

# FLORIDA DEPARTMENT OF EDUCATION

## PROJECT APPLICATION

<b>Please return to:</b>  Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	<b>A) Program Name:</b>  District Instructional Leadership and Faculty Development (ILFD) Grant  <b>TAPS NUMBER: 20A050</b>	<b>DOE USE ONLY</b>  Date Received   						
<b>B) Name and Address of Eligible Applicant:</b> Santa Rosa District School Board 6032 Hwy 90 Milton, FL. 32570		<b>Project Number (DOE Assigned)</b>  <b>-96480-0D001</b>						
<b>C) Total Funds Requested:</b>  \$ 63,981  <hr style="width: 25%; margin-left: 0;"/> <div style="text-align: center;"> <b>DOE USE ONLY</b>   <b>Total Approved Project:</b>           \$       </div>	<b>D) Applicant Contact &amp; Business Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Contact Name:            Michael A. Thorpe            Fiscal Contact Name:  <b>Michael Thorpe</b> </td> <td style="width: 40%;">           Telephone Numbers:  <b>(850)-983-5111</b> </td> </tr> <tr> <td>           Mailing Address:  <b>6032 Hwy 90, Milton Florida 32570</b> </td> <td>           E-mail Addresses:            thorpem@santarosa.k12.fl.us         </td> </tr> <tr> <td>           Physical/Facility Address:  <b>6032 Hwy 90, Milton Florida 32570</b> </td> <td>           DUNS number: 133193409             FEIN number: 59-6000845         </td> </tr> </table>		Contact Name: Michael A. Thorpe Fiscal Contact Name: <b>Michael Thorpe</b>	Telephone Numbers: <b>(850)-983-5111</b>	Mailing Address: <b>6032 Hwy 90, Milton Florida 32570</b>	E-mail Addresses: thorpem@santarosa.k12.fl.us	Physical/Facility Address: <b>6032 Hwy 90, Milton Florida 32570</b>	DUNS number: 133193409  FEIN number: 59-6000845
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### CERTIFICATION

I, Timothy Wyrosdick, 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.

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

Superintendent of Schools  
 Title

8/8/19  
 Date



## Instructions for Completion of DOE 100A

- A.** If not pre-populated, enter name and TAPS number of the program for which funds are requested.
- B.** Enter name and mailing address of eligible applicant. The applicant is the public or non-public entity receiving funds to carry out the purpose of the project.
- C.** Enter the total amount of funds requested for this project.
- D.** Enter requested information for the applicant's program and fiscal contact person(s). These individuals are the people responsible for responding to all questions, programmatic or budgetary regarding information included in this application. The Data Universal Numbering System (DUNS), or unique agency identifier number, requirements are explained on page A-2 of the Green Book. The Applicant name must match the name associated with their DUNS registration. The Physical/Facility address and Federal Employer Identification Number/Tax Identification Number (FEIN/FEID or TIN) (also known as) Employer Identification Number (EIN) are collected for department reporting.
- E. The original signature of the appropriate agency head is required.** The agency head is the school district superintendent, university or community college president, state agency commissioner or secretary, or the chairperson of the Board for other eligible applicants.
- **Note: Applications signed by officials other than the appropriate agency head identified above must have a letter signed by the agency head, or documentation citing action of the governing body delegating authority to the person to sign on behalf of said official. Attach the letter or documentation to the DOE 100A when the application is submitted.**