

FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION SUMMARY

Please return to: Florida Department of Education Room 730 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 (850) 488-3473 SunCom: 278-3473	A) Program Name: Carl D. Perkins Postsecondary Education Section 132	DOE USE ONLY Date Received <div style="border: 1px solid black; width: 100%; height: 50px; display: flex; align-items: center; justify-content: center;"> 1B008 </div>						
B) Name and Address of Eligible Recipient:		Project Number: <hr/> Total Amount Funded: \$						
C) Salaries/Benefits \$ D) Purchased Services \$ E) Expenses \$ F) Capital Outlay \$ G) Total \$	H) Agency Contact Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name:</td> <td style="width: 50%;">Address:</td> </tr> <tr> <td>Telephone:</td> <td>SunCom:</td> </tr> <tr> <td>Fax:</td> <td>E-mail:</td> </tr> </table>		Name:	Address:	Telephone:	SunCom:	Fax:	E-mail:
Name:	Address:							
Telephone:	SunCom:							
Fax:	E-mail:							
CERTIFICATION / BUDGET BY SCHOOL DISTRICT/OTHER AGENCY								
The governing body of the applicant has authorized the filing of this application and the undersigned representative has been duly authorized to file this application and act as the authorized representative of the applicant in connection with this application.								
I, _____, (<i>Please Type Name</i>) do hereby certify that all facts, figures, and representations made in this application are true and are correct and are consistent with the statement of assurances signed and submitted previously. Furthermore, all applicable statutes, regulations, and procedures for program and fiscal control and for records maintenance will be implemented to ensure proper accountability of funds distributed for this project. All records necessary to substantiate these items will be available for review by state and federal monitoring staff. I further certify that all disbursements: will be obligated after project approval date and prior to the termination date; have not been previously reported; and were not used for matching funds on this or any special project.								
i) _____ Signature of Superintendent / Agency Head	j) _____ Date of Governing Body Approval							



Instructions for Completion of DOE 100A

- A.** If not pre-printed, enter Name of DOE Program for which funds are being requested.
 - B.** Enter Name and Address of Eligible Recipient.
 - C.** Enter total Salaries and Benefits requested.
 - D.** Enter total Purchased Services requested.
 - E.** Enter total Expenses requested, including Indirect Cost.
 - F.** Enter total Capital Outlay requested.
 - G.** Enter total Amount Requested.
 - H.** Enter information as requested.
 - I.** To be signed by the appropriate person and affix date of approval by governing body.
- Note: Applications signed by officials other than Superintendent, or President/Chairman of the Board, must have letter of authorization to sign on the behalf of said official, attached to DOE 100 A or B when application is submitted.

