

FLORIDA BOARD OF GOVERNORS PROJECT APPLICATION

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| TAPS Number |
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| Please return to: Florida Board of Governors Attn: Tim Jones Room 1652 Turlington Building 332 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0466 | A) Program Name: <h2 style="margin: 0;">State Fiscal Stabilization Fund Program – Education Stabilization Fund</h2> | BOG USE ONLY Date Received |
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| B) Name and Address of University: | Project Number (DOE Assigned) |
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|---|---|---------------|------------------|-------------------|----------------|-------------|-----------------|
| C) Total Funds Requested: \$ _____ DOE USE ONLY Total Approved Project: \$ _____ | D) University Contact Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Contact Name:</td> <td style="width: 40%; padding: 5px;">Mailing Address:</td> </tr> <tr> <td style="padding: 5px;">Telephone Number:</td> <td style="padding: 5px;">SunCom Number:</td> </tr> <tr> <td style="padding: 5px;">Fax Number:</td> <td style="padding: 5px;">E-mail Address:</td> </tr> </table> | Contact Name: | Mailing Address: | Telephone Number: | SunCom Number: | Fax Number: | E-mail Address: |
| Contact Name: | Mailing Address: | | | | | | |
| Telephone Number: | SunCom Number: | | | | | | |
| Fax Number: | E-mail Address: | | | | | | |

CERTIFICATION

I, _____, *(Please Type Name)* 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 university to obtain from its board of trustees the authorization for the submission of this application.

E) _____
Signature of University President



Instructions for Completion of BOG 100A

- A.** If not pre-printed, enter name of the program for which funds are requested.
- B.** Enter name and mailing address of university. The university is the 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 contact person. This is the person responsible for responding to all questions regarding information included in this application.
- E. The original signature of the university president is required.**
 - **Note:** Applications signed by officials other than the university president identified above must have a letter signed by the president, 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 BOG 100A when the application is submitted.
- F.** This form will be transmitted by the Board of Governors to the Department of Education's Grant Management Division for review and approval of this project application.

