



Locklin Tech
Knowledge that Works

July 1, 2014

Mr. Tim Wyrosdick
Superintendent, Santa Rosa County School District
5086 Canal Street
Milton, FL 32570

Dear Mr. Wyrosdick:

Radford M. Locklin Technical Center is participating with the U.S. Department of Education in providing financial aid for students attending Locklin Tech. At Locklin Tech, **federal** student financial aid is offered in three formats; i.e., Federal Pell Grant Program, Federal Work-Study Program (FWS), and Federal Supplemental Educational Opportunity Grant Program (FSEOG). The financial aid programs will assist approximately 150 students to enroll in various programs for the upcoming academic year.

2014-2015 Student Financial Aid

Federal Pell Grants	\$511,154.00
FWS	5,616.00
FSEOG	<u>5,703.00</u>
TOTAL	\$522,473.00

The Program Participation Agreement for these programs is attached.

Sincerely,

Maria LaDouceur
Principal, Locklin Tech

/pcb



FEDERAL STUDENT AID START HERE. GO FURTHER.™

UNITED STATES DEPARTMENT OF EDUCATION**FEDERAL STUDENT AID
SCHOOL ELIGIBILITY CHANNEL****PROGRAM PARTICIPATION AGREEMENT**

Effective Date of Approval: The date on which this Agreement is signed on behalf of the Secretary of Education
Approval Expiration Date: **September 30, 2018**
Reapplication Date: **June 30, 2018**

Name of Institution: **Radford Locklin Technical Center**
Address of Institution: **5330 Berryhill Road**
Milton, FL 32570-8015

OPE ID Number: **02554200**DUNS Number: **133193409**Taxpayer Identification Number (TIN): **596008845**

The execution of this Agreement by the Institution and the Secretary is a prerequisite to the Institution's initial or continued participation in any Title IV, HEA Program.

The postsecondary educational institution listed above, referred to hereafter as the "Institution," and the United States Secretary of Education, referred to hereafter as the "Secretary," agree that the Institution may participate in those student financial assistance programs authorized by Title IV of the Higher Education Act of 1965, as amended (Title IV, HEA Programs) indicated under this Agreement and further agrees that such participation is subject to the terms and conditions set forth in this Agreement. As used in this Agreement, the term "Department" refers to the U.S. Department of Education.

SCOPE OF COVERAGE

This Agreement applies to all locations of the Institution as stated on the most current ELIGIBILITY AND CERTIFICATION APPROVAL REPORT issued by the Department. This Agreement covers the Institution's eligibility to participate in each of the following listed Title IV, HEA programs, and incorporates by reference the regulations cited.

- **FEDERAL PELL GRANT PROGRAM**, 20 U.S.C. §§ 1070a *et seq.*; 34 C.F.R. Part 690.

- **FEDERAL FAMILY EDUCATION LOAN PROGRAM**, 20 U.S.C. §§ 1071 *et seq.*; 34 C.F.R. Part 682.
- **FEDERAL DIRECT STUDENT LOAN PROGRAM**, 20 U.S.C. §§ 1087a *et seq.*; 34 C.F.R. Part 685.
- **FEDERAL PERKINS LOAN PROGRAM**, 20 U.S.C. §§ 1087aa *et seq.*; 34 C.F.R. Part 674.
- **FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM**, 20 U.S.C. §§ 1070b *et seq.*; 34 C.F.R. Part 676.
- **FEDERAL WORK-STUDY PROGRAM**, 42 U.S.C. §§ 2751 *et seq.*; 34 C.F.R. Part 675.
- **ACADEMIC COMPETITIVENESS GRANT AND NATIONAL SCIENCE AND MATHEMATICS ACCESS TO RETAIN TALENT GRANT PROGRAMS**, 20 U.S.C. §§ 1070a-1 *et seq.*; 34 C.F.R. Part 691.
- **IRAQ AND AFGHANISTAN SERVICE GRANT**, 20 U.S.C. §§ 1070d *et seq.*

GENERAL TERMS AND CONDITIONS

1. The Institution understands and agrees that it is subject to and will comply with the program statutes and implementing regulations for institutional eligibility as set forth in 34 C.F.R. Part 600 and for each Title IV, HEA program in which it participates, as well as the general provisions set forth in Part F and Part G of Title IV of the HEA, and the Student Assistance General Provisions regulations set forth in 34 C.F.R. Part 668.
The recitation of any portion of the statute or regulations in this Agreement does not limit the Institution's obligation to comply with other applicable statutes and regulations.
2.
 - a. The Institution certifies that on the date it signs this Agreement, it has a drug abuse prevention program in operation that it has determined is accessible to any officer, employee, or student at the Institution.
 - b. The Institution certifies that on the date it signs this Agreement, it is in compliance with the disclosure requirements of Section 485(f) of the HEA (Campus Security Policy and Campus Crime Statistics).
3. The Institution agrees to comply with --
 - a. Title VI of the Civil Rights Act of 1964, as amended, and the implementing regulations, 34 C.F.R. Parts 100 and 101 (barring discrimination on the basis of race, color or national origin);
 - b. Title IX of the Education Amendments of 1972 and the implementing regulations, 34 C.F.R. Part 106 (barring discrimination on the basis of sex);
 - c. The Family Educational Rights and Privacy Act of 1974 and the implementing regulations, 34 C.F.R. Part 99;
 - d. Section 504 of the Rehabilitation Act of 1973 and the implementing regulations, 34 C.F.R. Part 104 (barring discrimination on the basis of physical handicap); and
 - e. The Age Discrimination Act of 1975 and the implementing regulations, 34 C.F.R. Part 110.
 - f. The Standards for Safeguarding Customer Information, 16 C.F.R. Part 314, issued by the Federal Trade Commission (FTC), as required by the Gramm-Leach-Bliley (GLB) Act, P.L. 106-102. These Standards are intended to ensure the security and confidentiality of



START HERE
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FEDERAL STUDENT AID

eCampus-Based Statement of Account - Award Year 2014-2015

OPEID: 02554200

Grantee DUNS Number: 133193409

School Name: Radford Locklin Technical Center

City: Milton

State: FL

Grant Period: July 1, 2014 - June 30, 2015

Federal Supplemental Educational Opportunity Grants (FSEOG)

GAPS Award Number: P007A147848

Transaction Amount	Transaction Date
\$5,703	03/31/2014
<hr/>	
\$5,703 P007A14 authorization amount as of 04/29/2014	

Federal Work-Study (FWS)

GAPS Award Number: P033A147848

Transaction Amount	Transaction Date
\$5,616	03/31/2014
<hr/>	
\$5,616 P033A14 authorization amount as of 04/29/2014	

Federal Perkins Loan Program LOE \$0

Close

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Form 75-01-07

revd 5/99

SANTA ROSA COUNTY SCHOOL BOARD PROJECT SUBMISSION FORM

State and Federal Funded Projects

Part A: Grant Information (To be completed before seeking Board Approval) A copy of the Grant Application and the Budget Form (FA399, FA400, etc.) MUST be given to the Project Accountant in the Finance Office.		
Local Project # (assigned by Project Accountant): _____		
Date of Application:	<u>July 1, 2014</u>	
Amount of Project:	<u>\$511,154.00</u>	
Name of Project:	<u>Federal Pell Grant</u>	
Responsible Person:	<u>Maria LaDouceur, Principal</u>	
Budget Form Required With	<input type="checkbox"/> FA-399	<input type="checkbox"/> Other
Application: (Check Appropriate Box)	<input type="checkbox"/> FA-400 (JTPA)	<input type="checkbox"/> None
Part B: Approved Grant Information (To be completed after Board Approval) The completed form MUST be given to the Project Accountant in the Finance Office.		
Date of Board Approval:	_____	
Date of Approval Letter:	_____	
Federal/State Project #:	<u>49915</u>	
Project Period Begins:	Project Period Ends:	Final Financial Report Due:
<u>July 1, 2014</u>	<u>June 30, 2015</u>	<u>September 30, 2015</u>
When does project require Financial Reports to be submitted: (Please check all that apply)		
<input type="checkbox"/> Monthly <input type="checkbox"/> Project End <input type="checkbox"/> Other		
Please check ALL types of funding that apply and enter percentage if applicable (Matching Fund):	Funding <input checked="" type="checkbox"/> Federal (Direct) <input type="checkbox"/> Federal - State <input type="checkbox"/> State <input type="checkbox"/> Local/Other	Percentage <u>100%</u> Federal (Direct) _____ Federal - State _____ State _____ Local/Other
Purchase order control?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If "yes" what center number? _____		
Budget control?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If "yes" what center number? _____		
Salary & benefits computer generated?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
When Project ends does the balance automatically roll forward?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
(x) unexpended funds have to be returned?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Person(s) allowed to amend budget: <u>Maria LaDouceur, Principal</u> <u>Looking Tech</u> Signature: <u>Maria LaDouceur</u> Date: <u>7/1/2014</u>		Finance Use Only Rev. #: _____ CFDA #: _____ Enc. Date: _____ Exp. Date: _____ Reviewed by: _____ Date Rec'd: _____ Cost Acct. Table: _____

Entered by (initials): _____
Entry Date: ____/____/____
Entry Number: 8 _____

PROJECT BUDGET FORM
SANTA ROSA CO. SCHOOL BOARD

Date: July 1, 2014

Project Name: Federal Pell Grant

Project Amount: \$ 57,154.00

Purpose: Initiate Budget for Project #

Authorizing Signature:

Finance Office Only
Approved by:
Rev'd:
Fund Bal:

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PLEASE FILL IN CODING FOR INDIRECT COSTS!

1/a	1/a	1/a	1/a	1/a
1/a	1/a	1/a	1/a	1/a

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SANTA ROSA COUNTY SCHOOL BOARD

PROJECT SUBMISSION FORM

State and Federal Funded Projects

Part A: Grant Information (To be completed before seeking Board Approval) A copy of the Grant Application and the Budget Form (FA399, FA400, etc.) MUST be given to the Project Accountant in the Finance Office.			
Local Project # (assigned by Project Accountant): _____			
Date of Application:	<u>July 1, 2014</u>		
Amount of Project:	<u>\$7,488.00</u>		
Name of Project:	<u>Federal Work Study</u>		
Responsible Person:	<u>Maria LaDouceur, Principal</u>		
Budget Form Required With	<input type="checkbox"/> FA-399	<input type="checkbox"/> Other	
Application: (Check Appropriate Use)	<input type="checkbox"/> FA-400 (JTPA)	<input type="checkbox"/> None	
Part B: Approved Grant Information (To be completed after Board Approval) The completed form MUST be given to the Project Accountant in the Finance Office.			
Date of Board Approval:	_____		
Date of Approval Letter:	_____		
Federal/State Project #:	<u>P033A087848</u>		
Project Period Begins:	Project Period Ends:	Final Financial Report Due:	
<u>July 1, 2014</u>	<u>June 30, 2015</u>	<u>September 30, 2015</u>	
When does project require Financial Reports to be submitted:	<input type="checkbox"/> Monthly <input type="checkbox"/> Project End <input type="checkbox"/> Other		
(Please check all that apply)			
Please check ALL types of funding that apply and enter percentage if applicable (Matching Fund):	<input type="checkbox"/> Federal (Direct) <input type="checkbox"/> Federal - State <input type="checkbox"/> State <input type="checkbox"/> Local/Other	Funding <u>75%</u> <u>25%</u>	Percentage Federal (Direct) Federal - State State Local/Other
Purchase order control?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
If "yes" what center number? _____			
Budget control?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
If "yes" what center number? _____			
Salary & benefits computer generated?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
When Project ends does the balance automatically roll forward?	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO
Do unexpended funds have to be returned?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
Person(s) allowed to amend budget: <u>Maria LaDouceur, Principal</u> <u>hockley Tech</u> <u>Maria LaDouceur</u>		Finance Use Only Rev. #: _____ CFDA #: _____ Enc. Date: _____ Exp. Date: _____ Reviewed by: _____ Date Rec'd: _____ Cost Acct. Table: _____	
Signature:	_____		
Date:	_____		

Entered by (Full name): _____
Entry Date: ____/____/____
Entry Number: 8 _____

PROJECT BUDGET FORM
SANTA ROSA CO. SCHOOL BOARD

Date: July 1, 2014

Project Name: Federal Work Study

Project Amount: \$7,488.00

Purpose: Initiate Budget for Project #

Authorizing Signature: M. J. J. J. J.

Finance Office Only
Approved by:
Rev. #:
Fund Bal:

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499	1200	190	0321	4985	1357.00
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Form 75-01-07

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SANTA ROSA COUNTY SCHOOL BOARD

PROJECT SUBMISSION FORM

State and Federal Funded Projects

Part A: Grant Information (to be completed before seeking Board Approval) A copy of the Grant Application and the Budget Form (FA399, FA400, etc.) MUST be given to the Project Accountant in the Finance Office.			
Local Project # (assigned by Project Accountant): _____			
Date of Application:	<u>July 1, 2014</u>		
Amount of Project:	<u>\$7,604.00</u>		
Name of Project:	<u>Federal Supplemental Educational Opportunity Grant</u>		
Responsible Person:	<u>Maria LaDouceur, Principal</u>		
Budget Form Required With	<input type="checkbox"/> FA-399	<input type="checkbox"/> Other	
Application: (Check Appropriate Box)	<input type="checkbox"/> FA-400 (JTPA)	<input type="checkbox"/> None	
Part B: Approved Grant Information (to be completed after Board Approval) The completed form MUST be given to the Project Accountant in the Finance Office.			
Date of Board Approval:	_____		
Date of Approval Letter:	_____		
Federal/State Project #:	<u>P007A087848</u>		
Project Period Begins:	Project Period Ends:	Final Financial Report Due:	
<u>July 1, 2014</u>	<u>June 30, 2015</u>	<u>September 30, 2015</u>	
When does project require Financial Reports to be submitted:	<input type="checkbox"/> Monthly <input type="checkbox"/> Project End <input type="checkbox"/> Other		
(Please check all that apply)			
Please check ALL types of funding that apply and enter percentage if applicable (Matching Fund):	<input type="checkbox"/> Federal (Direct) <input type="checkbox"/> Federal - State <input type="checkbox"/> State <input type="checkbox"/> Local/Other	Funding <u>75%</u> Federal (Direct) <u>25%</u> State Local/Other	Percentage Federal (Direct) Federal - State State Local/Other
Purchase order control?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
If "yes" what center number? _____			
Budget control?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
If "yes" what center number? _____			
Salary & benefits computer generated?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
When Project ends does the balance automatically roll forward?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Do unexpended funds have to be returned?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Person(s) allowed to amend budget: <u>Maria LaDouceur, Principal</u> <u>hookin Tech</u> <u>Maria LaDouceur</u>		Finance Use Only Rev. #: _____ CFDA #: _____ Enc. Date: _____ Exp. Date: _____ Reviewed by: _____ Date Rec'd: _____ Cost Acct. Table: _____	
Signature:	_____		
Date:	_____		

Entered by (initials): _____
Entry Date: ____/____/____
Entry Number: 8 _____

PROJECT BUDGET FORM
SANTA ROSA CO. SCHOOL BOARD

Date: July 1, 2014

Project Name: Federal Supplemental Educational Opportunity Grant

Project Amount: \$7,604.00

Purpose: Initiate Budget for Project #

Authorizing Signature: *[Signature]*

Finance Office Only
Approved by:
Rev. #:
Fund Bal:

[illegible]

PLEASE FILL IN CODING FOR INDIRECT COSTS

499	7800	790	6321	4975	362.00
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