

**FLORIDA DEPARTMENT OF EDUCATION**

**2019-2020 Request for Application (RFA Discretionary)**

**Revised Allocation 6-13-19**

**Bureau/Office**

Division of Career and Adult Education, Farmworker Career Development Office

**Program Name**

Migrant and Seasonal Farmworkers (MSFW) Program, Workforce Innovation and Opportunity Act (WIOA), Title I, Section 167/**Statewide Emergency Assistance**

**Specific Funding Authority(ies)**

Title I, Section 167 (**Migrant and Seasonal Farmworkers**) of the Workforce Innovation and Opportunity Act of 2014 - CFDA # 17.264

**Funding Purpose/Priorities**

To implement and manage a statewide Emergency Assistance Service System throughout the state which strengthens the ability of eligible farmworkers and their families to achieve economic self-sufficiency (Refer to **Attachment A**).

**Funding Priorities**

Agencies with experience in providing statewide Emergency Assistance to National Farmworker Jobs Program eligible participants within stated budgetary guidelines in an expedient and effective manner will receive funding priority.

**Total Funding Amount/Approximate Number of Awards**

**$50,000 (Allocation is contingent on Florida’s 2019 Federal Award) Revised 6/13/19**

**Note:**

* The Florida Department of Education is conducting this grant allocation before the passage of the United States Department of Labor’s (USDOL) Fiscal Year (FY) 2019 appropriation in anticipation of the appropriation of funds for Program Year (PY) 2019 Farmworker Career Development Program grants, but we will not obligate any funds for PY 2019 grants unless and until they are appropriated and Florida Department of Education has received its federal award notification from USDOL. Therefore, the award of funds under this grant is contingent upon the enactment of a PY 2019 appropriation for the Workforce Innovation and Opportunity Act.
* Statewide emergency assistance recipients **must** provide services in non-contiguous counties.
* The allocation posted in the Request for Application is subject to change, based on Florida’s federal award notification.
* The Commissioner may recommend an amount greater or less than the amount requested in the application.

**Type of Award**

Discretionary/Continuation

**Budget/Program Performance Period**

July 1, 2019 to September 30, 2020

**Target Population(s)**Eligible migrant and seasonal farmworkers, as outlined in Title I, Section 167 of the Workforce Innovation and Opportunity Act (Refer to **Attachment C**)

**Eligible Applicant(s)**

Agriculture and Labor Program, Inc. as indicated on the **Allocation Chart (Attachment B)**.

**Requirement for Eligible Applicants**

Applicant **must** have an understanding of the problems of eligible migrant and seasonal farmworkers, including their dependents; have a familiarity with the geographic area to be served and demonstrate the capacity to effectively administer emergency assistance to the target population in support of workforce investment activities and related assistance, as stated in the Workforce Innovation and Opportunity Act, Title I, Section 167(b).

The awarded agency will be required to implement and manage an Emergency Assistance services system that supports all Farmworker Career Development Program (FCDP) providers throughout the state.

**Application Due Date**

**Due on or before April 25, 2019**

The due date refers to the date of receipt in the Office of Grants Management.

**Matching Requirement**

None

**Federal programs**

Project effective date will be the date that the application is received within Florida Department of Education (FLDOE) in Substantially Approvable Form, or the effective date of the Federal Award Notification, whichever is later.

**Contact Persons**

**Program Office Contact Grants Management Contact**

**James Haugli Paula Starling**

**813-224-1920 850-245-0711**

[**James.Haugli@fldoe.org**](mailto:James.Haugli@fldoe.org)[**Paula.Starling@fldoe.org**](mailto:Paula.Starling@fldoe.org)

**Assurances**

The Florida Department of Education (FLDOE) has developed and implemented a document entitled, **General Terms, Assurances and Conditions for Participation in Federal and State Programs**, to comply with:

2 C.F.R. 200, Uniform Grant Guidance (UGG) requiring agencies to submit a common assurance for participation in federal programs funded by the United States Education Department (USED); Applicable regulations of other Federal agencies; and State regulations and laws pertaining to the expenditure of state funds

In order to receive funding, **applicants must have on file with the Florida Department of Education, Office of the Comptroller, a signed statement by the agency head certifying applicant adherence to these General Assurances for Participation in State and Federal Programs.** The complete text may be found in Section D of the Green Book.

**Private Colleges, Community-Based Organizations and Other Agencies**

In order to complete requirements for funding, applicants of this type must certify adherence to the General Terms, Assurances and Conditions for Participation in Federal and State Programs by submitting the certification of adherence page, signed by the agency head.

**Note:** The UGG combines and codifies the requirements of eight Office of Management and Budget (OMB) Circulars: A-89, A-102 (former 34 CFR part 80), A-110 (former 34 CFR part 74), A-21, A-87, A-122, A-133, A-50. For the FLDOE this means that the requirements in EDGAR Parts 74 and 80 have also been subsumed under the UGG. The final rule implementing the UGG was published in the Federal Register on December 19, 2014, and became effective for new and continuation awards issued on or after December 26, 2014.

Technical assistance documents and other materials related to the UGG, including frequently asked questions and webinar recordings, are available at The Chief Financial Officers Council web site: <https://cfo.gov/cofar>.

**Risk Analysis**

Every agency must complete a Risk Analysis form effective July 1, 2015. The appropriate DOE 610 or DOE 620 form will be required prior to a project award being issued.

**Governmental and Non-Governmental Entities**

In order to complete requirements for funding, applicants of this type must submit the DOE 620 and all required attachments each fiscal year.

Non-public entities are required to take the Grants Fiscal Management Training and Assessment annually. The agency head and/or the agency’s financial manager (CFO) must complete this training within 60 days of the date of execution (Block 12) on the DOE 200, Project Award Notification. Training and assessment can be found using the following link: <https://web01.fldoe.org/TrainingAssessment/SignOn/Home.aspx>.

Non-participation in the training program may result in termination of payment(s) until training is completed.

**Funding Method**

**Federal Cash Advance (Public Entities only as authorized by the FLDOE)**

Federal cash advances will be made by state warrant or electronic funds transfer (EFT) to a recipient or subrecipient for disbursements. For federally-funded programs, requests for federal cash advance must be made through FLDOE’s Florida Grants System (FLAGS). If it is ever determined that disbursement will exceed the amount of cash on hand plus cash in transit, an online amendment can be made prior to the due date of the next Federal Cash Advance distribution through FLAGS. Supporting documentation for expenditures should be kept on file at the program. Examples of such documentation include, but are not limited to, payroll records, contracts, invoices with check numbers verifying payment and/or bank statements – all or any of these items must be available upon request.

**Fiscal Requirements**

Applicants must complete a Budget Narrative form, DOE101S. Budget pages must be completed to provide sufficient information to enable FDOE reviewers to understand the nature and reason for the line item cost.

All accounts, records, and other supporting documentation pertaining to costs incurred shall be maintained by the recipient for five years. Supporting documentation for expenditures is required for all funding methods. Examples of such documentation include but are not limited to: invoices with check numbers verifying payment, and/or bank statements; time and effort logs for staff, salary/benefits schedules for staff. All must be available upon request.

Funded programs and any amendments are subject to the procedures outlined in the FDOE Project Application and Amendment Procedures for Federal and State Programs (Green Book) and the General Assurances for Participation in Federal and State Programs, which may be found at [www.fldoe.org/grants/greenbook/](http://www.fldoe.org/grants/greenbook/).

Budgeted items must correlate with the narrative portion of the project application that describes the specific activities, tasks and deliverables to be implemented.

All project recipients must submit a completed DOE 399 form, Final Project Disbursement Report by the dates specified on the DOE 200 form, Project Award Notification.

**Amendment Procedures**

Project amendments may be proposed by the project recipient or by the FLDOE Program Manager. Program and budget amendments to approved project applications for all programs shall be prepared by project recipients on the project amendment request form (DOE 150) and the amendment narrative form (DOE 151) available in the [Green Book](http://www.fldoe.org/finance/contracts-grants-procurement/grants-management/project-application-amendment-procedur.stml) and on the Division of Career and Adult Education Grants website at: <http://www.fldoe.org/academics/career-adult-edu/funding-opportunities/index.stml>.

A project recipient may not begin to expend or obligate federal funds under a project amendment until the latter of the following two dates: (1) the date the Department receives the amendment in substantially approvable form or (2) the date approved by the Department Program Manager.

Program office policy regarding project amendments must be followed including the submission of Projected Equipment Purchases form and revised PY 2018 Staffing Breakout Form (**Attachment E**) with project amendments if amended object codes impact equipment or personnel related funds on the original approved budget.

**Financial Consequences**

If the Contractor fails to meet the minimum level of service or performance identified, the Department will be injured as a result thereof. If the requirements are not timely and satisfactorily performed, the Contractor/Sub-Recipient shall be subject to one or more of the financial consequences listed. The contract manager shall periodically review the progress made on the activities and deliverables. If the Contractor/Sub-Recipient fails to meet and comply with the activities/deliverables established or to make appropriate progress and they are not resolved within two weeks of written; the contract manager may approve: (1) withholding of payment until the deficiency is cured, (2) request the contractor redo the work, or (3) a reduced payment by the per-day assessment agreed to by the parties prior to entering into the contract. The contract manager must assess one or more of the financial consequences based on the severity of the failure to perform and the impact of such failure on the ability of the contract to meet the timely and desired results. These financial consequences shall not be considered penalties. The Department; at its sole discretion, may offer the Contractor/Sub-recipient an extension for any listed tasks, timelines, or deliverables during which the indicated financial consequences shall not apply. Notification of any extension shall be provided to the Contractor/Sub-recipient in writing. In addition, the Department may, in its sole discretion, grant a waiver of financial consequences if the Contractor/Sub-recipient drafts an approved corrective action plan. If financial consequences are imposed and due; the Department may offset the financial consequences from the next invoice or from the final retained payment, or require separate payment. Any payment made in reliance on the Contractor's/Sub-recipient's evidence of performance; which evidence is subsequently determined to be erroneous, will be immediately due as an over payment.

**Allowable Expenses:**

Program funds must be used solely for activities that directly support the accomplishment of the program purpose, priorities and expected outcomes during the program period. All expenditures must be consistent with the approved application, as well as applicable state and federal laws, regulations and guidance.

**Unallowable Expenses:**

* Project funds may not be used to supplant existing programs and/or funding.
* Costs for items/services already covered by indirect costs allocation
* Costs not allowable for federal programs per the U.S. Education Department General Administrative Regulations (EDGAR), which may be found at [www.ed.gov/policy/fund/reg/edgarReg/edgar.html](http://www.ed.gov/policy/fund/reg/edgarReg/edgar.html) and the Reference Guide for State Expenditures, which may be found at [www.myfloridacfo.com/aadir/reference\_guide/](http://www.myfloridacfo.com/aadir/reference_guide/).
* Expenditure of funds for purposes other than to directly provide emergency assistance to eligible participants **must not exceed 48%** of the overall allocation for this grant

Note: This is not an all-inclusive list of unallowable items. Subrecipients are expected to consult the FLDOE program office with questions regarding allowable costs.

**Equipment Purchases**

Any equipment purchased under this program must follow the Uniform Grants Guidance found at <http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl> or the Reference Guide for State Expenditures, [www.myfloridacfo.com/aadir/reference\_guide/](http://www.myfloridacfo.com/aadir/reference_guide/).

Any equipment purchases not listed on the original budget approved by the FDOE require an amendment submission and approval prior to purchase by the agency awarded the funding.

Further guidance and instruction on property records, inventory and disposition requirements for property are outlined in the Green Book, [www.fldoe.org/grants/greenbook/](http://www.fldoe.org/grants/greenbook/).

**Division of Career and Adult Education Requirement**

To ensure that Florida adequately monitors equipment purchased with federal funds applicants must record ALL equipment with a unit cost of $1,000 or more on the **DOE 101S Budget Narrative Form** and on the **Projected Equipment Purchases Form** (applicant may use this form or another format that contains the information appearing on this form).

All additional equipment purchases with a unit cost of $1,000 or more not listed on the original approved budget require an amendment submission and approval by the Florida Department of Education prior to purchase by the agency awarded the funding.

**State Requirement**

The Florida Administrative Code, Rule, 69I-72.002, Threshold for Recording Tangible Personal Property for Inventory Purposes states:

All tangible personal property with a value or cost of $1,000 or more and having a projected useful life of one year or more shall be recorded in the state’s financial system as property for inventory purposes. Rule, 69I-72.003, Recording of Property, states: Maintenance of Property Records – Custodians shall maintain adequate records of property in their custody.

**Intellectual Property**

The awarded agency is subject to following additional provisions:

A.  Anything by whatsoever designation it may be known, that is produced by, or developed in connection with, this Grant/Contract shall become the exclusive property of the State of Florida and may be copyrighted, patented, or otherwise restricted as provided by Florida or federal law.  Neither the Grantee/Contractor nor any individual employed under this Grant/Contract shall have any proprietary interest in the product.

B.  With respect to each Deliverable that constitutes a work of authorship within the subject matter and scope of U.S. Copyright Law, 17 U.S.C. Sections 102-105, such work shall be a "work for hire" as defined in 17 U.S.C. Section 101 and all copyrights subsisting in such work for hire shall be owned exclusively by the Department pursuant to s. 1006.39, F.S., on behalf of the State of Florida.

C.  In the event it is determined as a matter of law that any such work is not a "work for hire," grantee shall immediately assign to the Department all copyrights subsisting therein for the consideration set forth in the Grant/Contract and with no additional compensation.

D.  The foregoing shall not apply to any pre-existing software, or other work of authorship used by Grantee/Contractor, to create a Deliverable but which exists as a work independent of the Deliverable, unless the pre-existing software or work was developed by Grantee pursuant to a previous Contract/Grant with the Department or a purchase by the Department under a State Term Contract.

E.  The Department shall have full and complete ownership of all software developed pursuant to the Grant/Contract including without limitation:

1.  The written source code;

2.  The source code files;

3.  The executable code;

4.  The executable code files;

5.  The data dictionary;

6.  The data flow diagram;

7.  The work flow diagram;

8.  The entity relationship diagram; and

9.  All other documentation needed to enable the Department to support, recreate, revise, repair, or otherwise make use of the software.

**Administrative Costs including Indirect Costs**

Chapter 1010.06 F.S. Indirect cost limitation.—State funds appropriated by the Legislature to the Division of Public Schools within the Department of Education may not be used to pay indirect costs to a university, Florida College System institution, school district, or any other entity.

Agencies interested in pursuing the Special Rules should access the required form on the Division of Career and Adult Education’s website: <http://www.fldoe.org/academics/career-adult-edu/funding-opportunities>**.**

Positions such as project coordinator, accountant, clerical staff, or other positions not directly involved in instructional activities of students are considered administrative. Travel, equipment, and supplies for administrators are also considered administrative costs unless used for the purpose of providing personnel development directly related to assisting eligible Migrant and Seasonal Farmworkers or their dependents.

**State of Florida, Executive Order 11-116**

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. Executive Order 11-116 may be viewed at <http://www.flgov.com/wp-content/uploads/orders/2011/11-116-suspend.pdf>.

**Access and Equity**

The recipient will comply with all federal statutes relating to nondiscrimination. (These include but are not limited to Title VI of the Civil Rights Act of 1964 [P.L. 88-352], which prohibits discrimination on the basis of race, color, or national origin; Title IX of the Education Amendments of 1972, as amended [20 U.S.C. 1681-1683 and 1685-1686], which prohibits discrimination on the basis of sex; Section 504 of the Rehabilitation Act of 1973, as amended [29 U.S.C. 794], which prohibits discrimination on the basis of handicaps; the Age Discrimination Act of 1975, as amended [42 U.S.C. 6101-6107], which prohibits discrimination on the basis of age; Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008 [P.L. 110-233], 29 CFR 635.10 (c)(1), which prohibits the use of genetic information in making employment decisions, restricts employers and other entities covered by Title II (employment agencies, labor organizations and joint labor-management training and apprenticeship programs - referred to as "covered entities") from requesting, requiring or purchasing genetic information, and strictly limits the disclosure of genetic information.)

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| **TECHNICAL/FORMATTING AND APPLICATION SUBMISSION REQUIREMENTS** |
| 1. Number of application documents to be submitted:  * One application with original signatures * Three identical copies of the original application   **Note:** It is the submitting agency’s responsibility to ensure that all three **copies** are identical to the original.   1. Place all application items in the order specified in the **Application Checklist** (see the last page of this RFA document). 2. NARRATIVE SECTIONS (1-8) MAXIMUM PAGE LIMIT twenty (20).   This does not include any required forms and/or other specified information.  **Narrative Section response format:**  a) Font - Arial / Size – 12  b) Margin size  - 1” – both sides and top/bottom margins  c) Double spaced (this does not include charts)  d) Single-sided pages  e) Complete the narrative using the same sequence presented in the  **Narrative Section**.   1. Secure the original and all four copies individually with a removable binder clip in the upper left hand corner of each document – do not staple or spiral bind. 2. Do not include covers, tabs or other items that will prevent ease of photocopying. 3. Do not submit unrequested materials such as: DVDs, newspaper clippings, brochures and/or agency manuals. |

**NARRATIVE SECTION**

1. **Project Abstract or Summary**

Provide a brief summary of the proposed project including general purpose, specific goals, and brief program design for providing emergency assistance to eligible (FCDP) participants throughout the state.

***Criteria***

* *The proposed project is described in a brief summary, including general purpose, specific goals, brief program design for providing statewide emergency assistance to FCDP participants.*
* *It is clear that the proposed project aligns with the intended* ***Funding Purpose / Priorities*** *section*

1. **Project Need**

Describe the need for the proposed project and provide supporting data as evidence relative to local factors and conditions that may affect a farmworker and his/her family’s ability to achieve economic self-sufficiency, socio-economic and educational barriers.

***Criteria***

* *The geographic service area of the proposed project is clearly identified.*
* *The socio-economic needs and problems of farmworkers in the identified service area are comprehensive and clearly stated.*
* *The magnitude or severity of the problem is evident, compelling, and clearly linked to the outcome(s) of the proposed project.*
* *The proposed project focuses on service or otherwise addresses the identified needs of the targeted population(s).*
* *It is evident that the proposed project is focused on those with greatest needs.*
* *Gaps or weaknesses in services are explained, including the nature and magnitude of the gaps and / or weaknesses.*

1. **Project Design and Implementation**

**a. Objectives and Timelines**

Describe the measurable objectives and activities for the proposed project.

***Criteria***

* *The goals, objectives, and outcomes are clearly specified and measurable.*
* *The objectives are measurable, qualitative, challenging, yet achievable, and address all expected outcomes of the proposed project.*
* *The design of the proposed project aligns with, and will successfully address, the needs of the target population or other identified needs.*

**b. Assessing Participant Need for Emergency Assistance**

Describe the methodology and criteria to be used for assessing FCDP participant eligibility and need for emergency assistance and the procedures used to develop support for eligible participants.

***Criteria***

* *Methodology and criteria used for assessing participant eligibility and emergency assistance needs are appropriate and in keeping with FCDP program guidelines.*
* *Procedures and methodology used to complete the participant’s application for support are appropriate for determining amount and type of support needed.*

**c. Emergency Assistance Services**

Explain the types of emergency assistance services to be provided that will help farmworkers and their families overcome socio-economic and educational barriers and promote self-sufficiency. Include the strategies that will be used to stabilize participants and ensure that all program requirements are met to include either working through a local FCDP provider to provide these services, or where necessary, directly with an eligible participant.

***Criteria***

* *Gaps or weaknesses in services are explained, including the nature and magnitude of the gaps and/or weaknesses.*
* *Supportive services are clearly identified and will enable participants to overcome barriers.*

**d. Collaboration with Local Agency Resources**

Describe the project’s plan for collaboration and/or sub-contracting with agency resources throughout the state that are able to assist, enable, and empower the qualified farmworker population.

Include the following information for all collaborating and/or subcontracted agencies Collaboration Agreement(s):

* Agency Name
* Contact Person
* E-mail
* Address
* Phone Number
* Types of services to be provided – instructional and/or other
* Timeline for services to be provided
* Total funding amount to the sub-recipient – if applicable

**Note:** The applicant is solely responsible for all programmatic, reporting and fiscal management of the project and ensuring that sub-recipients who provide instructional services accurately report **ALL** required data for the program.

**Note:** The signed Collaborative Agreement(s) are not included in the maximum page count for the Narrative Section.

**e. Emergency Assistance Advisory Council**

Describe the structure and role of the Emergency Assistance Advisory Council (EAC) in assisting the deployment of emergency assistance services throughout the state within the guidelines set forth by the program office for Emergency Assistance Advisory Council operations (see Attachment D).

***Criteria***

* *The EAC services and activities are aligned with the intent of the proposed project and follow state guidelines for its organizational structure and how business is conducted.*
* *The proposed EAC schedule of activities facilitates the success of ensuring emergency assistance services are provided in a pro rata fashion throughout the state.*
* *A list of EAC members is included and contains: names, agency affiliations, and contact information. At least three (3) FCDP Site Coordinators must be EAC members.*

**f. Evidence of Capability**

Provide evidence of capability to operate WIOA Title I, Section 167, programs. Explain past experiences, successes, and obstacles with the target population and provide supportive data that covers operations for the time period of July 1, 2014, through Jun 30, 2019.

***Criteria***

* Number of participants served during the specified period is reasonable.
* Efforts made to ensure that Emergency Assistance services are equally available throughout the state.
* Participant outcomes for emergency assistance goals are provided and include both the total number of participants who were provided emergency assistance and their location in the state.

1. **Evaluation**

Describe the instruments and method(s) for on-going evaluation of the proposed project**.** The applicant’s internal evaluation should go beyond the evaluation that is conducted by the FLDOE. It should be comprehensive and include an approach that leads to necessary adjustments that will result in successful outcomes.

Elements for conducting an internal evaluation can include data collection or management tools; reports generated by the FLDOE; monthly activity reports; review of staffing requirements; regularly scheduled staff meetings; and monthly expenditure reports.

**Note:** In addition to completing this narrative Evaluation section the applicant must complete and submit the **Self-Evaluation Form** located in the **Attachments** section. The form is not included in the maximum narrative page count.

1. **For Federal Programs - General Education Provisions Act (GEPA)**

Provide a one page concise description of the process to ensure equitable access to, and

participation of students, teachers, and other program beneficiaries with special needs*.* For details refer to URL:<http://www2.ed.gov/fund/grant/apply/appforms/gepa427.pdf>

The GEPA one page response is not included in the maximum page count for the **Narrative Section**.

1. **Support for Strategic Plan**

Describe how the project will incorporate one or more of the Goals included in the State Board of Education’s K-20 Strategic Plan.

URL: [**http://www.fldoe.org/policy/state-board-of-edu/strategic-plan.stml**](http://www.fldoe.org/policy/state-board-of-edu/strategic-plan.stml)

1. **Dissemination Plan**

Describe the methods/strategies to disseminate and share information about FCDP emergency assistance to appropriate populations (migrant and seasonal farmworkers and collaborating agencies). Information should include services to be offered, where and when services can be obtained, and information on eligibility for receipt of services. Dissemination of information should incorporate proactive outreach and recruitment efforts, such as the agriculture community, day labor and health care organizations serving farmworkers and their families, home and school visits, attendance at interagency meetings, the use of radio, television, the internet, and social and print media.

***Criteria***

* *The applicant’s dissemination plan will use effective and realistic means to reach the appropriate audiences, including the target population(s), the local community, and other organized entities, if / when indicated.*
* *The methods strategies used to share services provided by the proposed project are innovative.*
* *The dissemination plan reflects a thorough grasp of the proposed project and the positive impact on the targeted population(s).*

1. **Budget**

Present a budget that reflects objectives and proposed costs of the project. Demonstrate how project funds will be used in a cost-effective and cost-efficient manner, alone or in combination with other resources and that planned expenditures are realistic, reasonable, and support project activities and objectives. Describe any in-kind contributions that will be made by the applicant and assign a monetary value to the contributions. **Budget must reflect that at least 52% of the overall allocation has been targeted for the purpose of directly providing emergency assistance to eligible FCDP participants.**

**Budget Narrative Form, DOE 101S**

When completing the **Budget Narrative** **Form, DOE 101S**, located on the website, under Column (3), **Account Title and Narrative**, for each line item specify the budgetary expenditures such as salaries, equipment and supplies. Expenditures should focus on providing emergency assistance to eligible farmworkers and their dependents, and related services, as noted in the application.

See the **Program Management Resources** section to access the budget form and the instructions for completing the form. All FCDP applicants must use the Budget Narrative DOE 101S budget form. All FCDP applications must also include a separate Budget Narrative Form, DOE 101S, for each participating fiscal partner.

This Budget Narrative Component is in addition to completing the DOE 101S, Budget Narrative Form.

**Required Forms:**

1. The DOE 101S, Budget Narrative Form, is not included in the maximum page count for the Narrative Components section.

2. The DOE 599, Project Disbursement Form, must be submitted with the application, and is not included in the maximum page count for the Narrative Components section.

Please visit our Division’s website at <http://www.fldoe.org/academics/career-adult-edu/funding-opportunities>, to access all forms.

**Conditions for Acceptance**

The requirements listed below must be met for applications to be considered for review:

1. Application is received in DOE within the timeframe specified by the RFA
2. Application includes required forms: DOE 100A Project Application Form and DOE 101S Budget Narrative Form
3. All required forms must have the assigned TAPS Number included on the form
4. All required forms have original signatures by an authorized entity
   1. **NOTE: Applications signed by officials other than the appropriate agency head identified above must have a letter signed by the agency head, or documentation citing action of the governing body delegating authority to the person to sign on behalf of said official. Attach the letter or documentation to the DOE 100A when the application is submitted.**
5. Application must be submitted to:

Office of Grants Management

Florida Department of Education

325 W. Gaines Street, Room332

Tallahassee, Florida 32399-0400

**The project award notification (DOE 200) will indicate:**

* Project budget
* Program periods
* Timelines:
* Last date for receipt of proposed budget
* Program amendments
* Incurring expenditures and issuing purchase orders
* Liquidating all obligations
* Submitting final disbursement reports.

Project recipients **do not** have the authority to report expenditures before or after these specified dates in the above timeline.

**Contractual Service Agreements**

Contractual Service Agreements must be in compliance with Florida Statutes, Sections 215.422, 215.971, 216.347, 216.3475, 287.058, and 287.133; Rule 60A-1.017, Florida Administrative Code. Applicants proposing fiscal/programmatic agreements should carefully review and follow the guidance of the *State of Florida Contract and Grant User Guide*, Chapter 3, Agreements at URL: <http://www.myfloridacfo.com/aadir/docs/ContractandGrantManagementUserGuide.pdf>. All proposed contractual expenditures between the fiscal agent and subcontractors shall be accompanied by a formal, properly executed (agency head or designee’s signature, and subcontractor signature), clear and comprehensive agreement which provides the legal basis for enforcement before rendering any contractual services. Because the success of a project can be directly linked to the quality of the agreement, issuing a formal agreement including a detailed scope of work is critical.

**Centralized Database Reporting**

Sub-recipients must use a centralized database system provided by the FCDP office to enter participant data, including MSFW eligibility information, case notes, emergency assistance voucher documentation, program exit date and type, and follow-up documentation.

The system will include data elements required by the Workforce Innovation and Opportunity Act, Section 167, the U.S. Department of Labor (USDOL) and Social Policy Research Associates, a USDOL contractor. The system will permit automated case management services at the sub-recipient project level and tracking of performance and case management services at the state administrative level. Sub-recipients will receive training, technical support, system maintenance, and ongoing updates for the database system.

**Project Disbursement Report - DOE 599**

All awarded projects must submit monthly **DOE 599, Project Disbursement** **Reports** and **Projected Equipment Purchases Forms** to the Florida Department of Education, Tampa Program Office by the 20th of the month following the reporting month for the entire program year and submit a final DOE 599 by November 20, 2019. Written steps on how the funded organization accrues monthly expenses that are recorded on the DOE 599 to include supporting documentation for these expenditures should be on file for potential review by the FLDOE Monitoring Team.

**Compliance Monitoring**

The state will evaluate the effectiveness of project activities based on established and approved performance goals. Department staff monitors recipients’ compliance with program and fiscal requirements according to applicable federal and state laws and regulations specified by: 2 C.F.R. 200 of the Uniform Guidance, Florida Department of Financial Services *Reference Guide for State Expenditures* and guidelines published in the Florida Department of Education’s *Green Book*.

The Division of Career and Adult Education, *Farmworker Career Development Program: Monitoring Policies, Procedures, and Protocols* is available at: <http://www.fldoe.org/academics/career-adult-edu/farmworker-jobs-edu-program>

**Project Performance Accountability Information, Instructions, and Forms**

The Department’s project managers will track each project’s performance, based on the information provided and the stated criteria for successful performance, and verify the receipt of required deliverables/services prior to payment, as required by Sections 215.971, and 287.058(1)(d)&(e), Florida Statutes.

**The Division of Career and Adult Education has already populated this form with the required information.**

* **Simply submit this form with the application as printed.**
* **See Checklist (last page of this RFA) for proper placement of this form in the application package.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Performance and Accountability** | | | |
| **Scope of Work**  **(see Project Design – Narrative)** | **Tasks**  **(see Project Design – Narrative)** | **Deliverables** | **Due Date** |
| **Total Participants Assisted** – To achieve 100% of DOE performance measure set by Department of Labor (DOL).  This will be accomplished by reporting the number of applicants who meet the WIOA, Title I, Section 167 eligibility requirements and received at least one Emergency Assistance Service. | Implement the strategies outlined in the application and process all Emergency Assistance Service request in a timely and efficient manner. | Management Information System of the DOE/FCDP Office.  Monthly Data report **must** include the amount of assistance provided to each participant that month and:   * Number of participants assisted by County * Number of participants assisted  by Region * Number of participants assisted  by FCDP Provider | By the fifth of the month following the month for which activities are reported |

Attachments

* Attachment A – Program Purpose and Overview of Allowable Activities and Services
* Attachment B – Allocation Chart for Funding Availability by Region/ and Site Sizes
* Attachment C – Target Population
* Attachment D – Special Conditions for WIOA, Section 167, Project Awards Form
* Attachment E – PY 2018 Staffing Breakout Form
* Attachment F – Self-Evaluation Form
* Attachment – DOE 101S, Example Budget Narrative Form
* Attachment – DOE 599, Project Disbursement Form
* Attachment – DOE 100A, Project Application Form
* Attachment – Projected Equipment Purchases Form (if applicable)
* Attachment – Application Checklist

The program purpose is to strengthen the ability of eligible migrant and seasonal farmworkers and their families to achieve economic self-sufficiency. The program serves eligible farmworkers and their dependents that have the following socio-economic and educational barriers, as identified by the United States Department of Labor for WIOA, Title I, Section 167 funded programs:

|  |  |
| --- | --- |
| * Dropout * Unemployed * Limited English proficient * English reading below grade 9 * Math skill below grade 9 * Migrant * Seasonal * Economically disadvantaged * Food stamps * Veteran * Unemployment claimant | * Unemployment exhaustee * Offender or parolee * Disability * Single parent with dependent under 18 * Pregnant / parenting youth * Long term agriculture employed * Lacks work history outside agriculture * Lacks transportation or means to access it * Homeless |

**Allowable Program Activities**

To meet the education, training and employment needs of farmworkers and their families program funds shall be used to provide individuals with **Emergency Assistance Services** as described in Section 134, paragraph (d)(2) of the Act.

**Emergency Assistance Services**

* Emergency assistance / non-training related supportive services to stabilize farmworkers
* Training related emergency supportive services that will enable farmworkers to complete training services (transportation, childcare, medical, etc.)
* Emergency supportive services such as transportation, family care, medical care.

**Related Assistance Services –** Related assistance may include such services and activities as:

* Workplace safety and farmworker pesticide safety instruction;
* Heat stress prevention;
* Housing development assistance;
* Allowance payments;
* Other supportive services described in the grant plan; and
* English language classes and basic education classes for participants not enrolled in intensive or training services.

**Revised 6/13/19**

The funds cited in the chart below reflect the total allocated dollar amounts for each project being funded in this program year. The Allocation Chart is subject to change based on the final federal allocation. All agencies will be notified regarding their final allocation prior to the issuance of their 2019-2020, DOE 200, Award Notification.

| **Program Title: National Farmworker Jobs Program**  **(WIOA Section 167) – Statewide Emergency Assistance**  **FY 2019-2020** | | |
| --- | --- | --- |
| **Agency Name** | **2019-2020**  **Project Number** | **2019-2020**  **Projected**  **Allocation** |
| Agriculture and Labor Program, (ALPI) | TBD | $ 50,000 |
|  | **Total** | **$ 50,000** |

To be eligible for participation in the WIOA §167 MSFW program an individual:

1. *Must* be a citizen or national of the United States, a lawfully admitted permanent resident alien, refugee, asylee, or parolee, or other individual legally authorized to work in the United States [WIOA §188 (a)(5)];

*AND*

1. *Must* have not violated Section 3 of the Military Selective Service Act (50 U.S.C. App. 453) by knowingly and willfully failing to register for the Selective Service registration [20CFR §667.250; WIOA Section 189 (h); Farmworker Bulletin 97-16];

*AND*

1. *Must* have been a low-income\* seasonal or migrant farmworker primarily employed in agriculture or fish farming labor characterized by chronic unemployment or underemployment during any consecutive 12-month period within the most recent 24-month period prior to application [WIOA, Sec 167 (i)], and faces multiple barriers to economic self-sufficiency;

*OR*

1. Be the dependent of the eligible farmworker and meet requirements 1, 2, and 3 above.

\* The term “low-income” [WIOA Section 3(36)(A)(i)] refers to an individual who:

* Receives, or in the past 6 months has received, or is a member of a family that is receiving or in the past 6 months has received, assistance through the supplemental nutrition assistance program established under the Food and Nutrition Act of 2008 (7U.S.C. 2011 et seq.), the program of block grants to States for temporary assistance for needy families program under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.), or the supplemental security income program established under title XVI of the Social Security Act (42 U.S.C. 1381 et seq.), or State or local income-based public assistance;
* Is in a family with total family income that does not exceed the higher of—
  + the poverty line; or
  + 70 percent of the lower living standard income level\*\*;
  + is a homeless individual (as defined in section 41403(6) of the Violence Against Women Act of 1994 H. R. 803—12 (42 U.S.C. 14043e–2(6))), or a homeless child or youth (as defined under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)));
* Receives or is eligible to receive a free or reduced price lunch under the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.);
* Is a foster child on behalf of whom State or local government payments are made; or
* Is an individual with a disability whose own income meets the income requirement of clause, but who is a member of a family whose income does not meet this requirement.

\*\* The term “lower living standard income level” means that income level (adjusted for regional, metropolitan, urban, and rural differences and family size) determined annually by the Secretary of Labor based on the most recent lower living family budget issued by the Secretary.

**General**

The project recipient agrees to fully comply with the requirements of the Workforce Innovation and Opportunity Act (WIOA) and all federal regulations, policies, or procedures that may replace or modify WIOA Title I, Section 167. The project recipient agrees to fully perform the services prescribed in the Project Application and will comply with the Florida Department of Education (FLDOE) Green Book General Assurance, Terms and Conditions for Participation of Federal and State programs, which are required to be signed and submitted to DOE prior to the issuance of grant award notification. The Department has the option of reducing project funding due to a project’s failure to meet performance goals, meet minimum data accuracy requirements, or comply with the resolution of program, fiscal, or data validation / monitoring findings.

**Operational Guidelines and Internal Procedures**

Project recipients must implement project operations as instructed in WIOA, Title I, Section 167, US DOL guidance notices/letters, all state program office policy related technical assistance papers, memos, and manuals no later than July 31 of the program year. The FCDP state program office requires the use of an online database system to conduct and manage daily business. The Employ Florida Database is used to enter, update, and store participants’ information. In addition, the Employ Florida database is used to confirm participants’ wages and employer information. Both systems are fully compatible with Internet Explorer, but may not be with other internet browsers. To prevent work interference as a result of incompatible browsers, computers equipped with Internet Explorer should be used to access these databases. Access to the Employ Florida database requires completion of the Department of Economic Opportunity’s Tier I training and successful completion of a Level 2 Security Background check.

**MSFW Eligibility Determination**

Project recipients will be provided guidance in order to determine and document participant eligibility for the MSFW program along with instructions on how to maintain source documentation validating eligibility criteria and entering applicable eligibility data into the centralized database provided for this purpose. All staff assigned with the responsibility of making MSFW eligibility determination decisions will be required to complete annual MSFW eligibility training provided by the state office.

**Program Branding**

An organization name and logo are the centerpiece of a brand and sets the stage for how an organization is perceived among its key stakeholders. All funded agencies must ensure that the office(s) supported by these funds are named, “Farmworker Career Development Program of Grant Host Agency Name” and that all program promotional materials, web sites, agreements, memoranda of understanding, and contracts use this name (and the associated program logo) to identify and describe program services. In addition, telephone and email forms of communication should include this name as part of the ongoing effort to brand the program statewide as one whose main purpose is to build sustainable and rewarding careers for eligible farmworkers.

**Personnel Requirements**

* **Time and Effort Reporting** – Theproject recipient agrees that staff whose total annual compensation is derived from WIOA Title I, Sections 167, funds shall contribute 100% of compensated time to completion of approved WIOA Title I, Section 167 project activities. Project recipient staff positions funded in part by WIOA Title I, Section 167 funds in combination with any other funds will be charged on a proportional basis based on actual activities.
* The project recipient must submit to the FCDP office Personnel Activity Report (PAR) forms in September and March of the project year to document the portion of the time that staff funded by this project is dedicated to work associated with this project.
* The project recipient must receive prior written authorization from the Department of Education prior to changes to direct personnel costs charged to the budget.
* **Position Descriptions and Personnel Selection** – TheDepartment will review the position descriptions of all grant funded positions to ensure they document the required knowledge, skills, and abilities for positions supporting the FCDP grant. In addition, the qualifications of individuals hired by sub-recipients must be reviewed by the program office to ensure they meet the minimum standards outlined in the applicable position description.
* **Personnel Related Changes** – Recipients will notify the Director of the FCDP Office, FLDOE, of any proposed personnel, salary, or FTE changes, in writing using the approved Staffing Form at **Attachment E**, within ten (10) days of the proposed change and include copies of any new position descriptions for the positions being filled along with the resume of the individual being considered for the vacant position. Any changes to salary or benefits as outlined on the originally approved Staffing Form must be pre-approved by the State Director before any grant funds are encumbered for this purpose.

**Collaboration with Local Agencies**

* **Emergency Assistance Advisory Council** – An Emergency Assistance Advisory Council (EAC) to assist participants obtaining necessary emergency assistance to stabilize living and working conditions under extraordinary economic or life-impacting conditions must be established within the guidelines set forth by the program office for emergency assistance advisory council operations. Membership of this council should be comprised of key stakeholders throughout the state who will be able to inform the emergency assistance plan deployment process by providing clearly defined emergency assistance pathways for MSFW participants through this program or other assistance programs in the state and assist in the development of the FCDP Emergency Assistance Manual. At least three (3) FCDP Site Coordinators should be members of this advisory council.
* **Title I Migrant Education Office** – Collaboration with the Title I Migrant Education Office(s) serving migrant children in the state is required and should be documented with a signed collaboration agreement. This agreement should identify the specific manner in which the collaboration will take place to include shared outreach efforts, program awareness building, and identification of ways in which program participants may benefit from this collaboration. It may be value-added to have a representative from a local Title I Migrant Education Office sit on the Emergency Assistance Advisory Council.

**Cost Standards**

The project recipient agrees that WIOA Title I, Section 167 funds may only be used for activities allowable under WIOA Title I, Section 167. Costs must be necessary and reasonable for proper and efficient performance and administration of the project. A cost is allocable to a particular project grant if the goods or services involved are chargeable or assigned to such project grant in accordance with relative benefits received. This would include the cost for compensation of employees for the time devoted and identified specifically to the performance of the project, cost of materials acquired, consumed, or expended specifically for the purpose of the project, and equipment and other approved capital expenditures.

**Program Costs**

The project recipient agrees that administration expenses for the program year may not exceed five (5%) percent, including indirect cost, of total expenditures on the final report. Total expenditures are defined as the amount reported as Total All Categories (line 13) on the FLDOE Form DOE-599, Project Disbursement Report. Administration expenses are defined as those expenses reported in the Total Administration (line 9) cost category on the State of Florida, Department of Education's Form DOE-599, Project Disbursement Report.

**Travel Costs**

The project recipient agrees that all staff charging travel costs to WIOA Title I, Section 167 funds must derive their salary from WIOA Title I, Section 167 funds and the travel must relate to WIOA Title I, Section 167 activities.

**Travel Approval**

Recipients must request prior permission, in writing, from the State Director, FCDP Office of the FLDOE, for approval to charge out-of-state travel. Approval will be given only if such travel supports goals of WIOA Title I, Section 167. Travel must comply with Section 112.061, Florida Statutes, as outlined in Section H of the **Green Book**, available at: <http://www.fldoe.org/finance/contracts-grants-procurement/grants-management/project-application-amendment-procedur.stml>

**Fiscal Management**

* **Project Amendments – Green book Section B – page B-1** – Requestsfor realignment of funds between approved budget categories and any requests for additional funds prior to the end of the project year must be submitted to the FCDP Office for review and approval using the appropriate budget and project amendment forms identified in the Green Book.
* **Electronic Budget and Monthly Disbursement Reports** – Fundedagencies will be required to send the FCDP program office an electronic version (Word or Excel) of the Budget Narrative Form, DOE 101S, at the beginning of the program year and agree to generate the monthly DOE-599, Project Disbursement Report, using the e599 (electronic 599) workbooks provided by the state office at the beginning of the program year. Final certified copies of the DOE 599 must be submitted monthly to the FCDP program office no later than twenty (20) days following the close of the reporting month indicating the amount of funds expended (by budget category) for this project during the reporting month. These monthly DOE 599s must be certified as being accurate by the fiscal authority for the funded agency by providing the appropriate signature and certification date on the form.
* **Close-Out** – Eachproject must be closed out promptly after expiration or termination. Final expenditure report is due to the Office of the Comptroller no later than November 20 following the close of the Program Year. One copy must be submitted to the (FCDP) Office. In the event that the business operations of the project recipient agency are suspended, such agency will deliver the most current program records within 30 days of the close of business to the FCDP Office. FLDOE may terminate the project award for cause. In this event, a written termination notice will be prepared by the FCDP Office to become effective thirty (30) days after such notice is given. In closing out projects, the following shall be observed: The close out of a project does not affect the retention period for records or access rights by federal or state personnel. If a project is closed out without an audit, FLDOE retains the right to disallow an appropriate amount after fully considering any recommended disallowance resulting from a subsequent audit.

**Program Non-Compliance Policy**

The project recipient agrees that the FLDOE may discontinue the project award, not refund the project recipient, or impose special conditions if the project recipient has failed to provide services specified herein or in the project award, or failed to achieve goals and performance standards.

**Property Standards**

The project recipient may purchase items/property with a value or cost less than $500 without prior written approval from the Department of Education. However, all purchases must be necessary for the support of staff and/or participants and considered allowable activities WIOA Title I, Section 167. Project recipients must request written permission from the Department of Education to purchase items/property with a value or cost of $500 or more. Property is defined as equipment, fixtures, and other tangible personal property of a non-consumable and non-expendable nature, with a value or cost of $500 or more and the normal expected life is one year or more. The project recipient agrees that items purchased with WIOA Section 167 funds and defined as property with a cost of $500 or more may be inventoried by the FLDOE.

**Record Retention**

The project recipient agrees to retain all records pertinent to the project award including financial, statistical, property and participant records, and supporting documentation for five years from the final closing date of the project award. If at the end of three years, there is ongoing litigation or an outstanding audit involving those records, the project recipient shall retain the records until resolution of the litigation or audit.

**Audits**

Private nonprofit organizations must provide an audit prepared in accordance with U. S. Department of Labor laws and regulations to the Office of the Comptroller and the Farmworker Career Development Office.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
| Signature of Authorized Agency Representative |  | Date |

**Project / Agency:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **(1) Position Title** | **(2) FTE** | **(3) Name of Incumbent** | **(4) Total Annual Salary** | **(5) Total Annual Benefits and Per Cent** | **(6) Total Salary Charged to WIOA 167 and Per Cent** | **(7) Total Benefits Charged to WIOA 167 and Per Cent** |
| Example: Case Manager | 1.00 | Sarah Smith | 45,000 | 11,700 (26%) | 14,850 (33%) | 3,861 (33%) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | **(8) Total of Salary and Benefits** |  |  |  |  |

Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FCDP Program Specialist Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FCDP Director Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: The Florida Department of Education (FLDOE) is required to report the above information to the US Department of Labor each Program Year (PY). For all positions to be compensated in whole or in part by WIOA Section 167 funds:

1. Enter the position title and include any vacant positions
2. Enter the total or partial FTE for position where 1.00 = full-time. If FTE is based on a contractual service agreement, add a ‘C’ to FTE amount.
3. Enter the name of the position incumbent
4. Enter the total annual salary of incumbent
5. Enter total annual benefits and percentage of salary for incumbent
6. Enter the total salary and per cent of salary charged to WIOA Section 167
7. Enter the total benefits and per cent charged to WIOA Section 167

(8) Enter the total salary and benefit amounts for columns (4), (5), (6), and (7)

Projects recommended for FY 2019-2020 continuation funding must show successful performance accomplishments during the 2018-2019 project year. Any shortfalls or negative answer(s) must be explained below.

Agency name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date prepared: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project # for 2018-2019:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form prepared by (name and title):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency project coordinator (name and title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cells will expand when text is typed.**

| **Evaluation of FY 2018-2019 Project** | **YES** | **NO** | **If NO, recipient must adequately**  **explain any changes.**  Use 12-point font and single spacing. |
| --- | --- | --- | --- |
| 1. Are grant expenditures directly related to and proportionate with performance outcomes achieved in 2018-2019? |  |  |  |
| 1. Has most recent available MSFW Emergency Assistance performance data for 2018-2019 been reviewed for compliance with approved performance plans by the grantee’s project coordinator, and corrective action plans developed if necessary? |  |  |  |
| 1. The grantee’s project coordinator understands the need to enter participant data and provide ongoing case documentation in the centralized database system; and correctly exits participants from the database system at the appropriate time? |  |  |  |
| 1. The centralized database system’s information is used for follow-up retention services at the sub-recipient project level? |  |  |  |
| 1. Are all applicable collaboration arrangements still in place (financial and non-financial)? Was an Emergency Assistance Advisory Council established and utilized? |  |  |  |
| 1. Were the services to be provided to the target population for 2018-2019 consistent with the approved 2018-2019 project plan? |  |  |  |
| 1. Are performance outcomes achieved in 2018-2019 meeting the minimum performance benchmarks outlined in the PY 18-19 FCDP Emergency Assistance Plan? |  |  |  |
| 1. Have all projected performances and grant deliverables been satisfied to date as stated in the 2018-2019 approved application? |  |  |  |

|  |  |
| --- | --- |
| 1. What was the total amount of your agency’s FCDP 2018-2019 funding allocation for this project? | $ |
| 1. How much has been spent to date? | $ |
| 1. What amount will be spent and/encumbered by June 30, 2019? | $ |
| 1. If 100% of the total allocation will not be spent and/or encumbered by June 30, 2019, explain why: | |

Any performance shortfalls must be explained by including corrective measures put into place to prevent future shortfalls.

**Please respond here and use as much room as necessary to adequately address:**

Do you need technical assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to facilitate service, please state your need(s) and your program manager will contact you.

**Please respond here**

**EXAMPLE Budget Narrative Form (DOE 101S Form)**

Please visit our website at <http://www.fldoe.org/academics/career-adult-edu/funding-opportunities/index.stml>. See the **Program Management Resources** section to access the DOE 101S Budget Form and the instructions for completing the form. Show all amounts in whole dollars only.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** |
| **FUNCTION** | **OBJECT** | **ACCOUNT TITLE AND NARRATIVE** | **FTE POSITION** | **AMOUNT**  **(whole $ only)** | **% ALLOCATED to this PROJECT** |
| #### | ### | **Salaries:** Part-time Clerical Assistant to provide data entry, filing, and travel documentation for the Farmworker program. **Administrative Cost** … | .50 | 9,000 | 100% |
| #### | ### | **Employee Benefits**, **Retirement:** **\*** (9.85%) **Administrative Cost** |  | 887 | 100% |
| #### | ### | **Employee Benefits**, **Social Security:** (7.65%) **Administrative Cost** |  | 689 | 100% |
| #### | ### | **Employee Benefits**, **Worker’s Comp:** (1.01%) **Administrative Cost** |  | 91 | 100% |
| #### | ### | **Salaries:** 2 Case Managers for assessment, placement, job development, and retention follow-up of participants  … | 2.0 | 101,000 | 100% |
| #### | ### | **Employee Benefits**, **Retirement:** (9.85%) |  | 9,949 | 100% |
| #### | ### | **Employee Benefits**, **Social Security:** (7.65%) |  | 7,727 | 100% |
| #### | ### | **Employee Benefits**, **Worker’s Comp:** (1.01%) |  | 1,020 | 100% |
| #### | ### | **Computer Hardware:** Purchase of computer equipment to be used by participants for job coaching, and development purposes. The equipment items will include (2) monitors, (2) CPU’s peripheral devices, memory, and (2) laptop computers. Required Equipment Form is attached. |  | 8,000 | 100% |
| #### | ### | **Travel, Out of County:** Travel for (2) Case Managers to attend the Farmworker State Conference. Expenditures for costs of transportation, lodging, and meals. |  | 3,000 | 100% |
| #### | ### | **Materials and Supplies:** Consumables for Farmworker programs to provide participants with paper, binders, pens, pencils, instructional, recruiting, and job training materials. No item costs $1,000 or more. |  | 28,186 | 100% |
| #### | ### | **Transportation:** projected costs to purchase and provide vouchers for program participants |  | 8,924 |  |
| #### | ### | **Other Purchases Services (Health Care Vendor):** for health care providers for costs related to participants in need of eyeglasses, physicals and dental exams |  | 5,000 |  |
| #### | ### | **Indirect Cost\*\*** |  | 1,000 | 100% |
|  |  |  | **Total** | **184,473** |  |

**NOTE:** When completing the **Budget Narrative** **Form** located on the website, under Column (3), **Account Title and Narrative**, for each line item specify the budgetary expenditures such as salaries, equipment and supplies. Expenditures should focus on performance improvement, as noted in the application. Place **TAPS** number **20B002** on the Budget Narrative Form DOE 101S form.

**\*** Showing the percentage on benefits is optional.

\*\*Indirect Cost plus Administrative Cost cannot exceed 5% of the total grant allocation.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(A) District / Agency Name:** | | | **FLORIDA DEPARTMENT OF EDUCATION** | | | | **(F) Agency Number:** | |
|  | | | **PROJECT DISBURSEMENT REPORT** | | | | **(G) Grant Number:** | |
| **(B) Project Name:** | | | **Workforce Innovation and Opportunity Act, Title I, Section 167** | | | | **(H) Project Code:** | |
| **(C) Effective Approval Date:** | | | |  | | --- | | Interim Report Final Report**Migrant and Seasonal Farmworkers** | | | | | **(I) Contact Person Name:** | |
| **(D) Termination Date:** | | |  | | | |  | |
| **(E) Total Project Funds:** | | | ***(INSTRUCTIONS ON PAGE 3)*** | | | | **(J) Phone: ( )** | |
| (1) | (2) |  | (3) | (4) | (5) | (6) | (7) | (8) |
| Function | Object | Description of Disbursement | | Budget | Total Disbursements | Obligations | Unobligated | Current Disbursement |
| Code | Code |  |  | Amount | As of \_\_\_/\_\_\_/\_\_\_ |  | Balance | Reported |
| **ADMINISTRATION** | |  |  |  |  |  |  |  |
|  |  | INDIRECT COSTS - DOE Approved Rate | |  |  |  | $0.00 |  |
|  |  | DIRECT COSTS | |  |  |  | $0.00 |  |
| **(9) TOTAL ADMINISTRATIVE COST** | | | | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
|  | | | | | | | | |
| **STAFF COSTS** | | | |  |  |  |  |  |
|  |  | STAFF SALARIES | |  |  |  | $0.00 |  |
|  |  | STAFF BENEFITS | |  |  |  | $0.00 |  |
|  |  | OUT-OF-COUNTY TRAVEL | |  |  |  | $0.00 |  |
|  |  | IN-COUNTY TRAVEL | |  |  |  | $0.00 |  |
|  |  | PROFESSIONAL SERVICES | |  |  |  | $0.00 |  |
|  |  | OTHER PURCHASED SERVICES (OPS) | |  |  |  | $0.00 |  |
|  |  |  | |  |  |  | $0.00 |  |
|  |  |  | |  |  |  | $0.00 |  |
| **(10) TOTAL STAFF COSTS** | |  | | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
|  | | | | | | | | |
| **RELATED ASSISTANCE (For Clients Only)** | | |  |  |  |  |  |  |
|  |  | ALLOWANCES - DIRECT PAYMENT | |  |  |  | $0.00 |  |
|  |  | COUNSELING - VENDOR | |  |  |  | $0.00 |  |
|  |  | EMERGENCY ASSISTANCE - VENDOR | |  |  |  | $0.00 |  |
|  |  | FAMILY CARE - CHILDCARE - VENDOR | |  |  |  | $0.00 |  |
|  |  | HEALTH CARE - VENDOR | |  |  |  | $0.00 |  |
|  |  | HOUSING - VENDOR | |  |  |  | $0.00 |  |
|  |  | RENTAL / SETTLEMENT - VENDOR | |  |  |  | $0.00 |  |
|  |  | TRANSLATION - VENDOR | |  |  |  | $0.00 |  |
|  |  | TRANSPORTATION - VENDOR | |  |  |  | $0.00 |  |
|  |  | TRANSPORTATION - AGENCY PROVIDED | |  |  |  | $0.00 |  |
|  |  |  | |  |  |  | $0.00 |  |
|  |  |  | |  |  |  | $0.00 |  |
| **(11) TOTAL RELATED ASSISTANCE** | | |  | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
|  | | | | | | | | |
| **OTHER PROGRAM COSTS** |  |  |  |  |  |  |  |  |
|  |  | BACKGROUND CHECKS (CLIENTS ONLY) | |  |  |  | $0.00 |  |
|  |  | BACKGROUND CHECKS (STAFF ONLY) | |  |  |  | $0.00 |  |
|  |  | EQUIPMENT OVER $500 | |  |  |  | $0.00 |  |
|  |  | EQUIPMENT UNDER $500 | |  |  |  | $0.00 |  |
|  |  | GRAPHICS | |  |  |  | $0.00 |  |
|  |  | INSTRUCTIONAL SUPPLIES | |  |  |  | $0.00 |  |
|  |  | INSURANCE FOR CLIENTS | |  |  |  | $0.00 |  |
|  |  | INTERNET | |  |  |  | $0.00 |  |
|  |  | LEASE COST OF COPY MACHINES | |  |  |  | $0.00 |  |
|  |  | MAINTENANCE | |  |  |  | $0.00 |  |
|  |  | MAINTENANCE COST FOR EQUIPMENT | |  |  |  | $0.00 |  |
|  |  | ON-THE-JOB TRAINING WAGES | |  |  |  | $0.00 |  |
|  |  | POSTAGE | |  |  |  | $0.00 |  |
|  |  | PRINTING AND COPYING | |  |  |  | $0.00 |  |
|  |  | RECRUITMENT MATERIAL | |  |  |  | $0.00 |  |
|  |  | REGISTRATION FEES (STAFF) | |  |  |  | $0.00 |  |
|  |  | REPAIR COST OF EQUIPMENT | |  |  |  | $0.00 |  |
|  |  | SOFTWARE | |  |  |  | $0.00 |  |
|  |  | SPACE LEASE / RENT |  |  |  |  | $0.00 |  |
|  |  | SUBSCRIPTION TO NEWSLINES |  |  |  |  | $0.00 |  |
|  |  | SUPPLIES AND CONSUMABLES (CLIENTS) | |  |  |  | $0.00 |  |
|  |  | SUPPLIES AND CONSUMABLES (STAFF) | |  |  |  | $0.00 |  |
|  |  | TELEPHONES | |  |  |  | $0.00 |  |
|  |  | TESTING FEES |  |  |  |  | $0.00 |  |
|  |  | TEXTBOOKS AND WORKBOOKS | |  |  |  | $0.00 |  |
|  |  | TUITION FEES (CLIENTS) |  |  |  |  | $0.00 |  |
|  |  | TUITION FEES (STAFF) |  |  |  |  | $0.00 |  |
|  |  | WORK EXPERIENCE WAGES |  |  |  |  | $0.00 |  |
|  |  | WORKMAN'S COMPENSATION |  |  |  |  | $0.00 |  |
|  |  |  | |  |  |  | $0.00 |  |
|  |  |  | |  |  |  | $0.00 |  |
| **(12) TOTAL OTHER PROGRAM COSTS** | | |  | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
|  | | | | | | | | |
| **(13) TOTAL COSTS** | |  |  | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| **(14) FEDERAL PROGRAM INCOME** | | |  |  |  |  |  |  |
| **(15) FEDERAL PROGRAM INCOME FOOTNOTE** | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **(16) CERTIFICATION** (*Complete on last page only)* | | |  |  |  |  |  |  |
| I hereby certify that I have reviewed this disbursement report and that all items shown above are in accordance with applicable laws and regulations and have been classified properly according to this district's/agency's current chart of accounts. All records necessary to substantiate these items are available for review by the state and federal monitoring staff. I further certify that as a disbursement report, all disbursements; were obligated after the project approval date and prior to the termination fate; have not been reported previously; and were not used for matching funds on this or any special project. Further, all inventory items included have been entered properly on the inventory records required by state and federal regulations. | | | | | | | | |
|
|
|
| DOE 599 |  | Certified Correct by: |  |  |  |  |  |  |
| Rev. 01/13 | Report Number \_\_\_\_ | | Finance Officer or Authorized Representative | | | DOE | Audited By: |  |
|  | Page \_\_\_ of \_\_\_\_ |  |  |  |  | USE | Date: | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |

**INSTRUCTIONS FOR DOE 599 PROJECT BUDGET SUMMARY AND DISBURSEMENT REPORT**

**Workforce Innovation and Opportunity Act, Title I, Section 167, Migrant and Seasonal Farmworkers**

**Instructions**

**DISBURSEMENT REPORT**

Complete Items (A) through (J)

Mark "X" in the box provided below the title to indicate that this is an interim or a final report (a final report is that which closes out the project). In the title box to Column (5), enter the month, day and year (e.g. 07/31/12 that represents the ending date for the month of disbursement being reported.)

Submit two copies by the 20th of each month following the month of disbursement to:

(copy one)

Comptroller's Office, Florida Department of Education,

914 Ralph Turlington Building, Tallahassee, Florida 32399-0400, (850) 245-0401

(copy two)

Farmworker Career Development Program Section, 1313 B, Tampa Street, Suite 103, Tampa, Florida 33602, (813)224-1920.

**COLUMNS**

1. **SCHOOL DISTRICTS ONLY:**

**FUNCTION** Use the four digit function codes as required in the Financial and Program Cost Accounting and Reporting for Florida Schools Manual.

1. **SCHOOL DISTRICTS:**

**OBJECT** Use the three digit codes as required in the Financial and Program Cost Accounting and Reporting for Florida Schools Manual.

**COMMUNITY COLLEGES:**

Use the five digit object codes as required in the Accounting Manual for Florida’s Public Community Colleges.

**UNIVERSITIES AND STATE AGENCIES:**

Use the six digit object codes as required in the Florida Accounting Information Resource Manual.

**OTHER AGENCIES**

Use the object code as required in the agency’s expenditure chart of accounts.

(3) **ALL APPLICANTS:**

**DESCRIPTION** Provide a specific description of the type of expenditures.

(4) **AMOUNT** For each function and object code indicate the budget amount requested. (Cells on the spreadsheet that are highlighted in gray do not require entries, as explained below).

(5) Complete by reporting total project disbursements as of the date indicated at the top of the column (Do not include obligations).

1. Enter total of encumbered obligations at the end of reporting month. (Do not include salaries and fringe benefits)
2. Column (7), the Unobligated Balance, automatically calculates when entries are made for Columns (4) through (6). No entries are required. [Column (7) = Col. (4), the Budget Amount, minus Col. (5), the Total Disbursements, minus Col. (6), the Obligations
3. Complete by reporting all current disbursements for both cost categories. Enter the difference between the amount shown in Column (5) on the previous disbursement report and Column (5) of this report.

**LINES**

(9)-(12) The Totals for Columns (4)–(8) automatically sum on Lines (9)–(12) as values are entered in columns (4) through (8). No entries are required.

1. The Totals in the cells for line (13) automatically sun Lines (9) through (12) to represent the complete project status. No entries are required.
2. FEDERAL PROGRAM INCOME is not applicable for this program.

(15) FEDERAL PROGRAM INCOME comments are not applicable for this program

**ITEM**

(16) The Finance Officer or authorized representative must sign and date the project disbursement report on the last page. Enter the Disbursement Report Number and page information in the lower left hand corner of the last page.

**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) 245-0496 | **A) Program Name:**  **Migrant and Seasonal Farmworkers Program**  **WIOA Section 167**  **Statewide Emergency Assistance**  **Discretionary/Continuation**  **Fiscal Year 2019-2020**  **TAPS NUMBER: 20B002** | | **DOE USE ONLY**  Date Received | |
| **B) Name and Address of Eligible Applicant:** | | |
| **Project Number (DOE Assigned)** | |
|
|
| **C) Total Funds Requested:**  $  DOE USE ONLY  **Total Approved Project:**  $ | | **D)**  **Applicant Contact & Business Information** | | |
| Contact Name:  Fiscal Contact Name: | | Telephone Numbers: |
| Mailing Address: | | E-mail Addresses: |
| Physical/Facility Address: | | DUNS number:  FEIN number: |
| **CERTIFICATION** | | | | |
|  | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (*Please Type Name)* 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.  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. | | | | |
| **E) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**  Signature of Agency Head Title Date | | | | |
|  | | | | |

FDOE Logo_Small (2)

DOE 100A

Revised July 2015 Page 1 of 2 Richard Corcoran, Commissioner

|  |
| --- |
| **Instructions for Completion of DOE 100A** |
| 1. If not pre-populated, enter name and TAPS number of the program for which funds are requested. 2. Enter name and mailing address of eligible applicant. The applicant is the public or non-public entity receiving funds to carry out the purpose of the project. 3. Enter the total amount of funds requested for this project. 4. Enter requested information for the applicant’s program and fiscal contact person(s). These individuals are the people responsible for responding to all questions, programmatic or budgetary regarding information included in this application. The Data Universal Numbering System (DUNS), or unique agency identifier number, requirements are explained on page A-2 of the Green Book. The Applicant name must match the name associated with their DUNS registration. The Physical/Facility address and Federal Employer Identification Number/Tax Identification Number (FEIN/FEID or TIN) (also known as) Employer Identification Number (EIN) are collected for department reporting. 5. **The original signature of the appropriate agency head is required.** The agency head is the school district superintendent, university or community college president, state agency commissioner or secretary, or the chairperson of the Board for other eligible applicants.  * **Note:** **Applications signed by officials other than the appropriate agency head identified above must have a letter signed by the agency head, or documentation citing action of the governing body delegating authority to the person to sign on behalf of said official. Attach the letter or documentation to the DOE 100A when the application is submitted.** |
|  |
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FDOE Logo_Small (2)

DOE 100A

Revised July 2015 Page 2 of 2 Richard Corcoran, Commissioner

**Florida Department of Education**

**Division of Career and Adult Education**

**PROJECTED EQUIPMENT PURCHASES FORM**

Equipment projected to be purchased from this grant must be submitted on this form **or** in a format that contains the information appearing on this form.

**A) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TAPS Number**

**20B002**

Name of Eligible Recipient

**B) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Project Number **(DOE USE ONLY)**

Agencies are accountable for all equipment purchased using grant funds including those below the agencies threshold.

**PROJECTED EQUIPMENT PURCHASES**

**(Cells will expand when text is typed.)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ITEM**  **#** | **FUNCTION CODE** | **OBJECT CODE** | **ACCOUNT TITLE** | **DESCRIPTION** | **SCHOOL /**  **PROGRAM** | **NUMBER OF ITEMS** | **ITEM COST**  **($)** | **TOTAL AMOUNT**  **($)** |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |

**Inventory Guidelines**

The following elements are required on the inventory of all equipment purchased.

2 C.F.R. 200, Uniform Guidance sections: 200.313 Equipment: Property records must be maintained that include a description of the property, a serial number or other identification number, the source of property, who holds title, the acquisition date, and cost of the property, percentage of Federal participation in the cost of the property, the location, use and condition of the property, and any ultimate disposition data including the date of disposal and sale price of the property.

State Requirements for inventory elements are located in Rule 69I-72.003, Florida Administrative Code, Recording of Property.

Does the agency’s inventory system contain all required federal and state elements listed above?    

YES NO

**Florida Department of Education**

**Division of Career and Adult Education**

**PROJECTED EQUIPMENT PURCHASES FORM**

**Instructions for Completion**

This form should be completed based on the instructions outlined below, unless instructed otherwise in the Request for Proposal (RFP) or Request for Application (RFA). Use multiple forms as needed.

1. Enter Name of Eligible Recipient.
2. Project Number **(DOE USE ONLY)**

|  |  |
| --- | --- |
| **COLUMN A - FUNCTION CODE:** | **SCHOOL DISTRICTS ONLY:** Use the four digit function codes as required in the Financial and Program Cost Accounting and Reporting for Florida Schools Manual. |
| **COLUMN B - OBJECT CODE:** | **SCHOOL DISTRICTS:** Use the three digit object codes as required in the Financial and Program Cost Accounting and Reporting for Florida Schools Manual.  **STATE COLLEGES:**  Use the first three digits of the object codes listed in the Accounting Manual for Florida’s Public State Colleges.  **UNIVERSITIES AND STATE AGENCIES:**  Use the first three digits of the object codes listed in the Florida Accounting Information Resource Manual.  **OTHER AGENCIES:** Use theobject codes as required in the agency’s expenditure chart of accounts. |
| **COLUMN C – ACCOUNT TITLE:** | Use the account title that applies to the object code listed in the accordance with the agency’s accounting system. |
| **COLUMN D – DESCRIPTION:** | Provide detailed descriptions/specifications of all equipment items to be purchased that have a projected unit value of $500 – specific to MFSW (State’s threshold) or more with a useful life of one year or more.  **Note:** If the agency has a threshold of less than $500 – specific to MFSW the lower amount is the guiding threshold. |
| **COLUMN E – SCHOOL/PROGRAM:** | Providethename of the school and the name of the program for which the equipment is being purchased. |
| **COLUMN F – NUMBER OF ITEMS:** | Provide the total number purchased of this item. |
| **COLUMN G – ITEM COST:** | Provide the projected cost for each item. |
| **COLUMN H – TOTAL COST:** | Provide the total projected cost of all items. |

**Workforce Innovation and Opportunity Act, Section 167**

**Migrant and Seasonal Farmworker Program**

**Program Year 2019-2020**

**APPLICATION REVIEW CRITERIA AND CHECKLIST**

* Include this form in the application package. (Do not include **Instructions** pages).
* Place all items requested in the order indicated below.
* Include only the items requested.
* Place page numbers on every page consecutively, at the bottom, beginning with the DOE 100A as page one of the application package. Page numbers written by hand are permissible if electronic numbering is a problem.
* Place a binder clip in the upper left corner of the complete application package (no spiral bindings, notebooks or cover pages).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PLACEMENT ORDER** | **ITEM** | **APPLICANT** | **DOE STAFF**   * **Check appropriate box below** | |
| **Indicate Page Numbers Below** | **Complete** | **Incomplete** |
| **1** | DOE 100A, Project Application – with original signature |  |  |  |
| **2** | DOE 101S, Budget Narrative Form |  |  |  |
| **3** | DOE 599, Project Disbursement Form |  |  |  |
| **4** | MOUs with Collaborating Agencies |  |  |  |
|  | **Narrative Components** |  |  |  |
| **5** | 1. Project Abstract or Summary |  |  |  |
| 2. Project Need |  |  |  |
| 3. Project Design and Implementation (a-f) |  |  |  |
| 4. Evaluation |  |  |  |
| 5. General Education Provisions Act (GEPA) – one page |  |  |  |
| 6. Support Strategic Plan |  |  |  |
| 7. Dissemination Plan |  |  |  |
| 8. Budget Narrative |  |  |  |
|  | **Attachments** |  |  |  |
| **6** | Project Performance and Accountability (include as is) |  |  |  |
| **7** | Attachment D - Special Conditions for WIOA Project Awards Form |  |  |  |
| **8** | Attachment E - PY 2018 Staffing Breakout Form |  |  |  |
| **9** | Attachment F - Self-Evaluation Form |  |  |  |
| **10** | Attachment G - PY 2018 Emergency Assistance Goals |  |  |  |
| **11** | Projected Equipment Purchases Form - *if applicable* |  |  |  |
| **12** | Contractual Service Agreements – *if applicable* |  |  |  |
| **13** | DOE 610 or 620 Risk Analysis Form – *if applicable* |  |  |  |
| **14** | Attachments – *if applicable* |  |  |  |
| **15** | Application Review Criteria and Checklist Form |  |  |  |

I:\RFA - RFA's\19-20\Farmworker\FarmworkerEmergencyServices-RFA-19-20.doc 1/24/2019