

Individuals with Disabilities Education Act (IDEA)

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**FLORIDA DEPARTMENT OF EDUCATION
Project Application**

TAPS Number 10C001 10CR01 10C002 10CR02

Please fill in all *required fields.

Return to: Florida Department of Education Bureau of Grants Management Room 325 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496 SunCom: 205-0496		A) Name and Address of Eligible Applicant: Clay 900 WALNUT ST GREEN COVE SPRINGS, FL 32043		<u>DOE USE ONLY</u> Date Received	
B) Applicant Contact Information:					
Contact Name: *First Name: Daniel MI: W *Last Name: Becton			Mailing Address: *Address: 800 Walnut St *City: Green Cove Springs *State: FL *Zip: 32043		
* Telephone Number (xxx-xxx-xxxx): 904-284-6509 Ext:			SunCom Number (xxx-xxxx): 835-6509		
Fax Number (xxx-xxx-xxxx): 904-284-6533			*E-mail Address: dbecton@mail.clay.k12.fl		
C) ProgramName (1) IDEA, Part B	C) ProgramName (1) IDEA, Part B ARRA	C) ProgramName (2) IDEA, Part B, Preschool	C) ProgramName (2) IDEA, Part B, Preschool ARRA		
Project Number: 100-2630A-0CB01	Project Number: 100-2630S-0CY01	Project Number: 100-2670A-0CP01	Project Number: 100-2670S-0CY01		
D) Total Funds Requested: Allocation: \$7,372,077 \$ 7,772,077	D) Total Funds Requested: Allocation: \$7,856,620	D) Total Funds Requested: Allocation: \$164,177 \$ 164,177	D) Total Funds Requested: Allocation: \$247,377		
Total Approved Funds: (DOE USE ONLY) \$	Total Approved Funds: (DOE USE ONLY) \$	Total Approved Funds: (DOE USE ONLY) \$	Total Approved Funds: (DOE USE ONLY) \$		

CERTIFICATION

I * First: Ben | * Last: Wortham 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

Save

DOE 100B
Revised 12/07



Dr. Eric J. Smith, Commissioner

For help, please contact Virginia Sasser at 850/245-0475 or Virginia.Sasser@fldoe.org