

**Clay**

**FLORIDA DEPARTMENT OF EDUCATION  
Project Application**

TAPS Number 10AR56
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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 Suncom: 205-0496	<b>A) Program Name:</b>  <b>Title II, Part D: Enhancing Education through Technology 2009-2010 Project Application</b>	<i>DOE USE ONLY</i>  Date Received
<b>B) Name and Address of Eligible Applicant:</b> Clay, 900 WALNUT ST, GREEN COVE SPRINGS, FL 32043		<b>Project Number (DOE Assigned)</b>  100-1210S-0CY01
<b>C) Total Funds Requested:</b> \$ 69,833.77  Estimated Roll Forward: \$ 0.00  _____	<b>D) Applicant Contact Information</b>	
DOE USE ONLY  <b>Total Approved Project:</b> \$	<b>Contact Name:</b> First Name: Alisa MI: Last Name: Jones	<b>Mailing Address:</b> Address 23 S. Green St. City: Green Cove Springs State: FL Zip: 32043
	Telephone Number: 904-529-2612 Ext:	SunCom Number:
	Fax Number:904-284-6583	E-mail Address: ajones@mail.clay.k12.fl.us

**CERTIFICATION**

I **Ben 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

DOE 100A



Dr. Eric J. Smith, Commissioner