FORM 5
Acknowledgment of Amendments
Request for Information (Q&A)
Mathematics Instructional Coaches (Grades K-6)

Amendment Number One
Tuesday, June 14, 2022

1. Is the Applicant required to be affiliated with a District?
The Applicant may be affiliated with any entity that participates in the Mississippi Personnel Employment Retirement System (PERS). School districts, public institutions of higher learning, community colleges, and state agencies are eligible to receive grant funds to serve as the fiscal agent for Applicants applying to this solicitation for an Educator-in-Residence (EIR) Math Coach position. Additionally, it is the intent of this solicitation to attract licensed educators while ensuring they maintain their state retirement, medical insurances, and other state benefits while serving as a state math coach. Applicants must have the signature of the fiscal agent in order to be considered for a state math coach position. Grant awards will be in the amount of salary, fringe benefits, and, if managed by the grantee, related travel costs and indirect costs up to 5%.

2. If the Applicant contracts services, how does the Applicant obtain approval to satisfy application requirements?
This solicitation is for individual applicants not for vendors, companies, or the like. Each application/response may only be submitted for one person. If an entity that meets the description outlined in Response 1 (above) has more than one Applicant that is interested in applying to this solicitation, each Applicant is required to submit their own application.

3. Is an LLC a considerable Entity for the grant/application?
Please refer to Response 1 and Response 2 above.

4. Is this something a RESA could apply for to manage?
Please refer to Response 1 and Response 2 above.

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NOTE: This amendment one is hereby made a part of the Mississippi Department of Education’s Request for Proposals/Applications. The Applicant acknowledges receipt of said amendment and is made aware of the changes contained therein. By signing this form, the Applicant accepts the changes as part of the subgrant requirement.

Authorized Signature __________________________ Date ____________________________

Printed Name __________________________