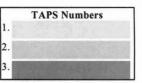
FLORIDA DEPARTMENT OF EDUCATION
<b>PROJECT APPLICATION</b>



Please return to:	A) Name and Address of Eligible Applicant:			DOE USE ONLY	
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	Florida Diagnostic and Learning Resources System (FDLRS) Associate Centers 3378 Forest Hill Blvd., Suite 203A West Palm Beach, FL 33406			Date Received	
B) Applicant Contact Information					
Contact Name: Kathleen S. Leith, Manager			Mailing Address: 3378 Forest Hill Blvd., Suite 203A West Palm Beach, FL 33406		
Telephone Number: 561-434-8064			E-mail Address: Leith@palmbeach.k12.fl.us		
Fax Number: 561-434-8047			SunCom Number: 262-8064		
C) Program Name (1) C)		C) Progra	am Name (2)	C) Program Name (3)	
IDEA, Part B / TAPS# IDEA, Part		IDEA, Part B, Presch	ool / TAPS #	General Revenue / TAPS#	
Project Number: (DOE Assigned)		Project Number: (DOE Assigned)		Project Number: (DOE Assigned)	
D) Total Funds Requested: \$ \$ 851,194 \$		<ul><li>D) Total Funds Requested:</li><li>\$ \$ 149,823</li></ul>		D) Total Funds Requested: \$ \$71,903	
Total Approved Funds: (DOE USE ONLY) \$		Total Approved Funds: (DOE USE ONLY) \$		Total Approved Funds: (DOE USE ONLY) \$	
		CERTIF	ICATION		

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



Jeanine Blomberg, Commissioner