FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

TAPS Number 08A012

Please return to:	A) Program Name:	DOE USE ONLY
Florida Department of Education Office of Grants Management Room Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) Suncom:	Reading First Grant 2005 – Phase Two Continuance for FY08	Date Received
B) Name and Address of Eligible Applicant:		Project Number (DOE Assigned)
School District of Palm Beach County 3300 Forest Hill Boulevard, C-206 C) Total Funds Requested:	(D)	ntact Information
\$ 2,360,101.00	Contact Name:	Mailing Address:
DOE USE ONLY	Robin White	3300 Forest Hill Boulevard, C – 206 West Palm Beach, Florida 33406
Total Approved Project:	Telephone Number: 561-963-3884	SunCom Number:
	Fax Number:	E-mail Address:

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.

K

gnature of Agency Head

