

FLORIDA DEPARTMENT OF EDUCATION
BUDGET NARRATIVE FORM

A) Name of Eligible Recipient/Fiscal Agent: School District of Clay County

B) DOE Assigned Project Number: _____

C) TAPS Number: 15AT63

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
FUNCTION	OBJECT	ACCOUNT TITLE AND NARRATIVE	FTE POSITION	AMOUNT	% ALLOCATED to this PROJECT	ALLOWABLE DOE USE ONLY	REASONABLE DOE USE ONLY	NECESSARY DOE USE ONLY
6400	516	Site Liscences: Purchase Technology Integration Matrix (TIM) - District Liscence for 41 schools	-	\$ 3,600.00	100%			
6400	313	Substitute Teachers: Substitutes for leaders from each school to attend the following meetings/events: 8 montly face-to-face training sessions, visit various model schools, attend the Digital Learning Day Event, attend the Unconference	-	\$ 55,000.00	100%			
6400	510	Supplies: Digital Guide marketing program,training supplies, office supplies for training days.	-	\$ 2,000.00	100%			
6400	590	Other Materials and Supplies: Books and materials for school leaders, professional references,for training days.	-	\$ 8,300.00	100%			
6400	310	Purchased Services: Consultant to speak at Digital Learning Day Event and at District Unconference	-	\$ 4,600.00	100%			
6400	330	Travel: Travel to Florida School Districts to visit model classrooms/schools, and to collaborate with other districts.	-	\$ 1,500.00	100%			
D) TOTAL				\$ 75,000.00				

DOE USE ONLY (Program)

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

Printed Name:

Signature:

Title:

Date:

DOE USE ONLY (Grants Management)

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

Printed Name:

Signature:

Title:

Date:
