

FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

TAPS Numbers
1. _____
2. _____
3. _____

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) Name and Address of Eligible Applicant: _____ _____ _____	DOE USE ONLY Date Received: _____
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B) Applicant Contact Information	
Contact Name: _____	Mailing Address: _____
Telephone Number: _____	E-mail Address: _____
Fax Number: _____	SunCom Number: _____

C) Program Name (1)	C) Program Name (2)	C) Program Name (3)
Project Number: (DOE Assigned)	Project Number: (DOE Assigned)	Project Number: (DOE Assigned)
D) Total Funds Requested: \$ _____	D) Total Funds Requested: \$ _____	D) Total Funds Requested: \$ _____
Total Approved Funds: (DOE USE ONLY) \$ _____	Total Approved Funds: (DOE USE ONLY) \$ _____	Total Approved Funds: (DOE USE ONLY) \$ _____

CERTIFICATION

I, _____, *(Please Type Name)* do hereby certify that all facts, figures, and representations made in this application are true, correct, and consistent with the statement of general assurances and specific programmatic assurances for this project. 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



Instructions for Completion of DOE 100B

- A.** 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.
- B.** Enter requested information for the applicant's contact person. This is the person responsible for responding to all questions regarding information included in this application.
- C.** If not pre-printed, enter name of program(s) for which funds are requested in this project.
- D.** Enter the total amount of funds requested for each program in this project.
- 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 president/chairman 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 appropriate 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 100B when the application is submitted .

