.org staff training online for approximately 350 district and school staff.	0	\$ 3,300.00	100%
14	Activity #8	7200	790	<b>Indirect Costs @ 5.14%</b>	0	\$ 2,067.54	100%
14							
15							
16							
17							
18							
19							
20							
21							

**D) TOTAL**                      \$42,292.00

**DOE ATTESTATION (Program and Grants Management)**

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



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

<b>Local Educational Agency Name:</b>	<b>The School District of DeSoto County</b>
<b>Project Contact Name:</b>	<b>Kathy Severson</b>
<b>Project Contact Title:</b>	<b>Director of Career, Technical &amp; Adult Education; Homeless Liaison</b>
<b>Project Contact Telephone:</b>	<b>(863) 993-1333</b>
<b>Project Contact E-mail:</b>	<b><a href="mailto:kathy.severson@desotoschools.com">kathy.severson@desotoschools.com</a></b>
<b>Homeless Education Liaison Name:</b>	<b>Kathy Severson</b>

**For more information, please contact:**

Florida McKinney-Vento Program

Phone: (850) 245-0479

Email: [flmvp@fldoe.org](mailto: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](#).

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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:

Workforce Education/Adult Ed: Homeless Advocate Salary (33%) and Homeless Liaison Salary (30%)  
District Local Funds: Homeless Advocate Salary (34%) and Homeless Liaison Salary (67%)

**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*
\$500.00	\$500.00

*\*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 Homeless Liaison is a member of the district administrative team. The team meets twice a month to discuss programs and activities related to all students' needs. Directors work together to coordinate activities deemed appropriate with principals and other administrative individuals. The reserved amount of \$500 remains the same as it has been in previous years. This amount has provided sufficient supplemental school supplies, in conjunction with our MVP budget, for MVP students.

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. Purchase of school supplies for MVP students.

**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	Kathy Severson
Position Title	Director of Career, Technical & Adult Education; Homeless Liaison
% Time Devoted to the MVP	3%
% MVP Funding of Position	3%
% TIPA Funding of Position	0%
% Other Funding of Position (Specify)	30% - Adult Education 67% District

- 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	
Position Title	
% Time Devoted to the MVP	
% MVP Funding of Position	
% TIPA Funding of Position	
% Other Funding of Position (Specify)	

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.

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- 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.