**EDUCATOR IN RESIDENCE (EIR)**

**MODIFICATION LETTER**



**Educator In Residence (EIR) Grant Reimbursement Procedures**

1. Upon receipt of an executed/signed MDE Grant Agreement for an EIR, the District Superintendent must share a copy of the grant agreement with the District Business Officer to review and process EIR salary reimbursements.
2. The District Business Officer or designee must submit the request for funds to the applicable *MDE program office designee (PO designee)* to request reimbursements.
	* 1. Office of Elementary Education and Reading
		2. Office of Secondary Education/Professional Development
		3. Special Education
		4. Career Technical Education
3. The *MDE PO designee* shall review the request, record the reimbursement (grant management spreadsheet), and submit the request to the State Literacy Director for review and signature.
4. Upon receipt of the signed packet, the *MDE PO designee* shall email the request for funds to the school payment’s email address at schoolpayments@mdek12.org no later than the 12th of each month.
5. The accounting office shall review the request for funds and if the request is not signed by the State Literacy Director, the district’s request shall be rejected by the accounting office and returned to the applicable *MDE PO designee*. The approved request will then be processed the following month.

**EIR Resignation Request and Award Modification Procedures**

1. Upon notice of an EIR’s ***demotion/resignation/termination or transfer***, the Superintendent, District Business Officer, Literacy Coach Assistants, and/or State Literacy Director) must notify the *MDE PO designee* via email within **3-5business days** of the EIR’s job. Please attach the applicable Grant Award Modification Letter to document and support the District’s final EIR payment.
2. The State Literacy Director must approve the reduction resulting from the EIR’s change. The *MDE PO Designee* shall amend the grant award amount by submitting a **Grant Award Modification Letter** and **Grant Modification Budget Summary** to the Superintendent and District Business Officer to review and approve the grant modification. *An EIR applicant cannot be transferred to another district/sponsor without applying through a new MDE solicitation process.*
3. The *MDE PO designee* shall recalculate the grant award amount to reflect the deduction on an excel spreadsheet to transfer on to the **Grant Award Modification Letter** and **Grant Modification Budget Summary**. A copy of the amount shall be submitted to the District Business Officer to confirm the appropriate deduction to ensure the final payment to the district will be accurate for reimbursement.
4. The Superintendent and District Business Officer shall review, sign, and return the signed packet via email to the *MDE PO designee* for processing of the payment.
5. Upon receipt of the signed **Grant Award Modification Letter** and **Grant Modification Budget Summary Form** from the District Business Officer, the State Literacy Director shall review and sign to authorize payment.
6. A copy of the **Grant Award Modification Letter, Grant Modification Budget Summary Form** and revised **MDE Distribution List** signed by the State Literacy Director, will be sent to the accounting office for the final payment and a copy sent to the Superintendent and the District Business Officer.

**Grant Award Modification Letter**

Attached is a copy of the EIR grant award approve by the State Board of Education beginning **start date of grant**. For the remaining amount of the current grant, the grant will be modified to decrease the grant award **in the amount of ($)** due to the change in job status for **Name of EIR**. Please see below the reduction of the grant.

**FY 2023-2027 Literacy Coach Grant: Grant Tracking Number, if applicable**

**(NAME) - Superintendent**

**(NAME) - District Business Manager**

**(NAME OF SCHOOL DISTRICT)**

The current grant shall be modified due to the change in job status for **Name of EIR**. The EIR grant award will be reduced from current amount $number and decreased to $number effective date. The grant will decrease in salary and fringe benefits by $, indirect cost by $ with a **total grant award** decreased to $.

**EIR Decrease Grant Modification:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/FY**  | **Initial****Grant Award**  | **Decreased Amount**  | **Decreased Indirect Cost**  | **Modification Amount** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please review and verify the chart above and sign below in **BLUE** to show as an original and return via email to yourname@mdek12.org by day, month, date, and year. This will ensure your EIR payment is accurate for reimbursement for the above applicable fiscal year.

**The Grant Modification Letter and Grant Modification Budget Summary Approval:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Business Manager Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Superintendent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Literacy Director Date

**\*A copy of this form must be submitted to the Accounting Office to ensure timely completion of the grant modification process to make an accurate payment.**

**GRANT MODIFICATION BUDGET SUMMARY**

**P. O. BOX 771**

**JACKSON, MISSISSIPPI 39205**

|  |  |
| --- | --- |
| **1. Subgrantee's Name and Address** | **2. Grant Number** **3. CFDA No.** **4. Title of Program** **5. Federal Award No.** **6. Grant Beginning and Ending Dates** **7. Original /Modification Number** **8. Page of \_\_\_\_**  |

 **COST CATEGORY TOTAL FUNDS**

|  |  |
| --- | --- |
| **1. Salaries, Wages, Fees, and/or Fringe Benefits** | **1.**  |
| **2. Travel (see travel policy)** **a. in-state** **b. out-of-state** | **2.**  **a.**  **b.**  |
| **3. Contractual Services** **a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **3.**  **a.**  **b.**  **c.**  |
| **4. Commodities** | **4.**  |
| **5. Equipment** **a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **5.**  **a.**  **b.**  **c.**  |
| **6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **6.**  |
| **GRAND TOTAL** | **$ cumulative amount**  |