

# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

TAPS Numbers	
1.	
2.	
3.	

<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>  Florida Diagnostic and Learning Resources System (FDLRS) Associate Centers 3378 Forest Hill Blvd., Suite 203A West Palm Beach, FL 33406	<b>DOE USE ONLY</b>  Date Received
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B) Applicant Contact Information	
<b>Contact Name:</b> Kathleen S. Leith, Manager	<b>Mailing Address:</b> 3378 Forest Hill Blvd., Suite 203A West Palm Beach, FL 33406
<b>Telephone Number:</b> 561-434-8064	<b>E-mail Address:</b> Leith@palmbeach.k12.fl.us
<b>Fax Number:</b> 561-434-8047	<b>SunCom Number:</b> 262-8064

C) Program Name (1)	C) Program Name (2)	C) Program Name (3)
IDEA, Part B / TAPS#	IDEA, Part B, Preschool / TAPS #	General Revenue / TAPS#
Project Number: (DOE Assigned)	Project Number: (DOE Assigned)	Project Number: (DOE Assigned)
<b>D) Total Funds Requested:</b> \$ 851,194	<b>D) Total Funds Requested:</b> \$ 149,823	<b>D) Total Funds Requested:</b> \$ 71,903
<b>Total Approved Funds: (DOE USE ONLY)</b> \$	<b>Total Approved Funds: (DOE USE ONLY)</b> \$	<b>Total Approved Funds: (DOE USE ONLY)</b> \$

**CERTIFICATION**

I, Arthur C. Johnson, Ph.D., Superintendent \_\_\_\_\_, (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

