



2023-24 Supplemental School Improvement Grant

Bureau of School Improvement

December 7 and 11, 2023



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

www.FLDOE.org

Funding Purpose and Allocation Amount

Purpose:

- Funds will be allocated to Local Educational Agencies (LEAs) to serve student populations as identified by the Every Student Succeeds Act (ESSA) Federal Percent of Points Index in schools implementing targeted and comprehensive support and improvement activities.

Allocation Amount:

- Each LEA with at least one school identified as Additional Targeted Support and Improvement (ATSI), Targeted Support and Improvement (TSI), or Comprehensive Support and Improvement (CSI) is eligible to receive a base allocation of \$300,000.
- The number of ATSI, TSI, and CSI schools multiplied by \$29,905.42 will be added to the base allocation for the total district allocation.

Request for Application (RFA)

- The RFA for the Supplemental School Improvement Grant is posted on the Florida Continuous Improvement Management System (CIMS) at <https://www.floridacims.org/>. The RFA was also sent via email to eligible districts.

RFA Highlights:

- Budget period: November 1, 2023, (or date application determined to be substantially approvable) - September 30, 2024.
- K-12 Common Federal Guidance.
- Program-specific allowable expenses or spending caps were not included in this RFA.

Application Requirements

- All required documents are posted on CIMS. Forms were also emailed to eligible districts.
- Completed applications must be submitted via the secure ShareFile folder titled Supplemental School Improvement Grant_XXA318 by 5:00 PM on December 11, 2023.

Applications should include the following:

1. District Plan and Assurances:

- LEAs must complete a Supplemental School Improvement Grant Plan and Assurances.

2. Office of Grants Management (OGM) Forms:

- LEAs must complete a Project Application (Form 100A) and a Budget Narrative Form (Form 101).



DOE 100A – Project Application

FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

Please return to: Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850)245-0735	A) Program Name: TAPS NUMBER:	DOE USE ONLY Date Received: <input type="text"/>
	B) Name and Address of Eligible Applicant:	
C) Total Funds Requested: _____ DOE USE ONLY Total Approved Project: \$ _____	D) Applicant Contact & Business Information	
	Contact Name: _____ Fiscal Contact Name: _____ Mailing Address: _____ Physical/Facility Address: _____	Telephone Numbers: _____ E-mail Addresses: _____ UEI 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 _____		

Program name and TAPS number (A) are prepopulated.

Insert total funds requested (C) and applicant contact and business information (D).

Include the original signature of the official who is authorized to legally bind the agency, e.g., the superintendent, or their authorized representative.

Detailed Budget Narrative for Requested activities

- Source (publisher, vendor) *if known prior to procurement process*
- Unit cost per item/service
- Quantity (How many? For whom? Students? Teachers? Parents?)
- Number (#) of staff participating
- Number (#) of staff hours
- Number (#) of days x number (#) of weeks
- Hourly rate/stipend
- Number (#) of students who will be impacted by goods or services
- Focus student group for activities
- Subject/content area (ELA, math, science)
- Proposed scope of work

Evidence-Based Interventions Reminder

Under the Elementary and Secondary Education Act (ESEA) Section 8101(21)(B), any evidence-based intervention, activity or strategy that the LEA pays for with ESEA Section 1003 funds must meet one of the first three tiers of evidence under ESEA Section 8101(21)(A) (strong, moderate or promising evidence).

Examples of Approvable Activities

- Professional Learning for teachers, administration and other school personnel.
- Materials to supplement curriculum such as math manipulatives.
- Stipends for teachers to facilitate afterschool tutoring.
- Supplemental positions such as reading coaches, interventionists and paraprofessionals.
- Recruitment and retention incentives (see page 5 of the RFA).
- Educational field trips (see page 4 of the RFA).

Contact Information

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