

FLORIDA DEPARTMENT OF EDUCATION

PROJECT APPLICATION

TAPS Numbers	
1. 15C001	
2. 15C002	
3.	

Please return to: Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	A) Name and Address of Eligible Applicant: Santa Rosa County District School Board 5086 Canal St Milton, FL 32570	DOE USE ONLY Date Received
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B) Applicant Contact Information	
Contact Name: Linda S. Novota	Mailing Address: 6751 Berryhill Street, Milton, FL 32570
Telephone Number: (850)983-5167	E-mail Address: NovotaL@mail.santarosa.k12.fl.us
Fax Number: (850)983-5167	SunCom Number:

C) Program Name (1) IDEA, Part B Entitlement Project	C) Program Name (2) IDEA, Part B, Preschool Entitlement Project	C) Program Name (3)
Project Number: (DOE Assigned) 570-2635A-5CB01	Project Number: (DOE Assigned) 570-2675A-5CP01	Project Number: (DOE Assigned)
D) Total Funds Requested: \$ 5,339,157.68	D) Total Funds Requested: \$ 220,502.27	D) Total Funds Requested: \$
Total Approved Funds: (DOE USE ONLY) \$	Total Approved Funds: (DOE USE ONLY) \$	Total Approved Funds: (DOE USE ONLY) \$

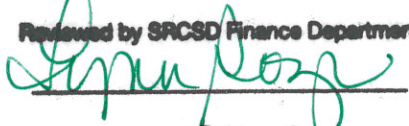
CERTIFICATION

I, **Tim Wyrosdick**, (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

Reviewed by SRCSB Finance Department


 Date
6/13/14

