FLORIDA DEPARTMENT OF EDUCATION
PROJECT APPLICATION

TAPS Number
11C056

Please return to:	**A) Program Name:**	**DOE USE ONLY**
Florida Department of Education Office of Grants Management Room 325 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0498	**Governor's Summer Program**	Date Received
B) Name and Address of Eligible Applicant:		**Project Number (DOE Assigned)**

C) Total Funds Requested:

$

DOE USE ONLY

Total Approved Project:

$

D)

Applicant Contact Information

Contact Name:	Mailing Address:
Telephone Number:	SunCom Number:
Fax Number:	E-mail Address:

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 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.