

TAPS Numbers  
 1.07C015  
 2.07C016  
 3.07C017

## FLORIDA DEPARTMENT OF EDUCATION Project Application

<b>Please return to:</b>  Florida Department of Education Bureau of Grants Management Room 325 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0498 SunCom: 205-0498	<b>A) Name and Address of Eligible Applicant:</b>  <p style="text-align: center;"><b>School District of Palm Beach County</b></p>	<b>DOE USE ONLY</b>  Date Received
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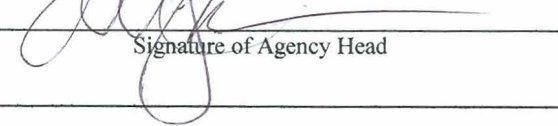
<b>B) Applicant Contact Information</b>			
Contact Name: Russell Feldman, Executive Director	Mailing Address: 3378 Forest Hill Blvd., A-203, West Palm Beach, FL 33406		
Telephone Number: 561-434-8626	E-mail Address: Feldma1@palmbeach.k12.fl.us		
Fax Number: 561-434-8384	SunCom Number: 561-262-8626		

C) Program Name (1)	C) Program Name (2)	C) Program Name (3)
<b>SED Network Project (IDEA, Part B, Discretionary)</b>	<b>SED Network Project (IDEA, Part B, Discretionary Trust)</b>	<b>SED Network Project (General Revenue)</b>
Project Number: (DOE Assigned) (1) 500-2623A-3CD03	Project Number: (DOE Assigned) (2) 500-2623A-3CDT4	Project Number: (DOE Assigned) (3) 50095110-30601
D) Total Funds Requested: \$ 24,766	D) Total Funds Requested: \$ 80,518	D) Total Funds Requested: \$ 28,376
Total Approved Funds: (DOE USE ONLY) \$	Total Approved Funds: (DOE USE ONLY) \$	Total Approved Funds: (DOE USE ONLY) \$

### CERTIFICATION

I, Arthur C. Johnson, Ph. D., (*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