



## FLORIDA DEPARTMENT OF EDUCATION

### Request for Applications

#### I. GRANT OVERVIEW

<b>Division/Office</b>	Division of Community Colleges and Workforce Education
<b>Title</b>	Carl D. Perkins, State Leadership, <b>Regional Professional Development Advisory Councils (RPDAC)</b>
<b>Specific Funding Authority(ies)</b>	Carl D. Perkins Career and Technical Education Act of 1998, CFDA #84.048
<b>Funding Purpose</b>	<p>For Regional Professional Development Advisory Councils to continue services for:</p> <ul style="list-style-type: none"><li>• Professional development activities</li><li>• Technology assistance</li><li>• Assessing the needs of Career and Technical Educators and Administrators</li><li>• Integration and promotion of occupational skills and linkages with academics and industry</li></ul> <p>For details, please see the following section – <b>State Requirements, Continuation Projects.</b></p>
<b>Funding Priorities</b>	Not Applicable
<b>Target Population</b>	Educators and administrators in career technical education program areas in the five workforce development regions – see <b>Allocation Chart</b> in the <b>Attachments</b> section
<b>Reporting on Outcomes</b>	<ul style="list-style-type: none"><li>• Invoices as listed on the Invoice Schedule Form</li><li>• DOE 399, Project Disbursement Report is due by August 20, 2005.</li></ul>
<b>Eligible Applicants</b>	Currently funded agencies as per the <b>Allocation Chart</b> in the <b>Attachments</b> section.
<b>Type of Award</b>	Discretionary, Non-competitive

<b>Total Funding Amount</b>	\$150,000 – see <b>Allocations Chart</b> in the <b>Attachments</b> section
<b>Funding Period</b>	July 1, 2004 to June 30, 2005
<b>Technical Support</b>	<b>Grants Administration Contacts</b> -- see <b>Attachments</b> section for contact information
<b>Required Forms</b>	<ul style="list-style-type: none"> <li>• DOE 100A, Project Application</li> <li>• DOE 101, Budget Narrative Form</li> <li>• Performance-Based Project Deliverables Form</li> <li>• Invoice Schedule Form</li> <li>• Self-Evaluation Assessment Form</li> <li>• Regional Workforce Board Coordination Assurance Form</li> <li>• Application Review Criteria and Checklist</li> <li>• <b>For Community-Based Organizations</b> – in addition, please include the following in the order listed: <ul style="list-style-type: none"> <li>• List of current Board of Directors and Articles of Incorporation</li> <li>• Copy of current operating budget</li> <li>• Copy of current audit report (if available)</li> <li>• Copy of Chart of Accounts</li> <li>• General Terms, Assurances and Conditions for Participation in Federal and State Programs</li> </ul> </li> </ul>
<b>Application Due Date</b>	Close of business on <b>May 7, 2004</b>

## **II. FEDERAL REQUIREMENTS**

This Request for Application is issued pursuant to the Carl D. Perkins Career and Technical Education Act of 1998, Public Law (P.L.105-332). The purpose of these funds is to improve career and technical education programs with new and improved activities.

The Department of Education has developed and implemented a document entitled, “General Terms, Assurances and Conditions for Participation in Federal and State Programs,” to comply with:

- 34 CFR Part 76.301 of the Education Department General Administration Regulations (EDGAR) which requires local educational agencies to submit a common assurance for participation in federal programs funded by the U.S. Department of Education;
- applicable regulations of other Federal agencies; and
- state regulations and laws pertaining to the expenditure of state funds.

In order to receive funding, applicants must have on file with the Department of Education, Office of the Comptroller, a signed statement by the agency head certifying applicant adherence to these General Assurances for Participation in State or Federal Programs. The complete text may be found at: <http://www.firn.edu/doe/comptroller/gbook.htm>.

### **School Districts and Community Colleges**

The certification of adherence filed with the Department of Education Comptroller’s Office shall remain in effect indefinitely unless a change occurs in federal or state law, or there are other changes in circumstances affecting a term, assurance, or condition; and does not need to be resubmitted with this application.

### **Private Colleges, Community-based Organizations and Other Agencies**

In order to complete requirements for funding, applicants must submit the certification page signed by the agency head certifying applicant adherence to the general terms, assurances, and conditions. Please note that private colleges, community-based organizations, and other non-public agencies must also submit copies of the organization’s current budget, a list of its board of directors, and if available, a copy of its most recent annual audit report prepared by an independent certified public accountant licensed in this state. These items must be submitted prior to the issuance of a project award.

## **III. STATE REQUIREMENTS**

### **Program Priorities**

It is intended that Regional Professional Development Advisory Councils use these funds to research, coordinate, and provide staff development to the career and technical education administrators within five pre-established geographic regions across the state. Activities such as regional meetings, mini-conferences, training and training materials, training enhancements of equipment, travel reimbursements, trainer expenses, and direct assistance for participating in relevant statewide or regional staff development are intended expenditures.

### **Continuation Projects**

All continuation projects will **be based on performances with clearly defined measurable goals and deliverables**. All applicants will address this by completing the **Performance-Based Project Deliverables Form** located in the **Attachments** section.

Projected goals **must be increased from previous year's goals** for continued funding. **Note:** If deliverables are reduced, a corresponding reduction in funding will occur.

All continuation projects require the submission of a self-assessment evaluation form. This form is available in the attachments section.

### **Monitoring**

*Florida's State Plan for Carl D. Perkins Career and Technical Education* includes the provision that the state will evaluate the effectiveness of project activities based on established and approved performance goals.

**For additional information, please see:**

*Florida's State Plan for Carl D. Perkins Career and Technical Education*

<http://www.firn.edu/doe/workforce/stateplan.htm>

For a list of all items to be included in the application package, please see the **Application Review Criteria and Checklist** in the **Attachment** section.

## **IV. FISCAL REQUIREMENTS**

### **Funding Method**

All applicants are advised that grantees will be funded according to the projected goals in their applications. Performances that do not meet projected goals will result in overpayment. The overpayment must be returned to the Florida Department of Education by August 20, 2005, along with the final DOE 499 form. Monitoring and performance reports will assist grantees in achieving their performance goals and avoiding overpayment.

Funded recipients will receive their allocation in one of three ways to be determined by the Florida Department of Education: cash advance, payments based upon performance, or reimbursement as described below.

### **Federal Cash Advance**

Cash advance funded projects allow the recipient to request cash as needed to pay outstanding obligations. Cash is advanced through the "On Line Cash Advance Application" (D-502). Expenditures for projects funded by federal cash advance should be reported utilizing the "On

Line Disbursement Reporting Application” (D-503). These expenditures should be reported as they occur until the 20<sup>th</sup> of each month. The on-line system will be turned off on the 20<sup>th</sup> or the Friday before the weekend of the 20<sup>th</sup> of each month for adjustments and updating the state-wide accounting system. “Final Project Disbursement Reports” (DOE 499) must be submitted by the date specified on the project award notification in complete detail by function and object. Indirect cost charges must be reported in the fiscal year for which they apply. Project recipients do not have the authority to report disbursements until the project award notification is received.

### **Performance-Based Funding**

As expressed in the Performance-Based Project Deliverables Form, performance-based payments to community-based organizations will be distributed upon receipt of a properly prepared invoice and acceptance of units of deliverables by the designated DOE program manager.

### **Reimbursement Funding**

Projects that are funded on a reimbursement system should be reported on a monthly basis. All reimbursement requests must be made using the appropriate forms (refer to DOE Green Book - <http://www.firn.edu/doe/comptroller/gbook.htm>), in accordance with the instructions on each form. The invoices and the entries on the forms should correspond with the agency’s account codes. Request for reimbursement should be submitted to the DOE Comptroller’s Office, 325 West Gaines Street, Room 944, Tallahassee, FL 32399-0400.

### **Geographical Allocation of Funding**

The Department will allocate funds on a geographical basis throughout the state. This funding model assumes an equivalent amount of services will be provided throughout the state in support of the target population.

### **Distribution of Funds**

Funded recipients will receive their allocation based upon performance as described on the Performance-Based Project Deliverables Form. All applicants must provide a detailed budget description on the DOE 101, Budget Narrative Form. The budget should reflect funding for fiscal year 2004-05 only. **No funds may be obligated prior to the approved budget period or after the project period ends.**

### **Funding shall Supplement, not Supplant**

In general, the Act states that the funds made available for career and technical education activities shall supplement and not supplant other state or local public funds expended for career and technical education programs.

### **Local Administrative Cost**

Section 135 (d) of the Act contains the requirements pertaining to local administrative costs. Not less than 95% of the funds shall be expended for carrying out Career and Technical Education activities. The remaining amount, not to exceed 5%, may be used for:

- Planning
- Personnel development
- Interagency coordination
- Administration
- Indirect Costs

For example, positions such as project coordinator, accountant, clerical staff, or other positions not directly serving students are considered administrative. Travel, equipment, and supplies for administrators are also considered administrative costs unless used for the purpose of providing personnel development directly related to program and/or students, and direct assistance to career and technical education students. **Indirect costs are also considered administrative costs.**

### **V. APPLICATION REVIEW CRITERIA**

Information regarding the **Application Review Criteria** is outlined on the **Application Review Criteria and Checklist** in the **Attachments** section.

### **VI. APPLICATION PROCEDURES**

#### **What to Submit**

One application with original signatures

Three copies of the application

Be sure to review and adhere to the application guidelines to ensure that all sections of the application have been addressed.

#### **Conditions for Acceptance**

To be accepted for further consideration, all applications submitted to the Department of Education must include a completed form DOE 100A with the original signature of the appropriate agency head. If the signature on the DOE 100A is other than the agency head, a letter authorizing that individual to sign must be attached.

#### **Where to Submit**

Florida Department of Education  
Bureau of Grants Management  
Attention: Sue Wilkinson  
325 West Gaines Street, Room 325, Unit B  
Tallahassee, FL 32399-0400  
Telephone: 850/245-0498

**Due Date**

Applications are due on or before the close of business on **May 7, 2004** to allow for review and approval.

Completed applications received after the project start date of **July 1, 2004**, will become effective the date of receipt in the Bureau of Grants Management, or the date of the award of federal funds by the U.S. Department of Education, whichever occurs later.

**Attachments**

- Allocations Chart
- DOE 100A, Project Application
- DOE 101, Budget Narrative Form
- Performance-Based Project Deliverables Form
- Invoice Schedule Form
- Self-assessment Evaluation Form
- Regional Workforce Board Coordination Assurance Form
- Grants Administration Contacts
- Application Review Criteria and Checklist

# ***ATTACHMENTS***

- Allocation Chart
- DOE 100A, Project Application
- DOE 101, Budget Narrative Form
- Performance-Based Project Deliverables Form
- Invoice Schedule Form
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- Grants Administration Contacts
- Application Review Criteria and Checklist

**CARL D. PERKINS – STATE LEADERSHIP  
REGIONAL PROFESSIONAL DEVELOPMENT ADVISORY COUNCILS  
ALLOCATIONS  
FISCAL YEAR 2004-2005**

Region I – Chipola College	\$30,000
Region II – Florida Human Resources Development, Inc.	\$30,000
Region III – Florida Human Resources Development, Inc.	\$30,000
Region IV – University of South Florida	\$30,000
Region V – Florida International University	\$30,000

**REGIONAL PROFESSIONAL DEVELOPMENT ADVISORY COUNCILS  
SERVICE AREAS**

<b>Region I</b>	<b>Region II</b>	<b>Region III</b>	<b>Region IV</b>	<b>Region V</b>
Bay	Alachua	Brevard	Charlotte	Broward
Calhoun	Baker	Flagler	Collier	Miami-Dade
Escambia	Bradford	Indian River	DeSoto	Palm Beach
Franklin	Citrus	Lake	Glades	Monroe
Gadsden	Clay	Martin	Hardee	
Gulf	Columbia	Okeechobee	Hendry	
Holmes	Dixie	Orange	Hernando	
Jackson	Duval	Osceola	Highlands	
Leon	Gilchrist	Seminole	Hillsborough	
Liberty	Hamilton	St. Lucie	Lee	
Okaloosa	Jefferson	Sumter	Manatee	
Santa Rosa	Lafayette	Volusia	Pasco	
Wakulla	Levy		Pinellas	
Walton	Madison		Polk	
Washington	Marion		Sarasota	
	Nassau			
	Putnam			
	St Johns			
	Suwannee			
	Taylor			
	Union			

# FLORIDA DEPARTMENT OF EDUCATION

## Project Application

**TAPS Number**  
**5B012**

<b>Please return to:</b>  Florida Department of Education Bureau of Grants Management Room 325B Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0498 Suncom: 205-0498	<b>A) Program Name:</b>  <b>Carl D. Perkins — State Leadership                  Regional Professional Development                  Advisory Councils (Continuation)                  Discretionary, Non-Competitive                  Fiscal Year 2004-2005</b>	<b>DOE USE ONLY</b>  Date Received
<b>B) Name and Address of Eligible Applicant:</b>		<b>Project Number (DOE Assigned)</b>
<b>C) Total Funds Requested:</b>  \$ _____  <hr style="width: 20%; margin-left: 0;"/> <b>DOE USE ONLY</b>  <b>Total Approved Project:</b>	<b>D) Applicant Contact Information</b>	
	Contact Name: _____	Mailing Address: _____
	Telephone Number: _____	SunCom Number: _____
	Fax Number: _____	E-mail Address: _____
<p><b>CERTIFICATION</b></p> <p>I, _____, (<i>Please Type Name</i>) 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.</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> <p><b>E)</b> _____                  Signature of Agency Head</p>		

# Instructions for Completion of DOE 100A

- A.** If not pre-printed, enter name 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 contact person. This is the person responsible for responding to all questions regarding information included in this application.
  - 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 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.

DOE 100A  
Revised 01/03

Jim Horne, Commissioner





Instructions for Completion of  
Budget Narrative Form DOE 101

This form should be completed based on the instructions outlined below, unless instructed otherwise in the Request for Proposal (RFP) or Request for Application (RFA).

**A.** Enter Name of Eligible Recipient.

**B. (DOE USE ONLY)**

**COLUMN 1**

**OBJECT: SCHOOL DISTRICTS:**

Use the three digit object codes as required in the Financial and Program Cost Accounting and Reporting for Florida Schools Manual.

**COMMUNITY COLLEGES:**

Use the first three digits of the object codes listed in the Accounting Manual for Florida's Public Community Colleges.

**UNIVERSITIES AND STATE AGENCIES:**

Use the first three digits of the object codes listed in the Florida Accounting Information Resource Manual.

**OTHER AGENCIES:**

Use the object codes as required in the agency's expenditure chart of accounts.

**COLUMN 2 - ALL APPLICANTS:**

**ACCOUNT TITLE:** Use the account title that applies to the object code listed in accordance with the agency's accounting system.

**NARRATIVE:** Provide a detailed narrative for each object code listed. For example:

- **SALARIES** - describe the type(s) of positions requested. Use a separate line to describe each type of position.
- **OTHER PERSONAL SERVICES** – describe the type of service(s) and an estimated number of hours for each type of position. OPS is defined as compensation paid to persons, including substitute teachers not under contract, who are employed to provide temporary services to the program.
- **PROFESSIONAL/TECHNICAL SERVICES** - describe services rendered by personnel, other than agency personnel employees, who provide specialized skills and knowledge.
- **CONTRACTUAL SERVICES AND/OR INTER-AGENCY AGREEMENTS** - provide the agency name and description of the service(s) to be rendered.
- **TRAVEL** - provide a description of each type of travel to be supported with project funds, such as conference(s), in district or out of district, and out of state. Do not list individual names. List individual position(s) when travel funds are being requested to perform necessary activities.
- **CAPITAL OUTLAY** - provide the type of items/equipment to be purchased with project funds.
- **INDIRECT COST** - provide the percentage rate being used. Use the current approved rate. (Reference the DOE Green Book for additional guidance regarding indirect cost.)

**COLUMN 3 – MUST BE COMPLETED FOR ALL SALARIES AND OTHER PERSONAL SERVICES.**

**FTE** - Indicate the Full Time Equivalent (FTE based on a 40 hour workweek) number of positions to be funded. Determine FTE by dividing the standard number of weekly hours (40) for the position into the actual work hours to be funded by the project.

**COLUMN 4 - AMOUNT**

Provide the budget amount requested for each object code.

**C. TOTAL** - Provide the total for Column (4) on the last page. Must be the same amount as requested on the DOE-100A or B.



# PERFORMANCE-BASED PROJECT DELIVERABLES FORM

## A. Project Information

Agency:	Telephone:
County:	E-Mail:
Contact Person:	Fax:
Title:	Grant Amount:

## B. Performance Goals (See definitions for Performance Measures and Deliverables below.)

(1) Performance Measures	(2) Deliverables	(3) Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Totals</b>		\$

### Instructions for completing Section B:

1. Add rows as necessary. Cells will expand when text is typed.
2. In column 1 list the performance measures identified for the project.
3. In column 2 list the deliverables that will be submitted as proof of the performance measures achieved.
4. In column 3 list the dollar amount allocated for each of the performance measures identified.

### Definitions:

#### Performance Measures

Program goals that can be quantifiably measured.

#### Deliverables

Information submitted by the program coordinator as proof of achievement of performance measures.



# INVOICE SCHEDULE

**This form is to be completed by applicants required to invoice for performance-based deliverables, such as Community-Based Organizations (CBOs).**

Agency Name: \_\_\_\_\_

<b>Invoice #1</b>		<b>Projected Due Date:</b> _____
Deliverable(s)		Amount
		\$
		\$
		\$
<b>Invoice #2</b>		<b>Projected Due Date:</b> _____
Deliverable(s)		Amount
		\$
		\$
		\$
<b>Invoice #3</b>		<b>Projected Due Date:</b> _____
Deliverable(s)		Amount
		\$
		\$
		\$
<b>Invoice #4</b>		<b>Projected Due Date:</b> _____
Deliverable(s)		Amount
		\$
		\$
		\$
<b>Invoice #5</b>		<b>Projected Due Date:</b> _____
Deliverable(s)		Amount
		\$
		\$
		\$
<b>Invoice #6</b>		<b>Projected Due Date:</b> _____
Deliverable(s)		Amount
		\$
		\$
		\$

**Instructions for completing Invoice Schedule:**

1. Add rows as necessary. Cells will expand when text is typed.
2. List performance measures and the dollar amount and the due date for each projected invoice submitted.
3. The number of invoices is at the discretion of the applicant. Applicants who intend to invoice only twice during the project period will complete the form indicating only two invoices. Applicants who intend to invoice more than six times during the project period may duplicate the form for a total of 12 invoices.



**Self-Evaluation Assessment Form**  
**Regional Professional Development Advisory Councils -- Continuation Project**

**Projects recommended for continuation and subsequent funding must show successful performance accomplishments during the first project year. This self-assessment is required for continuation. Any shortfall or negative answer must be explained.**

Agency name: \_\_\_\_\_ County: \_\_\_\_\_

Project number for 2003-2004 funding year: \_\_\_\_\_ Date this form was prepared by applicant: \_\_\_\_\_

Prepared by (name and title): \_\_\_\_\_

	✓ YES	✓ NO	If the response is NO, please explain.
Have all projected performance deliverables and goals been accomplished to date as stated in the original plan?			
Are the services provided to the indicated target population consistent with the original project plan?			
Are all applicable financial and non-financial cooperative arrangements still in place?			
Are all reporting requirements (DOE 399, etc.) accurate and on time?			
Are all expenditures in proportion to performance accomplishments current?			

**Self-Evaluation Assessment Form -- Page Two**  
**Regional Professional Development Advisory Councils -- Continuation Project**

How did the participants benefit from this program?

**Please respond here:**

Do you need technical assistance? If so, to facilitate service, please state your need(s) and your program manager will contact you.

**Please respond here:**

Briefly describe how continuation of this project will support the Department's reading initiative, "Just Read, Florida!" Information about the initiative is available at [www.justreadflorida.com](http://www.justreadflorida.com).

**Please respond here:**

Briefly describe how the program's services are disseminated and marketed to the potential student population, and how *Best Practices* are shared with other entities providing similar services.

**Please respond here:**

**DOE Staff use ONLY**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

**Justification:**

Does the agency need to be contacted? \_\_\_\_\_ yes \_\_\_\_\_ no Person contacted: \_\_\_\_\_ Date: \_\_\_\_\_

**Reason:**

Program reviewer signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REGIONAL WORKFORCE BOARD  
COORDINATION  
ASSURANCE FORM**

**Complete Section A or B as appropriate and include in application package.**

**-----Section A**

**The Superintendent or Agency Head certifies** that this application has been submitted to the Regional Workforce Board and that the activities outlined in the application are consistent with current Regional Workforce Board plans.

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Signature of Superintendent/Agency Head

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Date Submitted to Regional Workforce Board

***Regional Workforce Boards are invited to submit comments regarding the application to the Division of Community Colleges and Workforce Education by April 23, 2004.***

**Note:** Section 121, Title I, Workforce Investment Act (WIA), sets expectations for recipients of Perkins postsecondary funds, or funds under Title II, WIA, Adult Education and Family Literacy, to enter into a Memorandum of Understanding with the Regional Workforce Board for participation in the One-Stop system.

**-----Section B**

**The Superintendent or Agency Head certifies** that this **application covers more than one Workforce Development Region**. The activities outlined in this application are related to Workforce Development and are consistent with the current Regional Workforce Board plans for all regions included in this application. ***Application submission to the Regional Workforce Board is not required.***

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Signature of Superintendent/Agency Head

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Date

**Note:** Section 121, Title I, Workforce Investment Act (WIA), sets expectations for recipients of Perkins postsecondary funds, or funds under Title II, WIA, Adult Education and Family Literacy, to enter into a Memorandum of Understanding with the Regional Workforce Board for participation in the One-Stop system.

## Grants Administration Contacts

Grants Administration Director	West Team Director	East Team Director
<b>Gloria Spradley</b> <a href="mailto:Gloria.Spradley@fldoe.org">Gloria.Spradley@fldoe.org</a> 850/245-9053	<b>Teresa Bestor</b> <a href="mailto:Teresa.Bestor@fldoe.org">Teresa.Bestor@fldoe.org</a> 850/245-9047	<b>Ike Gibson</b> <a href="mailto:Ike.Gibson@fldoe.org">Ike.Gibson@fldoe.org</a> 850/245-9026

## Program Manager County Contacts

West Team	West Team	West Team	West Team
<b>Linda Meadows</b> <a href="mailto:Linda.Meadows@fldoe.org">Linda.Meadows@fldoe.org</a> 850/245-9043	<b>To Be Announced</b> Contact Teresa Bestor See information above	<b>Mario Zuniga</b> <a href="mailto:Mario.Zuniga@fldoe.org">Mario.Zuniga@fldoe.org</a> 850/245-9045	<b>Lani Lingo</b> <a href="mailto:Lani.Lingo@fldoe.org">Lani.Lingo@fldoe.org</a> 850/245-9044
Bay Calhoun Escambia Gulf Holmes Jackson Okaloosa Santa Rosa Walton Washington	Franklin Gadsden Jefferson Leon Liberty Madison Wakulla	Citrus Hernando Hillsborough Levy Marion Pasco Pinellas Polk	Baker Columbia Dixie Gilchrist Hamilton Lafayette Suwannee Taylor Union
West Team	East Team	East Team	East Team
<b>Leslie Young</b> <a href="mailto:Leslie.Young@fldoe.org">Leslie.Young@fldoe.org</a> 850/245-9040	<b>Sandra Burkholder</b> <a href="mailto:Sandra.Burkholder@fldoe.org">Sandra.Burkholder@fldoe.org</a> 850/245-9038	<b>Ila Waite-Burns</b> <a href="mailto:Ila.Waite-Burns@fldoe.org">Ila.Waite-Burns@fldoe.org</a> 850/245-9066	<b>Ted Lane</b> <a href="mailto:Ted.Lane@fldoe.org">Ted.Lane@fldoe.org</a> 850/245-9041
Charlotte Collier DeSoto Glades Hardee Hendry Highlands Lee Manatee Monroe Sarasota	Indian River Lake Martin Okeechobee Orange Osceola Seminole St. Lucie Sumter	Broward Miami-Dade Palm Beach	Alachua Bradford Brevard Clay Duval Flagler Nassau Putman St. Johns Volusia

# APPLICATION REVIEW CRITERIA AND CHECKLIST

Please include this form in the application package.

## Carl D. Perkins - - State Leadership Regional Professional Development Advisory Councils FY 2004-2005

- Please place all items requested in the order indicated below.
- Please include only the items requested.
- Place page numbers on every page consecutively, at the bottom, beginning with the DOE 100A as page 1. Page numbers written by hand are permissible if electronic numbering is a problem.
- Staple upper left corner of the complete application package (no spiral bindings or cover pages, please).

Place in the following order	Item	Applicant Indicate Page Numbers Below	DOE Staff ✓ Check appropriate box below	
			Complete	Incomplete
<b>1</b>	DOE 100A, Project Application – with original signature			
<b>2</b>	DOE 101, Budget Narrative Form			
<b>3</b>	Performance-Based Project Deliverables Form			
<b>4</b>	Invoice Schedule Form			
<b>5</b>	Self-assessment Evaluation Form			
<b>6</b>	Regional Workforce Board Coordination Assurance Form			
<b>7</b>	Application Review Criteria and Checklist			
<b>8</b>	<b>For Community-Based Organizations</b> - in addition, please include the following in the order listed:			
	• List of current Board of Directors and Articles of Incorporation			
	• Copy of current operating budget			
	• Copy of current audit report (if available)			
	• Copy of Chart of Accounts			
	• General Terms, Assurances and Conditions for Participation in Federal and State Programs			

**DOE Staff use ONLY**

Does the agency need to be contacted? \_\_\_\_ yes \_\_\_\_ no

Person contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of reviewer(s): \_\_\_\_\_ Date: \_\_\_\_\_

Comments: