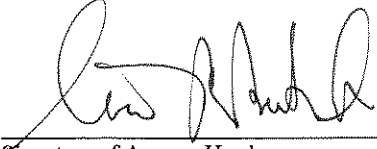


FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

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: Jackson Adults with Disabilities TAPS NUMBER: 25B045	DOE USE ONLY Date Received Project Number (DOE Assigned)
B) Name and Address of Eligible Applicant: Jackson County School District 2903 Jefferson Street Marianna, FL 32446		
C) Total Funds Requested: <div style="text-align: center;">\$1,019,247.00</div> <hr style="width: 20%; margin: auto;"/> <div style="text-align: center;">DOE USE ONLY</div> Total Approved Project: \$	D) Applicant Contact & Business Information	
	Contact Name: Chris Franklin Fiscal Contact Name: Ellen Folsom	Telephone Numbers: 850.482.9617 x223 850.482.1200 x30236
	Mailing Address: P O Box 5958 Marianna, FL 32446	E-mail Addresses: Chris.franklin@jcsb.org Ellen.folsom@jcsb.org
	Physical/Facility Address: 4294 Liddon Street Marianna, FL 32446	DUNS number: 193311362 FEIN number: F596000680005
CERTIFICATION		
<p>I, Steve R. Benton, Sr. as the official who is authorized to legally bind the agency/organization, do hereby certify to the best of my knowledge and belief that all the information and attachments submitted in this application are true, complete and accurate, for the purposes, and objectives, set forth in the RFA or RFP and are consistent with the statement of general assurances and specific programmatic assurances for this project. I am aware that any false, fictitious or fraudulent information or the omission of any material fact may subject me to criminal, or administrative penalties for the false statement, false claims or otherwise. Furthermore, all applicable statutes, regulations, and procedures; administrative and programmatic requirements; and procedures for fiscal control and maintenance of records will be implemented to ensure proper accountability for the expenditure of funds on this project. All records necessary to substantiate these requirements will be available for review by appropriate state and federal staff. I further certify that all expenditures will be obligated on or after the effective date and prior to the termination date of the project. Disbursements will be reported only as appropriate to this project, and will not be used for matching funds on this or any special project, where prohibited.</p> <p>Further, I understand that it is the responsibility of the agency head to obtain from its governing body the authorization for the submission of this application.</p>		
E)  _____ Signature of Agency Head	_____ Superintendent of Schools Title	8/19/2024 _____ Date

Instructions for Completion of DOE 100A

- A. If not pre-populated, enter name and TAPS number of the program for which funds are requested.
- B. 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.
- C. Enter the total amount of funds requested for this project.
- D. 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.
- E. **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.**

FLORIDA DEPARTMENT OF EDUCATION
BUDGET NARRATIVE FORM

A) Name of Eligible Recipient/Fiscal Agent:

Jackson County School District

B) DOE Assigned Project Number:

320-90560-4SH01

C) TAPS Number:

25B045

(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
7300	110	Salaries - Program Administrator - oversee AWD staff, perform staff evaluation, curriculum implementation, AIEP meeting	0.5	\$40,300	100%			
5900	120	Salaries - 12 FTE Instructors/Teachers to support goal acquisition for program participants 3 Instructors/Teachers (\$200,000); 9 Instructors/Teachers Regular Retirement (\$300,000) (All personnel that supports the Jackson AWD program are funded solely from AWD appropriation. Funds from no other FDOE/FEFP source are expended to support this program.)	12	\$500,000	100%			
5900	150	Salaries - 10.5 paraprofessionals to support goal acquisition for program participants	10.5	\$200,000	100%			
5900	210	Retirement at 11.91 for personnel (- administrator)		\$83,370	100%			
7300	210	Retirement 11.91 for administrator		\$4,800.00	100%			
5900	220	FICA at 7.65 for personnel (- administrator)		\$53,550	100%			
7300	220	FICA at 7.65 for administrator		\$3,085.00	100%			
5900	230	Insurance for personnel (- administrator)		\$81,000	100%			
7300	230	Insurance for administrator		\$2,013	100%			
5900	240	Workers Comp at 469% for personnel (- administrator)		\$3,282	100%			
7300	240	Workers Comp at 48% administrator		\$140	100%			
5900	330	Travel - staff to attend work duties at multiple worksites, inservice training/conferences, home visits, and other meetings related to AWD/VR services		\$3,323	100%			

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: _____



Project Performance Accountability Form

Definitions

- **Scope of Work**- The major tasks that the grantee is required to perform
- **Tasks**- The specific activities performed to complete the Scope of Work
- **Deliverables**- The products and/or services that directly relate to a task specified in the Scope of Work. Deliverables must be quantifiable, measurable, and verifiable
- **Evidence**- The tangible proof
- **Due Date**- Date for completion of tasks
- **Unit Cost**- Dollar value of deliverables

Scope of Work Tasks/Activities	Deliverables (product or service)	Evidence (verification)	Due Date (completion)	Unit Cost (DOE Use Only)
<p>AIEP Educational Goal: Provide cognitive stimulation and learning activities designed to increase capability for self-help, adaptive and social skills and support community integration to sustain independent and productive living.</p>	<ul style="list-style-type: none"> • Instructors will provide instruction and training designed to improve cognitive functioning for 180 instructional days congruent with the Jackson County school district calendar plus 6 additional weeks to provide extended school year instruction between the hours of 9:00 am -3:00 pm. Enrollment Benchmark will be met as follows: Quarter 1: 20 Quarter 2: 25 Quarter 3: 25 Quarter 4: 25 cumulative total of 95 participants 	<ul style="list-style-type: none"> • Quarterly AIEP STO Progress/Completion Reports • Quarterly Attendance Reports • Quarterly Progress Narrative Cumulative Report 	<p>Quarterly Report October 15,2024 January 15,2025 April 15,2025 July 15,2025 Final Report July 15,2025</p>	
	<ul style="list-style-type: none"> • Implementation of the Adult Individual Education Plan will be achieved by completing Short Term 			

	<p>Objectives (STO's) for the scope of work/tasks as appropriate. Benchmark 1 is addressed in this scope of work by meeting the following:</p> <ul style="list-style-type: none"> Quarter 1 : 0 Quarter 2: 20 (20) Quarter 3 : 35 (55) Quarter 4: 40 (95) <ul style="list-style-type: none"> • 75% of the STO's must be satisfactorily completed for the student to meet their educational goal identified in their AIEP • 100% of the students will have a goal tied to cognitive functioning as identified on their AIEP • 100% of the students with developmental disabilities will receive instruction through hands-on learning and manipulatives as well as digital devices. • Each AIEP will consist of teacher notes, observation and/or assessments that will assess STO mastery to determine benchmark attainment. 	<ul style="list-style-type: none"> • Quarterly AIEP • STO Progress/Completion Reports 		
<p>AIEP Functional Goals: Provide functional activities, cognitive stimulation, recreational</p>	<ul style="list-style-type: none"> • Implementation of the AIEP by completing Short-Term Objectives related to the 			

<p>activities, vocational and workforce development programs to expand knowledge to facilitate independent living skills.</p>			
<p>scope of work/tasks as appropriate. Benchmark 2 is addressed in the scope of work by meeting the following:</p> <p>Quarter 1: 0 Quarter 2: 10 Quarter 3: 40 Quarter 4: 45</p> <ul style="list-style-type: none"> 100% of the students will have a goal intended to facilitate independent functioning 100% of the students with developmental disabilities will receive instruction through hands-on learning and manipulatives as well as digital devices. Each AIEP will consist of teacher notes, observation and/or assessments that will assess STO mastery to determine benchmark attainment. The Jackson AWD (JAWD) program will serve participants at four locations: Jackson AWD Community Day 2958 Cherokee Street Marianna, FL 32448 Jackson County School at Sunland 		<ul style="list-style-type: none"> Quarterly Attendance Reports Quarterly Progress Narrative Cumulative Report 	

	<p>3700 Williams Drive Marianna, FL 32446 Jackson County ARC 2973 Penn Avenue Marianna, FL 32448 Jackson County ARC 4345 Kelson Ave Marianna, FL 32446</p>				

Note: Add additional lines if necessary

PERFORMANCE-BASED CHART & COST PER STUDENT

Performance-Based Funding represents 15% of the Project Recipient’s total funding. The Project Recipient must obtain 100% of its 2024-2025 performances to receive the full 15% performance funding. Failure to perform the tasks or submit deliverables as specified in the Performance and Accountability Chart will result in a reduced payment of the identified “Actual Cost per Student”.

Project Recipient’s must submit Amendments pertaining to changes to Enrollments and/or Benchmarks before September 30, 2024. Amendments will not be considered after September 30, 2024 (the end of the First Quarter).

Enrollment: Enrollment is accepted and cumulative throughout the agreement period. Project Recipient must meet Annual Deliverables by the end of the agreement period.

1st Benchmark: Participants must attain 75% of the required tasks/goals to be considered a completed benchmark by the end of the agreement period. Quarterly deliverable numbers should be cumulative to equal the projected annual deliverable.

2nd Benchmark: Participants must attain 50% of the required tasks/goals to be considered a completed benchmark by the end of the agreement period. Quarterly deliverable numbers should be cumulative to equal the projected annual deliverable.

Project Recipient must meet quarterly deliverable numbers per quarter. If quarterly deliverable numbers are not met per quarter, the Project Recipient must submit, to the Program Manager, a signed Corrective Action Plan on agency/organization letterhead stating the reason quarterly deliverables were not met and the plan to ensure quarterly deliverables are met for the next reporting quarter.

A. Performance-Based Chart

OUTCOME	2024-2025 Annual Deliverable	2024-2025 Annual Reported Deliverable
Row 1: ENROLLMENT	95	95
Row 2: 1 st BENCHMARK	95	95
Row 3: 2 nd BENCHMARK*	95	95

OUTCOME	1st Quarter Deliverable	2nd Quarter Deliverable	3rd Quarter Deliverable	4th Quarter Deliverable	2024-2025 Annual Deliverable
Row 1: ENROLLMENT	25	25	25	20	95
Row 2: 1st BENCHMARK	0	15	40	40	95
Row 3: 2nd BENCHMARK	0	10	40	45	95

Check the appropriate choice below:

- 2024-2025 Deliverables are EQUAL TO OR MORE THAN 2023-2024 Annual Reported Performances
- 2024-2025 Deliverables are LOWER THAN 2023-2024 Annual Reported Performances

<p>If <u>2024-2025 Annual Deliverables</u> are lower than <u>2023-2024 Annual Reported Deliverables</u>, provide an explanation of why the deliverables are lower below.</p>

B. Cost Per Student

\$ 1,019,247.00	95	\$ 10,728.92
2024-2025	2024-2025	2024-2025
AWD Legislative Funding Amount	Total Reported Enrollment	Actual Cost Per Student

AGENCY CONTACTS

<p>A. Primary Contact</p> <p>The Primary Contact is the individual within the school district or community/state college that knows all about the AWD program and can provide information pertaining to the grant. This is the person that our Auditors will work with in a review of the agency's grant.</p> <p>This person will be on the AWD/Agency Distribution List.</p>	Name of Primary Contact	Chris Franklin
	Position Title	Principal of Adult Education
	Phone Number	850-482-9617
	FAX Number	850-482-1201
	E-mail Address	Chris.franklin@jcsb.org
	Supervisor's Name	Steve Benton
	Supervisor's Phone Number	850-482-1200
	Supervisor's E-mail Address	Steve.benton@jcsb.org

<p>B. Person Filing Quarterly Report</p> <p>Identify the one person who will be completing your agency's AWD Performance-Based Quarterly Reports.</p> <p>This person will be on the AWD/Agency Distribution List.</p>	Name of Person Filing Quarterly Report	Richard Wheatley
	Position Title	Assistant Principal of Adult Education
	Phone Number	850-372-6677
	FAX Number	850-482-1201
	E-mail Address	Richard.wheatley3@jcsb.org
	Supervisor's Name	Chris Franklin
	Supervisor's Phone Number	850-482-9617
	Supervisor's E-mail Address	Chris.franklin@jcsb.org

<p>C. Secondary Contact</p> <p>The Secondary Contact should be familiar enough with the Grant to provide information and answer questions if the primary contact is unavailable.</p> <p>This person will not be on the AWD/Agency Distribution List, unless the Primary Contact and Person Filing the Quarterly report are the same person.</p>	Name of Secondary Contact	Richard Wheatley
	Position Title	Assistant Principal Adult Ed
	Phone Number	850-482-9271
	FAX Number	850-482-1299
	E-mail Address	Richard.wheatley3@jcsb.org
	Supervisor's Name	Chris Franklin
	Supervisor's Phone Number	850-482-9617
	Supervisor's E-mail Address	Chris.franklin@jcsb.org

<p>D. Fiscal Contact</p> <p>The Fiscal Contact is the person responsible for processing invoices and payments.</p> <p>This person will not be on the AWD/Agency Distribution List.</p>	Name of Fiscal Contact	Ellen Folsom
	Position Title	Finance Director
	Phone Number	850-482-1200
	E-mail Address	Ellen.folsom@jcsb.org

<p>E. Agency Head</p> <p>Identify your current School Board Superintendent or Community/State College President, along with contact information.</p> <p>This person will not be on the AWD/Agency Distribution List.</p>	Name	Steve Benton
	Position Title	Superintendent
	Phone Number	850-482-1200
	E-Mail Address	Steve.benton@jcsb.org

ADULT INDIVIDUAL EDUCATION PLAN ATTESTATION (AIEP)

By signing DOE Form 100A, the Agency Head responsible for overseeing implementation of the Adults with Disabilities Program attests that the AWD Program will meet the following requirements:

1. Each participant in the program (including those served by Funded Providers) will have an Adult Individual Education Plan (AIEP) on file.
2. The AIEPs of all AWD participants will be made available for review by the Department of Education or its designee(s) upon request.
3. Each AIEP includes the following information/requirements:
 - a) A unique identifying number for each student (**do not use a Social Security Number**).
 - b) The first benchmark (number and description) along with the specific, complete wording of the first benchmark.
 - c) The second benchmark (number and description) along with the specific, complete wording of the second benchmark.
 - d) Name/initial of person evaluating the student (each occurrence).
 - e) A place on the form following each quarter of the award period identifying the results of the program (goals, progress over time, and achievement or non-achievement of benchmark(s):
 - (1) Specify 1st or 2nd benchmark completion
 - (2) % of benchmark completed, date of report
 - (3) teacher's name/initials, and comments

FUNDED PROVIDERS ATTESTATION

- NOT APPLICABLE.** The Agency did not identify a Funded Provider in its 2024-2025 Budget.
- APPLICABLE.** The Project Recipient did identify Funded Provider(s) in the Program Narrative and Budget. By signing DOE Form 100A, the Project Recipient's Agency Head is responsible for overseeing implementation of the Adults with Disabilities Program attests that the AWD Program will meet the following requirements:
- A. **The Project Recipient's Agency Head is responsible for ensuring that all Funded Providers comply with all fiscal and programmatic requirements of the AWD Program included in this Request for Applications, the Florida Department of Education Green Book, and all other applicable statutes and regulations.**
 - B. Every Funded Provider receiving funding from the Project Recipient listed on the DOE 101 under a line item entitled Contracted Services, Other Purchased Services, etc., including the amount of AWD funding that the Funded Provider will receive from the Project Recipient.
 - C. A Funded Provider shall be a separate organizational entity that is not under the organizational structure of the AWD funded Project Recipient (college or school district). For the purpose of this form, the term "Operational Control" refers to day-to-day control over AWD program operations, locations, teachers, curriculum, management oversight, etc.
 - D. The services provided by every Funded Provider are included in the Program Narrative.
 - E. The Project Recipient has a written, executed agreement with each funded provider that includes:
 - 1. A reference to the Adults with Disabilities Grant.
 - 2. A provision that binds the Funded Provider to the terms of the 2024-2025 Adults with Disabilities Grant RFA (Request for Application) and to the Project Recipient application.
 - 3. The total amount of 2024-2025 Adults with Disabilities Grant funding being paid to the Funded Provider by the Project Recipient.
 - 4. A requirement that AWD funds issued to but not expended by the Funded Provider shall be returned to the Project Recipient.

FUNDED PROVIDER LIST

NOT APPLICABLE. The Project Recipient did not identify a Funded Provider in its 2024-2025 Budget.

APPLICABLE. The Funded Provider(s) identified in the Program Narrative and Budget are listed below (add more tables as necessary).

FUNDED PROVIDER SUMMARY	
Organization	
Provider Address	
Provider AWD Contact	
Telephone	
E-mail	
Funding Amount Subcontracted to Provider	

FUNDED PROVIDER SUMMARY	
Organization	
Provider Address	
Provider AWD Contact	
Telephone	
E-mail	
Funding Amount Subcontracted to Provider	

5. A stipulation that upon the termination of a Funded Provider, all AWD inventory property shall be returned to the Project Recipient.
- F. The Project Recipient has a budget narrative from the Funded Provider that includes:
1. Budget
 2. Cost Per Student
 3. Funded Provider 2024-2025 Projected Purchases Valued at \$1,000 or More Per Item .
 4. The Project Recipient is responsible for ensuring that all Funded Providers comply with all fiscal requirements of the AWD Program.
- G. The Project Recipient is responsible for having all records available for inspection, including those of all Funded Providers.

**Florida Department of Education
Adults with Disabilities Program**

2024-2025 INVENTORY FORMS

Projected Purchases Bi-Annual Annual

NOT APPLICABLE. The Project Recipient/Funded Provider **WILL NOT** purchase items valued at \$1,000 or more.

APPLICABLE. The Project Recipient/Funded Provider **WILL** purchase items valued at \$1,000 or more.

TAPS NUMBER 21B045

Item # (listed on the product)	Purchased by (choose only 1)		Item Description	Physical Location of Item (address)	# of Items Purchased	Per Item Cost	Total Amount	
	Project Recipient	Funded Provider						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
							TOTAL	

PROGRAM NARRATIVE

Activity tables – Add and number as many tables as needed. **Unused tables can be deleted.**

Scope of Work Table 1	
Justification: Why is this training needed?	
1.	Scope: AWD Day Program/ AIEP Educational Goal Cognitive Functioning Training
2.	Service Quantity: Location (physical address where the training is being held): Site 1 Jackson County School @ Sunland 3700 Williams Drive Marianna, FL 32446 Site 2 JAWD Community Day 2958 Cherokee Street Marianna, FL 32446
3.	Service Quantity: Provided by (check all that apply): <input checked="" type="checkbox"/> Agency (staff with school system providing the training) <input type="checkbox"/> Funded Provider <input type="checkbox"/> Both If Funded Provider: FP Name: Amount of funding provided for this activity:
4.	Service Quantity: Priority area addressed (check all that apply): <input checked="" type="checkbox"/> Improving the Quality of Life <input checked="" type="checkbox"/> Not Suited for Workforce Education <input checked="" type="checkbox"/> Lifelong learning activities to transitioning students
5.	Service Quantity: Targeted population (specific disability and age group over 18): Developmental Disabilities/ Down Syndrome ages 18-75
6.	Task: Tasks/Description of Activity (details of the activity/class offered): The target of the educational goal will be developed in each AIEP. Each AIEP will have a goal linked to cognitive and functional enhancement. Maintaining and developing cognitive skills will be addressed through hands-on and real-life activities to include lawn and garden, culinary arts, manual skills, digital applications, music, art and daily living instruction. Providing an opportunity for our participants to acquire, maintain and refine skills that will help them become more independent, valued and validated, and overall increase their quality of life is the goal of our program.

7. **Deliverable: How will the training be taught (e.g. instructor, computer, vision-aid, etc.)?** Participants are provided direct instruction by a lead instructor and assistant through multiple modalities including manipulatives, project-based learning and integrated technology to assist the student in skill acquisition. Digital devices are a medium in which the educational goals are met. Participants also learn by engaging in multiple modalities to include manipulatives, project-based learning and integrated technology in an effort to insure skills acquisition.
8. **Service Quantity: How often does the Activity/Class meet?** Daily for 180 instructional calendar days.
9. **Service Quantity: How many hours is each Activity/Class session?** 4 hours of instruction for approximately 50% of participants. The remaining participants have varying frequency and duration but all participants are scheduled a minimum of two (2) fifty (minute) sessions per week.
10. **Deliverable: Explain how the training will be measured to ensure students comprehension and progress?** Review of the AIEP goals each quarter based on short-term objective completion as measured by classroom assessment, teacher observation and teacher review. STO's Data is taken weekly and documented on a data sheet that corresponds with the goals outlined on the AIEP. If participants are not having success in meeting the goals, the AIEP is reviewed, additional instructional strategies are explored, and appropriate educational adjustments are made.
11. **Outcome/Evidence: What documentation will be used to verify student outcomes for this training (e.g. sign-in sheets, student's AIEP, task completion sheet, etc.)?** The AIEP is the documentation used to determine the student outcomes through completion of the short-term objectives. Task completion sheets reflect documentation based on review of completed project-based and written activities along with teacher observation. Information from the data sheets is compiled quarterly and used to determine if student outcomes are congruent with STO's and ultimately goals on the AIEP. We maintain attendance records in our district student management system, FOCUS. Attendance is recorded daily and reviewed weekly.
12. **Evidence: How will the program data be used to plan for continuous improvement?** Program data will be used to track the completion of the short-term objectives which impact Benchmark 1 and Benchmark 2. If there is slow progression in the completion of the short-term objectives, the teacher will review the AIEP and instruction to determine goal adjustments, revise the AIEP and implement accordingly.
13. **Due Date: Provide date(s) the training is expected to be completed?** June 30, 2024

Scope of Work Table 2

Justification: Why is this training needed?

1. **Scope: Activity Name/Class Title: AWD Day Program/AIEP Workplace Simulation and Daily Living Skills**

2. **Service Quantity: Location (physical address where the training is being held):**

Site 1
Jackson County School @ Sunland
3700 Williams Drive
Marianna, FL 32446

Site 2
JAWD Community Day
2958 Cherokee Street
Marianna, FL 32446

3. **Service Quantity: Provided by (check all that apply):**
 Agency (staff with school system providing the training)
 Funded Provider
 Both

If Funded Provider:

FP Name:

Amount of funding provided for this activity:

4. **Service Quantity: Priority area addressed (check all that apply):**
 Improving the Quality of Life
 Not Suited for Workforce Education

 Lifelong learning activities to transitioning students

5. **Service Quantity: Targeted population (specific disability and age group over 18):** Developmental Disabilities/ Down Syndrome ages 18-75

6. **Task: Tasks/Description of Activity (details of the activity/class offered):** The target of the functional goal will be developed in each AIEP. Maintaining and developing functional skills will be addressed through hands-on and real-life activities to include lawn and garden, culinary arts, manual skills, digital applications, music, art and daily living. Providing an opportunity for our participants to acquire, maintain, and refine skills that improve quality of life by becoming more independent valued and validated is the goal of our program.

7. **Deliverable: How will the training be taught (e.g. instructor, computer, vision-aid, etc.)?** Largely, participants will be provided intensive direct instruction through an instructor/assistant team, using multiple modalities to include manipulatives, work-development programs, project-based learning kits, and integrated technology to assist in mastering each student's AIEP goals and insure skill acquisition.
8. **Service Quantity: How often does the Activity/Class meet?** Daily for 180 instructional calendar days
9. **Service Quantity: How many hours is each Activity/Class session?** 4 hours of instruction for approximately 50% of participants. The remaining participants have varying frequency and duration, but all participants are scheduled a minimum of two (2) fifty (minute) sessions per week.
10. **Deliverable: Explain how the training will be measured to ensure students comprehension and progress?** Review of AIEP goals each quarter based on short-term objective completion as measured by classroom assessments and teacher review. Data on Short Term Objectives STO is taken weekly and documented on a data sheet that corresponds with the goals outlined on the AIEP
11. **Outcome/Evidence: What documentation will be used to verify student outcomes for this training (e.g. sign-in sheets, student's AIEP, task completion sheet, etc.)?** The AIEP is the documentation used to determine the student outcomes through completion of the short-term objectives. Task completion sheets reflect documentation based on review of completed project-based and written activities along with teacher observation. Information from the data sheets is compiled quarterly and used to determine if student outcomes are congruent with STO's and ultimately goals on the AIEP. We maintain attendance records in our district student management system, FOCUS. Attendance is maintained daily and reviewed weekly.
12. **Evidence: How will the program data be used to plan for continuous improvement?** Program data will be used to track the completion of the short-term objectives, which impact Benchmark 1 and Benchmark 2. If there is slow progression in the completion of short-term objectives, the teacher will review the AIEP and instruction to determine adjustments, revise the AIEP and implement accordingly.
13. **Due Date: Provide date(s) the training is expected to be completed?** June 30, 2024

Scope of Work Table 3

Justification: Why is this training needed?

1. **Scope: Activity Name/Class Title: AWD Day Program/AIEP Horticultural/Manual Skills Program at JCARC locations.**

2. **Service Quantity: Location (physical address where the training is being held):**

Site 1
JCARC Manual Skills Program
4245 Kelson Ave
Marianna, FL 32446

Site 2
JCARC Horticultural Program
2973 Penn Avenue
Marianna, FL 32448

3. **Service Quantity: Provided by (check all that apply):**
 Agency (staff with school system providing the training)
 Funded Provider
 Both

If Funded Provider:

FP Name:

Amount of funding provided for this activity:

4. **Service Quantity: Priority area addressed (check all that apply):**
 Improving the Quality of Life
 Not Suited for Workforce Education

 Lifelong learning activities to transitioning students

5. **Service Quantity: Targeted population (specific disability and age group over 18):**
Developmental Disabilities/ Down Syndrome ages 18-75

6. **Task: Tasks/Description of Activity (details of the activity/class offered):** The target of the functional and academic goal will be developed in each AIEP. Each AIEP will have a goal linked to behavior, social development, personal independence and/or work skills. Providing an opportunity for our participants to acquire, maintain and refine skills that improve quality of life by becoming more independent, valued and validated is the goal of our program.

7. **Deliverable: How will the training be taught (e.g. instructor, computer, vision-aid, etc.)?** Largely, participants will be provided intensive direct instruction through an instructor/assistant team, using

multiple modalities to include manipulatives, work-development programs, project-based learning kits, and integrated technology to assist in mastering each student's AIEP goals.

8. **Service Quantity: How often does the Activity/Class meet?** Daily for 180 instructional calendar days
9. **Service Quantity: How many hours is each Activity/Class session?** Participants are scheduled for 5 hours per day / The remaining participants have varying frequency and duration, participants are scheduled a minimum of two (2) fifty (minute) sessions per week.
10. **Deliverable: Explain how the training will be measured to ensure students comprehension and progress?** Review of the AIEP goals each quarter based on short-term objective completion as measured by classroom assessments, documented task sheets, teacher observation and teacher review.
11. **Outcome/Evidence: What documentation will be used to verify student outcomes for this training (e.g. sign-in sheets, student's AIEP, task completion sheet, etc.)?** Teacher assessment, teacher observation and attendance data and the AIEP is the document used to determine the student outcomes through completion of the short-term objectives.
12. **Evidence: How will the program data be used to plan for continuous improvement?** Program data will be used to track the completion of the short-term objectives for the two benchmarks. If there is slow progression in the completion of short-term objectives, the teacher will review the AIEP and instruction to determine adjustments, revise the AIEP and implement accordingly.
13. **Due Date: Provide date(s) the training is expected to be completed?** June 30, 2024

2024-2025 Adults with Disabilities
Demographic Information
Report as of July 1, 2024
(Use this form bi-annually and annually)

Organization Name: Jackson Adults with Disabilities

Type of Disability – A person that has multiple disabilities, choose only the one that is the individual’s primary disability.

- 90 Developmental disabilities
- 2 Sensory (hearing, vision)
- Age-related (dementia, Alzheimer’s, etc.)
- Mental Illness
- 1 Brain Injury
- 6 Other (Down Syndrome)
- 99 Total (This number must match the total number of enrollees indicated on the Final Performance-Based invoice.)

- Age**
- 64 18-64
 - 35 65 & Over
 - 99 Total (This number must match the total number of enrollees indicated on the Final Performance-Based invoice.)

Certification

As the person with signature authority for the Adults with Disabilities Grant reporting, I certify the accuracy of the reported data provided for the demographic information.

Richard Wheatley
Print Name


Signature

8/18/24
Date