

# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION


TAPS Number

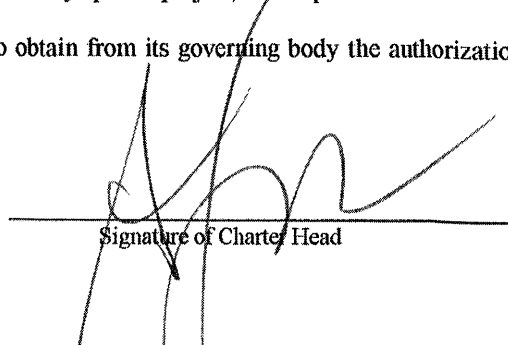
<b>Please return to:</b>  Florida Department of Education Office of Grants Management Room 332, Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	<b>A) Program Name:</b>  <b>Public Charter School Grant Program          2014-17 Planning, Design, and Implementation</b>	<b>DOE USE ONLY</b>  Date Received						
<b>B) Name and Address of Eligible Applicant:</b> <b>Albert Einstein Academy for Letters, Arts and Sciences of Florida, Inc. (AEALAS of Florida, Inc.)</b> <b>Dr. Jeffrey Shapiro, CEO</b> <b>25876 The Old Road, #325</b> <b>Stevenson Ranch, CA 91381</b>		<b>Project Number (DOE Assigned)</b>						
<b>C) Total Funds Requested: \$ 350,000</b>  <hr style="border: 0.5px solid black;"/> <div style="text-align: center;"> <b>DOE USE ONLY</b>  <b>Total Approved Project:</b>   <b>\$</b> </div>	<b>D) Applicant Contact Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Contact Name:</b>  <b>Dr. Jeffrey Shapiro, CEO</b> </td> <td style="width: 50%; vertical-align: top;"> <b>Mailing Address:</b>  <b>25876 The Old Road, #325</b>  <b>Stevenson Ranch, CA 91381</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Telephone Number:</b>  <b>661-513-3580</b> </td> <td style="vertical-align: top;"> <b>SunCom Number:</b>  <b>N/A</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Fax Number:</b> </td> <td style="vertical-align: top;"> <b>E-mail Address:</b>  <b>jeffrey@aealas.org</b> </td> </tr> </table>		<b>Contact Name:</b> <b>Dr. Jeffrey Shapiro, CEO</b>	<b>Mailing Address:</b> <b>25876 The Old Road, #325</b> <b>Stevenson Ranch, CA 91381</b>	<b>Telephone Number:</b> <b>661-513-3580</b>	<b>SunCom Number:</b> <b>N/A</b>	<b>Fax Number:</b>	<b>E-mail Address:</b> <b>jeffrey@aealas.org</b>
<b>Contact Name:</b> <b>Dr. Jeffrey Shapiro, CEO</b>	<b>Mailing Address:</b> <b>25876 The Old Road, #325</b> <b>Stevenson Ranch, CA 91381</b>							
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<b>Fax Number:</b>	<b>E-mail Address:</b> <b>jeffrey@aealas.org</b>							

### CERTIFICATION

We, Robert W. Runcie, Superintendent, and Andrew Jacobs, Board Chair of AEALAS of Florida, Inc., (*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.

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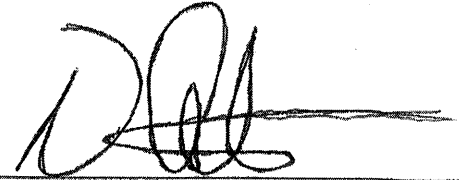
  
 \_\_\_\_\_  
 Signature of Agency Head -- The School Board of  
 Broward County, Florida

  
 \_\_\_\_\_  
 Signature of Charter Head



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<b>B) Name and Address of Eligible Applicant:</b> Ascend Career Academy 13727SW 152st Miami, Fl. 33177		<b>Project Number (DOE Assigned)</b>						
<b>C) Total Funds Requested:</b>  \$ <u>350,000</u>  <b>DOE USE ONLY</b>  <b>Total Approved Project:</b>  \$	<b>D) Applicant Contact Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Contact Name:</b>  <b>Rafael A. Villalobos</b> </td> <td style="width: 50%; vertical-align: top;"> <b>Mailing Address:</b>  <b>13727 SW 152st Miami, Fl 33177</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Telephone Number:</b>  <b>305-803-4814</b> </td> <td style="vertical-align: top;"> <b>SunCom Number:</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Fax Number:</b> </td> <td style="vertical-align: top;"> <b>E-mail Address:</b>  <b>Rvillalobos10@comcast.net</b> </td> </tr> </table>		<b>Contact Name:</b> <b>Rafael A. Villalobos</b>	<b>Mailing Address:</b> <b>13727 SW 152st Miami, Fl 33177</b>	<b>Telephone Number:</b> <b>305-803-4814</b>	<b>SunCom Number:</b>	<b>Fax Number:</b>	<b>E-mail Address:</b> <b>Rvillalobos10@comcast.net</b>
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<b>CERTIFICATION</b>  <p>We, Robert Runcie, Superintendent of Schools and Donnie Carter, Board Chair 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.</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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <b>E)</b>             Signature of Agency Head         </div> <div style="width: 45%;">             Signature of Charter School Head         </div> </div>								



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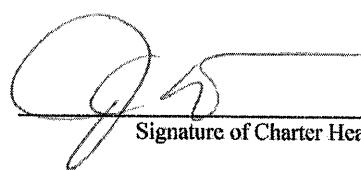
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<b>B) Name and Address of Eligible Applicant:</b>  Avant Garde Academy, Inc., d/b/a Avant Garde Academy K8-Broward 3024 NW 99 PL. Doral, FL 33172		<b>Project Number (DOE Assigned)</b>						
<b>C) Total Funds Requested:</b> <div style="text-align: right; margin-right: 50px;"> <del>\$ 25,000</del>    <del>HB 3/25/14</del>  <del>\$ 350,000</del> </div> <hr style="width: 80%; margin: 10px auto;"/> <div style="text-align: center;"> <b>DOE USE ONLY</b>   <b>Total Approved Project:</b>           \$       </div>	<b>D) Applicant Contact Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Contact Name:</b>  <b>Frank Bolanos</b> </td> <td style="width: 50%; vertical-align: top;"> <b>Mailing Address:</b>  <b>3024 NW 99 PL.            Doral, FL 33172</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Telephone Number:</b>  <b>786-351-3605</b> </td> <td style="vertical-align: top;"> <b>SunCom Number:</b>            None         </td> </tr> <tr> <td style="vertical-align: top;"> <b>Fax Number:</b>  <b>None</b> </td> <td style="vertical-align: top;"> <b>E-mail Address:</b>  <b>frankbolanos@bellsouth.net</b> </td> </tr> </table>		<b>Contact Name:</b> <b>Frank Bolanos</b>	<b>Mailing Address:</b> <b>3024 NW 99 PL.            Doral, FL 33172</b>	<b>Telephone Number:</b> <b>786-351-3605</b>	<b>SunCom Number:</b> None	<b>Fax Number:</b> <b>None</b>	<b>E-mail Address:</b> <b>frankbolanos@bellsouth.net</b>
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<b>Telephone Number:</b> <b>786-351-3605</b>	<b>SunCom Number:</b> None							
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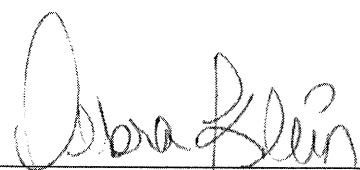
E)   
 Signature of Agency Head

  
 Signature of Charter Head



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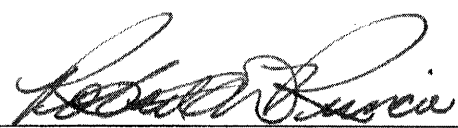

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<b>B) Name and Address of Eligible Applicant:</b>  <b>Ben Gamla Charter High School          In Care Of: 6340 Sunset Drive          South Miami, Florida 33143</b>		<b>Project Number (DOE Assigned)</b>						
<b>C) Total Funds Requested:</b>  <div style="text-align: center;"> <b>\$ 350,000.00</b> </div> <hr style="width: 50%; margin: 10px auto;"/> <div style="text-align: center;"> <b>DOE USE ONLY</b>   <b>Total Approved Project:</b>           \$       </div>	<b>D) Applicant Contact Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Contact Name:</b>  <b>Adri Lima,</b>  <b>Authorized Representative</b> </td> <td style="width: 50%; vertical-align: top;"> <b>Mailing Address:</b>  <b>c/o 6340 Sunset Drive</b>  <b>Miami, FL 33143</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Telephone Number:</b>  <b>305.878.9993</b> </td> <td style="vertical-align: top;"> <b>SunCom Number:</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Fax Number:</b>  <b>305.669.4390</b> </td> <td style="vertical-align: top;"> <b>E-mail Address:</b>  <b>Adri5283@gmail.com</b> </td> </tr> </table>		<b>Contact Name:</b> <b>Adri Lima,</b> <b>Authorized Representative</b>	<b>Mailing Address:</b> <b>c/o 6340 Sunset Drive</b> <b>Miami, FL 33143</b>	<b>Telephone Number:</b> <b>305.878.9993</b>	<b>SunCom Number:</b>	<b>Fax Number:</b> <b>305.669.4390</b>	<b>E-mail Address:</b> <b>Adri5283@gmail.com</b>
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<b>Fax Number:</b> <b>305.669.4390</b>	<b>E-mail Address:</b> <b>Adri5283@gmail.com</b>							
<b>CERTIFICATION</b>  <p>I, <b>Robert W. Runcie</b>, Superintendent of Schools, and <b>Debra Klein</b>, Governing Board Chair, <b>The National Ben Gamla Charter School Foundation Inc.</b>, 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.</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> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <b>E)</b>              Signature of Agency Head            The School Board of Broward County, FL         </div> <div style="text-align: center;">             Signature of Charter Head         </div> </div>								



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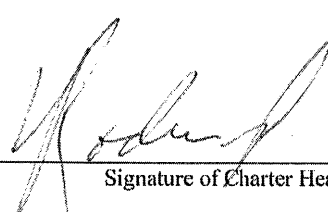
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<b>B) Name and Address of Eligible Applicant:</b>  <b>Ben Gamla Preparatory          In Care Of: 6340 Sunset Drive          South Miami, Florida 33143</b>		<b>Project Number (DOE Assigned)</b>						
<b>C) Total Funds Requested:</b>  <div style="text-align: center;"> <b>\$ 350,000.00</b> </div> <hr style="width: 50%; margin: 10px auto;"/> <div style="text-align: center;"> <b>DOE USE ONLY</b>   <b>Total Approved Project:</b>           \$       </div>	<b>D) Applicant Contact Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Contact Name:</b>  <b>Lisa M. Arneaud,</b>  <b>Authorized Representative</b> </td> <td style="width: 50%; vertical-align: top;"> <b>Mailing Address:</b>  <b>c/o 6340 Sunset Drive</b>  <b>Miami, FL 33143</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Telephone Number:</b>  <b>305.669.2906</b> </td> <td style="vertical-align: top;"> <b>SunCom Number:</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Fax Number:</b>  <b>305.669.4390</b> </td> <td style="vertical-align: top;"> <b>E-mail Address:</b>  <b>larneaud@academica.org</b> </td> </tr> </table>		<b>Contact Name:</b> <b>Lisa M. Arneaud,</b> <b>Authorized Representative</b>	<b>Mailing Address:</b> <b>c/o 6340 Sunset Drive</b> <b>Miami, FL 33143</b>	<b>Telephone Number:</b> <b>305.669.2906</b>	<b>SunCom Number:</b>	<b>Fax Number:</b> <b>305.669.4390</b>	<b>E-mail Address:</b> <b>larneaud@academica.org</b>
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<b>CERTIFICATION</b>  <p>I, <u>Robert W. Runcie</u>, Superintendent of Schools, and <u>Debra Klein</u>, Governing Board Chair, The National Ben Gamla Charter School Foundation Inc., 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.</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> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <b>E)</b>             Signature of Agency Head            The School Board of Broward County, FL         </div> <div style="text-align: center;">             Signature of Charter Head         </div> </div>								



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<b>B) Name and Address of Eligible Applicant:</b>  <b>Bridgepoint Academy North-Broward</b>		<b>Project Number (DOE Assigned)</b>						
<b>C) Total Funds Requested:</b> <div style="text-align: right; margin-right: 50px;">HB 3/26/14</div> <div style="text-align: right;">\$175,000.00</div> <div style="text-align: right; border-top: 1px solid black; margin-top: 5px;">\$350,000</div> <div style="text-align: center; margin-top: 10px;"> <b>DOE USE ONLY</b>   <b>Total Approved Project:</b>           \$       </div>	<b>D) Applicant Contact Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Contact Name:</b>  <b>JC Quintana</b> </td> <td style="width: 50%; vertical-align: top;"> <b>Mailing Address:</b>  <b>7990 SW 117 Ave #210            Miami, FL 33183</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Telephone Number:</b>  <b>305-595-8822</b> </td> <td style="vertical-align: top;"> <b>SunCom Number:</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Fax Number:</b>  <b>305-595-8882</b> </td> <td style="vertical-align: top;"> <b>E-mail Address:</b>  <b>Jcquintana2@gmail.com</b> </td> </tr> </table>		<b>Contact Name:</b> <b>JC Quintana</b>	<b>Mailing Address:</b> <b>7990 SW 117 Ave #210            Miami, FL 33183</b>	<b>Telephone Number:</b> <b>305-595-8822</b>	<b>SunCom Number:</b>	<b>Fax Number:</b> <b>305-595-8882</b>	<b>E-mail Address:</b> <b>Jcquintana2@gmail.com</b>
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<b>CERTIFICATION</b>  <p>We, Robert W. Runcie, Superintendent of Schools and Yeneir Rodriguez-Padron, Bridgepoint Academy, Board Chairperson (<i>Please Type Name</i>) 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.</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> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <b>E)</b>              Signature of Agency Head         </div> <div style="text-align: center;">             Signature of Charter Head         </div> </div>								



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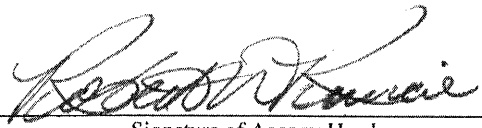

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<b>B) Name and Address of Eligible Applicant:</b> Broward Math and Science Schools 6101 NW 31 St, Margate, FL 33063		<b>Project Number (DOE Assigned)</b>						
<b>C) Total Funds Requested:</b> <del>\$175,000.00</del> <i>HB 3/25/14</i> <u>\$350,000</u>  <b>DOE USE ONLY</b>  <b>Total Approved Project:</b>  \$	<b>D) Applicant Contact Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Contact Name:</b>  <b>Ferhat Erkan</b> </td> <td style="width: 50%; vertical-align: top;"> <b>Mailing Address:</b>  <b>5819 NW 48 Ave. Coconut Creek, FL            33073</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Telephone Number:</b>  <b>954-554-4793</b> </td> <td style="vertical-align: top;"> <b>SunCom Number:</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Fax Number:</b>  <b>954-977-4849</b> </td> <td style="vertical-align: top;"> <b>E-mail Address:</b>  <b>ferhaterkan@hotmail.com</b> </td> </tr> </table>		<b>Contact Name:</b> <b>Ferhat Erkan</b>	<b>Mailing Address:</b> <b>5819 NW 48 Ave. Coconut Creek, FL            33073</b>	<b>Telephone Number:</b> <b>954-554-4793</b>	<b>SunCom Number:</b>	<b>Fax Number:</b> <b>954-977-4849</b>	<b>E-mail Address:</b> <b>ferhaterkan@hotmail.com</b>
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<b>Fax Number:</b> <b>954-977-4849</b>	<b>E-mail Address:</b> <b>ferhaterkan@hotmail.com</b>							
<b>CERTIFICATION</b>  <p>We, <u>Robert W. Runcie, Superintendent of Schools</u> and <u>Ferhat Erkan</u>, 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.</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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><b>E)</b>             _____            Signature of Agency Head</p> </div> <div style="width: 45%;">             _____            Signature of Charter Head</div> </div>								



# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

TAPS Number


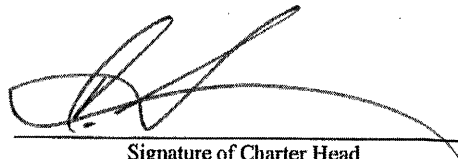
<b>Please return to:</b>  Florida Department of Education Office of Grants Management Room 332, Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	<b>A) Program Name:</b>  <b>Public Charter School Grant Program          2014-17 Planning, Design, and Implementation</b>	<b>DOE USE ONLY</b>  Date Received						
<b>B) Name and Address of Eligible Applicant:</b> Broward Science Charter School 2427 Lynx Lane, Orlando, FL 32804		<b>Project Number (DOE Assigned)</b>						
<b>C) Total Funds Requested:</b> <div style="text-align: right; margin-right: 50px;"> <del>\$25,000.00</del>    48 3/25/14  <u>\$350,000</u> </div> <b>DOE USE ONLY</b>  <b>Total Approved Project:</b>  \$	<b>D) Applicant Contact Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Contact Name:</b>  <b>Yalcin Akin</b> </td> <td style="width: 50%; vertical-align: top;"> <b>Mailing Address:</b>  <b>2427 Lynx Lane, Orlando, FL 32804</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Telephone Number:</b>  <b>407-967-7062</b> </td> <td style="vertical-align: top;"> <b>SunCom Number:</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Fax Number:</b>  <b>407-253-7305</b> </td> <td style="vertical-align: top;"> <b>E-mail Address:</b>  <b>akin@orlandoscience.org</b> </td> </tr> </table>		<b>Contact Name:</b> <b>Yalcin Akin</b>	<b>Mailing Address:</b> <b>2427 Lynx Lane, Orlando, FL 32804</b>	<b>Telephone Number:</b> <b>407-967-7062</b>	<b>SunCom Number:</b>	<b>Fax Number:</b> <b>407-253-7305</b>	<b>E-mail Address:</b> <b>akin@orlandoscience.org</b>
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<b>CERTIFICATION</b>  <p>We, <u>Robert W. Runcie</u>, Superintendent of Schools and <u>Sirin Budak</u>, 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.</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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <b>E)</b>             Signature of Agency Head         </div> <div style="width: 45%; text-align: center;">             Signature of Charter Head         </div> </div>								





# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

TAPS Number

<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>  <b>Public Charter School Grant Program          2014-17 Planning, Design, and Implementation</b>	<b>DOE USE ONLY</b>  Date Received						
<b>B) Name and Address of Eligible Applicant:</b>  Florida High School for Accelerated Learning – Metro Broward Campus, School II 3206 N. University Drive Miramar, FL 33025		<b>Project Number (DOE Assigned)</b>						
<b>C) Total Funds Requested:</b>  \$ 350,000.00  <hr style="width: 25%; margin-left: 0;"/> <b>DOE USE ONLY</b>  <b>Total Approved Project:</b>  \$	<b>D) Applicant Contact Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> <b>Contact Name:</b>            District: Jody Perry            School: Emily Booker         </td> <td style="width: 40%;"> <b>Mailing Address:</b>            D: 600 SE Third Ave., Ft. Lauderdale, FL 33301            S: 3206 S. University Dr. , Miramar, FL 33025         </td> </tr> <tr> <td> <b>Telephone Number:</b>            D: 754-321-2135            S: 615-850-3608         </td> <td> <b>SunCom Number:</b> </td> </tr> <tr> <td> <b>Fax Number:</b>            D: 754-321-2138            S: 615-850-3808         </td> <td> <b>E-mail Address:</b>            D: Jody.Perry@browardschools.com            S: Emily.booker@communityeducation.com         </td> </tr> </table>		<b>Contact Name:</b> District: Jody Perry School: Emily Booker	<b>Mailing Address:</b> D: 600 SE Third Ave., Ft. Lauderdale, FL 33301 S: 3206 S. University Dr. , Miramar, FL 33025	<b>Telephone Number:</b> D: 754-321-2135 S: 615-850-3608	<b>SunCom Number:</b>	<b>Fax Number:</b> D: 754-321-2138 S: 615-850-3808	<b>E-mail Address:</b> D: Jody.Perry@browardschools.com S: Emily.booker@communityeducation.com
<b>Contact Name:</b> District: Jody Perry School: Emily Booker	<b>Mailing Address:</b> D: 600 SE Third Ave., Ft. Lauderdale, FL 33301 S: 3206 S. University Dr. , Miramar, FL 33025							
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<b>CERTIFICATION</b>  <p>I, <u>Robert W. Runcie, Superintendent of Schools</u>, and I <u>Brian Turnau, Charter Board Chair</u>, 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.</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> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <b>E)</b>             Signature of Agency Head         </div> <div style="text-align: center;">             Signature of Charter Head         </div> </div>								



# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION


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<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>  <p style="text-align: center;"><b>Public Charter School Program Planning and Implementation Grant</b></p>	<b>DOE USE ONLY</b>  Date Received						
<b>B) Name and Address of Eligible Applicant:</b>  International Hiigh School, c/o David Stiles 21810 US Highway 19 North, Clearwater, FL 33765 Broward County, 600 SE 3 <sup>rd</sup> Ave, Ft. Lauderdale, FL 33301 <div style="text-align: right;">School Board</div>		<b>Project Number (DOE Assigned)</b>						
<b>C) Total Funds Requested:</b> <div style="text-align: right;">HB 3/25/14</div> <div style="text-align: right;">\$ 175,000</div> <div style="text-align: right; border-top: 1px solid black;">4,350,000</div> <b>DOE USE ONLY</b>  <b>Total Approved Project:</b>  \$	<b>D) Applicant Contact Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Contact Name:</b>  <b>Kelly Goddin</b> </td> <td style="width: 50%; vertical-align: top;"> <b>Mailing Address:</b>  <b>PO Box 250, Bonifay, FL 32425</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Telephone Number:</b>  <b>850.547.4566</b> </td> <td style="vertical-align: top;"> <b>SunCom Number:</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Fax Number:</b>  <b>866.528.1070</b> </td> <td style="vertical-align: top;"> <b>E-mail Address:</b>  <b>kelly.goddin@schoolfin.com</b> </td> </tr> </table>		<b>Contact Name:</b> <b>Kelly Goddin</b>	<b>Mailing Address:</b> <b>PO Box 250, Bonifay, FL 32425</b>	<b>Telephone Number:</b> <b>850.547.4566</b>	<b>SunCom Number:</b>	<b>Fax Number:</b> <b>866.528.1070</b>	<b>E-mail Address:</b> <b>kelly.goddin@schoolfin.com</b>
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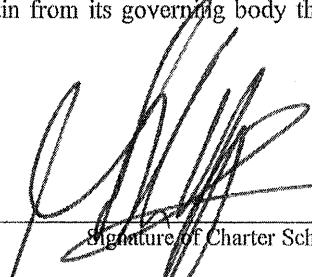
**CERTIFICATION**

We, Robert Runcie, Superintendent of Schools and Glen Byron, Charter School Board Chair 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.

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**E)** 

Signature of Agency Head



Signature of Charter School Board Chair



# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION


TAPS Number

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<b>B) Name and Address of Eligible Applicant:</b>  Magnolia Academy for the Arts, c/o David Stiles 21810 US Highway 19 North, Clearwater, FL 33765 School Board Broward County, 600 SE 3 <sup>rd</sup> Ave, Ft. Lauderdale, FL 33301		<b>Project Number (DOE Assigned)</b>
<b>C) Total Funds Requested:</b> <div style="text-align: right; margin-right: 50px;">HB 3/25/14</div> \$ 175,000 <del>\$ 360,000</del>	<b>D) Applicant Contact Information</b>	
<b>DOE USE ONLY</b>  <b>Total Approved Project:</b>  \$	<b>Contact Name:</b> <b>Kelly Goddin</b>	<b>Mailing Address:</b> <b>PO Box 250, Bonifay, FL 32425</b>
	<b>Telephone Number:</b> <b>850.547.4566</b>	<b>SunCom Number:</b>
	<b>Fax Number:</b> <b>866.528.1070</b>	<b>E-mail Address:</b> <b>kelly.goddin@schoolfin.com</b>

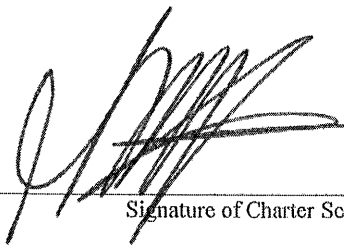
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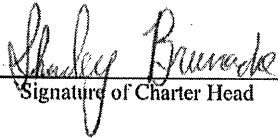


Signature of Charter School Board Chair



# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

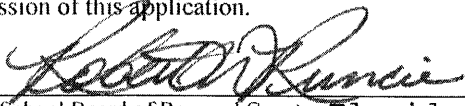

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<b>Please return to:</b>  Florida Department of Education Office of Grants Management Room 332, Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	<b>A) Program Name:</b>  <b>Public Charter School Grant Program          2014-17 Planning, Design, and Implementation</b>	<b>DOE USE ONLY</b>  Date Received						
<b>B) Name and Address of Eligible Applicant:</b>  New Life Charter Academy (Broward County School Board) 3260 Stirling Road Hollywood, FL 33021		<b>Project Number (DOE Assigned)</b>						
<b>C) Total Funds Requested:</b>  <div style="text-align: right;"> <i>HB 3/25/14</i>  <del>\$ 175,000</del>  <u>\$ 360,000</u> </div> <b>DOE USE ONLY</b>  <b>Total Approved Project:</b>  \$	<b>D) Applicant Contact Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Contact Name: Shirley Brunache</td> <td style="width: 50%;">Mailing Address: 3260 Stirling Road Hollywood, Florida 33021</td> </tr> <tr> <td>Telephone Number: 786-247-4790</td> <td>SunCom Number:</td> </tr> <tr> <td>Fax Number:</td> <td>E-mail Address: newlifecharteracademiesinc@gmail.com</td> </tr> </table>		Contact Name: Shirley Brunache	Mailing Address: 3260 Stirling Road Hollywood, Florida 33021	Telephone Number: 786-247-4790	SunCom Number:	Fax Number:	E-mail Address: newlifecharteracademiesinc@gmail.com
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Fax Number:	E-mail Address: newlifecharteracademiesinc@gmail.com							
<b>CERTIFICATION</b>  <p>I, <u>Robert W. Runcie, Superintendent of Schools and Shirley Brunache, Charter School President</u>, 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.</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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <b>E)</b>             Signature of Agency Head         </div> <div style="width: 45%;">             Signature of Charter Head         </div> </div>								



# 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>  <b>Charter School Grant Program (2014-2017)</b> <b>(Planning)</b>  <b>TAPS NUMBER:</b>	<b>DOE USE ONLY</b>  Date Received        						
<b>B) Name and Address of Eligible Applicant:</b>  <b>Remsberg Education, Inc.,</b> <b>Remsberg Preparatory Charter School</b>  1830 N. University Dr., Suite 148 Sunrise, Florida 33322-4114		<b>Project Number (DOE Assigned)</b>						
<b>C) Total Funds Requested:</b>  \$ 25,000 <i>HB 3/26/14</i> <del>\$ 360,000</del>  <hr/> <b>DOE USE ONLY</b>  <b>Total Approved Project:</b>  \$	<b>D) Applicant Contact &amp; Business Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Contact Name:</b>            Brougher Bass  <b>Fiscal Contact Name:</b>            Brougher Bass         </td> <td style="width: 50%; vertical-align: top;"> <b>Telephone Numbers:</b>  <b>954-483-7632</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Mailing Address:</b>            1830 N. University Dr., Suite 148            Sunrise, Florida 33322-4114         </td> <td style="vertical-align: top;"> <b>E-mail Addresses:</b>            Bass.Brougher@gmail.com         </td> </tr> <tr> <td style="vertical-align: top;"> <b>Physical/Facility Address:</b> </td> <td style="vertical-align: top;"> <b>DUNS number:</b>   <b>FEIN number: 45-3268589</b> </td> </tr> </table>		<b>Contact Name:</b> Brougher Bass <b>Fiscal Contact Name:</b> Brougher Bass	<b>Telephone Numbers:</b> <b>954-483-7632</b>	<b>Mailing Address:</b> 1830 N. University Dr., Suite 148 Sunrise, Florida 33322-4114	<b>E-mail Addresses:</b> Bass.Brougher@gmail.com	<b>Physical/Facility Address:</b>	<b>DUNS number:</b>  <b>FEIN number: 45-3268589</b>
<b>Contact Name:</b> Brougher Bass <b>Fiscal Contact Name:</b> Brougher Bass	<b>Telephone Numbers:</b> <b>954-483-7632</b>							
<b>Mailing Address:</b> 1830 N. University Dr., Suite 148 Sunrise, Florida 33322-4114	<b>E-mail Addresses:</b> Bass.Brougher@gmail.com							
<b>Physical/Facility Address:</b>	<b>DUNS number:</b>  <b>FEIN number: 45-3268589</b>							
<b>CERTIFICATION</b>  <p>I, <u>Robert W. Runcie, Superintendent of Schools,</u> and I, <u>Mary Ellen Fowler, Governing Board Chairperson, Remsberg Education – Remsberg Preparatory Charter School,</u> 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.</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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><b>E)</b>             The School Board of Broward County, Florida</p> </div> <div style="width: 45%;"> <p><b>E)</b>             Remsberg Education – Remsberg Preparatory Charter School,            Governing Board Chairperson</p> </div> </div>								



# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

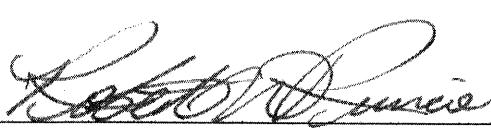
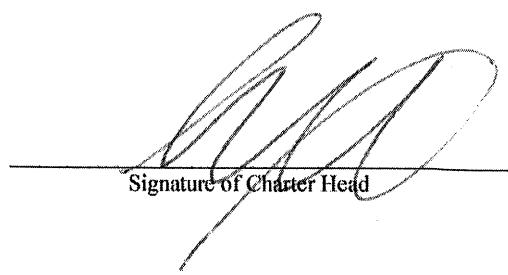
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<b>Please return to:</b>  Florida Department of Education Office of Grants Management Room 332, Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	<b>A) Program Name:</b>  <b>Public Charter School Grant Program          2014-17 Planning, Design, and Implementation</b>	<b>DOE USE ONLY</b>  Date Received						
<b>B) Name and Address of Eligible Applicant:</b>  <b>Somerset Key Academy Charter School          In Care Of: 6340 Sunset Drive          South Miami, Florida 33143</b>		<b>Project Number (DOE Assigned)</b>						
<b>C) Total Funds Requested:</b>  <div style="text-align: center;"> <b>\$ 350,000.00</b> </div> <hr style="width: 50%; margin: 10px auto;"/> <div style="text-align: center;"> <b>DOE USE ONLY</b>   <b>Total Approved Project:</b>   <b>\$</b> </div>	<b>D) Applicant Contact Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Contact Name:</b>  <b>Lisa Arneaud,</b>  <b>Authorized Representative</b> </td> <td style="width: 50%; vertical-align: top;"> <b>Mailing Address:</b>  <b>c/o 6340 Sunset Drive</b>  <b>Miami, FL 33143</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Telephone Number:</b>  <b>305.669.2906</b> </td> <td style="vertical-align: top;"> <b>SunCom Number:</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Fax Number:</b>  <b>305.669.4390</b> </td> <td style="vertical-align: top;"> <b>E-mail Address:</b>  <b>larneaud@academica.org</b> </td> </tr> </table>		<b>Contact Name:</b> <b>Lisa Arneaud,</b> <b>Authorized Representative</b>	<b>Mailing Address:</b> <b>c/o 6340 Sunset Drive</b> <b>Miami, FL 33143</b>	<b>Telephone Number:</b> <b>305.669.2906</b>	<b>SunCom Number:</b>	<b>Fax Number:</b> <b>305.669.4390</b>	<b>E-mail Address:</b> <b>larneaud@academica.org</b>
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<b>CERTIFICATION</b>  <p>I, Robert W. Runcie, Superintendent of Schools, and Andreina Figueroa, Governing Board Chair, Somerset Academy, Inc., 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.</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> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <b>E)</b>              Signature of Agency Head            The School Board of Broward County, FL         </div> <div style="text-align: center;">             Signature of Charter Head         </div> </div>								



# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

TAPS Number

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<b>B) Name and Address of Eligible Applicant:</b>  <b>Sports Leadership and Management (SLAM) Middle School Broward          In Care Of: 604 NW 12<sup>TH</sup> Avenue          Miami, FL 33136</b>		<b>Project Number (DOE Assigned)</b>						
<b>C) Total Funds Requested:</b>  <div style="text-align: center; border-bottom: 1px solid black; margin: 5px 0;"> <b>\$ 350,000.00</b> </div> <div style="text-align: center;"> <b>DOE USE ONLY</b>   <b>Total Approved Project:</b>           \$       </div>	<b>D) Applicant Contact Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <b>Contact Name:</b>  <b>Alejandro Tamargo</b> </td> <td style="width: 50%; padding: 5px;"> <b>Mailing Address:</b>  <b>c/o 604 NW 12<sup>TH</sup> Avenue          Miami, FL 33136</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>Telephone Number:</b>  <b>305.970.2659</b> </td> <td style="padding: 5px;"> <b>SunCom Number:</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>Fax Number:</b>  <b>305.324.6966</b> </td> <td style="padding: 5px;"> <b>E-mail Address:</b>  <b>tamargoalex@yahoo.com</b> </td> </tr> </table>		<b>Contact Name:</b> <b>Alejandro Tamargo</b>	<b>Mailing Address:</b> <b>c/o 604 NW 12<sup>TH</sup> Avenue          Miami, FL 33136</b>	<b>Telephone Number:</b> <b>305.970.2659</b>	<b>SunCom Number:</b>	<b>Fax Number:</b> <b>305.324.6966</b>	<b>E-mail Address:</b> <b>tamargoalex@yahoo.com</b>
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<b>CERTIFICATION</b>  <p>I, Robert W. Runcie, Superintendent of Schools, and Rene Ruiz, Esq., Governing Board Chair, Sports Leadership and Management Foundation, Inc., 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.</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> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <b>E)</b>              Signature of Agency Head            The School Board of Broward County, FL         </div> <div style="text-align: center;">             Signature of Charter Head         </div> </div>								

