

FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

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) Program Name: <h2 style="text-align: center;">Computer Science Certification</h2> TAPS NUMBER: 22A061	DOE USE ONLY Date Received Project Number (DOE Assigned)						
B) Name and Address of Eligible Applicant: <h3 style="text-align: center;">Santa Rosa County District School Board</h3> <h4 style="text-align: center;">5086 Canal Street</h4> <h4 style="text-align: center;">Milton, FL 32570</h4>								
C) Total Funds Requested: <div style="text-align: right; font-size: 1.2em;">\$ 3,229.50</div> <hr style="width: 50%; margin-left: 0;"/> <div style="text-align: center;"> DOE USE ONLY Total Approved Project: <div style="text-align: right; font-size: 1.2em;">\$</div> </div>	D) Applicant Contact & Business Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Contact Name: Jeffery Baugus Fiscal Contact Name: Jeffery Baugus </td> <td style="width: 40%;"> Telephone Numbers: (850)983-5046 </td> </tr> <tr> <td> Mailing Address: 5086 Canal Street, Milton, FL 32570 </td> <td> E-mail Addresses: baugusj@santarosa.k12.fl.us </td> </tr> <tr> <td> Physical/Facility Address: 5086 Canal Street, Milton, FL 32570 </td> <td> DUNS number: 133193409 FEIN number: 59-6000845 </td> </tr> </table>		Contact Name: Jeffery Baugus Fiscal Contact Name: Jeffery Baugus	Telephone Numbers: (850)983-5046	Mailing Address: 5086 Canal Street, Milton, FL 32570	E-mail Addresses: baugusj@santarosa.k12.fl.us	Physical/Facility Address: 5086 Canal Street, Milton, FL 32570	DUNS number: 133193409 FEIN number: 59-6000845
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CERTIFICATION <p>I, <u>Karen Barber</u>, as the official who is authorized to legally bind the agency/organization, do hereby certify to the best of my knowledge and belief that all the information and attachments submitted in this application are true, complete and accurate, for the purposes, and objectives, set forth in the RFA or RFP and are consistent with the statement of general assurances and specific programmatic assurances for this project. I am aware that any false, fictitious or fraudulent information or the omission of any material fact may subject me to criminal, or administrative penalties for the false statement, false claims or otherwise. 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.</p> <p>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.</p>								
<table style="width: 100%;"> <tr> <td style="width: 45%; vertical-align: bottom;"> E) _____ Signature of Agency Head </td> <td style="width: 30%; vertical-align: bottom;"> _____ Title </td> <td style="width: 25%; vertical-align: bottom;"> _____ Date </td> </tr> </table>			E) _____ Signature of Agency Head	_____ Title	_____ Date			
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Reviewed by SRCSD Finance Department

John D. Allen

Date

1/10/2022

FLORIDA DEPARTMENT OF EDUCATION BUDGET NARRATIVE FORM

A) Name of Eligible Recipient/Fiscal Agent:

Santa Rosa County District Schools

B) DOE Assigned Project Number:

C) TAPS Number:

22A061

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
FUNCTION	OBJECT	ACCOUNT TITLE AND NARRATIVE	FTE POSITION	AMOUNT	% ALLOCATED to this PROJECT	ALLOWABLE DOE USE ONLY	REASONABLE DOE USE ONLY	NECESSARY DOE USE ONLY
6400	120	Bonus Stipend (\$1,000 per qualifying teacher)		\$ 3,000.00	100%			
6400	220	Social Security for Bonus Stipend		\$ 229.50	100%			
D) TOTAL				\$ 3,229.50				

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July 2015



Reviewed by SRCSO Finance Department

Signature

Date
1/10/2022