

FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

**TAPS Number
08A012**

Please return to: Florida Department of Education Office of Grants Management Room Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) Suncom:	A) Program Name: <p style="text-align: center; font-size: 1.2em;">Reading First Grant 2004 – Phase One Continuance for FY08</p>	DOE USE ONLY Date Received						
B) Name and Address of Eligible Applicant: School District of Palm Beach County 3300 Forest Hill Boulevard, C-206		Project Number (DOE Assigned)						
C) Total Funds Requested: <p style="text-align: center; font-size: 1.2em;">\$ 1,616,485.00</p> <hr style="width: 50%; margin: 10px auto;"/> <p style="text-align: center;">DOE USE ONLY</p> Total Approved Project: \$	D) Applicant Contact Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Contact Name: <p style="font-weight: bold;">Robin White</p> </td> <td style="width: 50%; padding: 5px;"> Mailing Address: <p style="font-weight: bold;">3300 Forest Hill Boulevard, C – 206 West Palm Beach, Florida 33406</p> </td> </tr> <tr> <td style="padding: 5px;"> Telephone Number: <p style="font-weight: bold;">561-963-3884</p> </td> <td style="padding: 5px;"> SunCom Number: </td> </tr> <tr> <td style="padding: 5px;"> Fax Number: <p style="font-weight: bold;">561-434-8091</p> </td> <td style="padding: 5px;"> E-mail Address: <p style="font-weight: bold;">whiter@palmbeach.k12.fl.us</p> </td> </tr> </table>		Contact Name: <p style="font-weight: bold;">Robin White</p>	Mailing Address: <p style="font-weight: bold;">3300 Forest Hill Boulevard, C – 206 West Palm Beach, Florida 33406</p>	Telephone Number: <p style="font-weight: bold;">561-963-3884</p>	SunCom Number:	Fax Number: <p style="font-weight: bold;">561-434-8091</p>	E-mail Address: <p style="font-weight: bold;">whiter@palmbeach.k12.fl.us</p>
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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

