# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

**TAPS** Number

I ROJECT APPLICATION				
Please return to:	A) Program Name:		DOE USE ONLY	
Florida Department of Education Office of Grants Management Room 332, Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	Public Charter School Grant Program 2014-17 Planning, Design, and Implementation		Date Received	
B) Name and Address of Eligible Applicant: Albert Einstein Academy for Letters, Arts and Sciences of Florida, Inc. (AEALAS of Florida, Inc.) Dr. Jeffrey Shapiro, CEO 25876 The Old Road, #325 Stevenson Ranch, CA 91381		Project Number (DOE Assigned)		
C) Total Funds Requested:	\$ 350,000	D) Applicant Con	tact Information	
DOE USE ONLY Total Approved Project:		Contact Name: Dr. Jeffrey Shapiro, CEO	Mailing Address: 25876 The Old Road, #325 Stevenson Ranch, CA 91381	
\$		Telephone Number: 661-513-3580	SunCom Number: N/A	
		Fax Number:	E-mail Address: jeffrey@aealas.org	
CERTIFICATION				
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.         Further, we understand that it is the responsibility of the agency head to obtain from its governing body the authorization for the submission of this application.         With application.         Signature of Agency Head - The School Board of Broward County, Florida				

DOE 100A Revised 02/14

à

1

#### ATTACHMENT B

FLORIDA DEPARTMENT OF EDUCATION **PROJECT APPLICATION** 

**TAPS** Number

Please return to: A) Program Name:		DOE USE ONLY	
Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Fallahassee, Florida 32399-0400 Felephone: (850) 245-0496	CHARTER SCHOOL APPLICATION GRANT	Date Received	
B) Name an	nd Address of Eligible Applicant: Ascend Career Academy 13727SW 152st Miami, Fl. 33177	Project Number (DOE Assigned)	
C) Total Funds Requested:	D) Applicant Co	D) Applicant Contact Information	
350,000	Contact Name: Rafael A. Villalobos	Mailing Address: 13727 SW 152st Miami, FI 33177	
DOE USE ONLY Total Approved Project:	Telephone Number: 305-803-4814	SunCom Number:	
\$	Fax Number:	E-mail Address: Rvillalobos10@comcast.net	
	CERTIFICATION		
representations made in this app programmatic assurances for this	dent of Schools and Donnie Carter, Board Chair do plication are true, correct, and consistent with the sta s project. Furthermore, all applicable statutes, regul procedures for fiscal control and maintenance of rec	atement of general assurances and specific ations, and procedures; administrative and	

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

Signature of Charter School Head

**DOE 100A Revised August 2013** 

Page 1 of 2



## FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

**TAPS** Number

	I ROJECT AFFLICATION		
Please return to:	A) Program Name:	DOE USE ONLY	
Florida Department of Education Office of Grants Management Room 332, Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	Public Charter School Grant Program 2014-17 Planning, Design, and Implementation	Date Received	
B) Name a	Project Number (DOE Assigned)		
Avant Garde Academy, Inc., d/b/a Avant Garde Academy K8-Broward 3024 NW 99 PL. Doral, FL 33172			
\$ 25:000		D) Applicant Contact Information	
\$ 360		Mailing Address:	
<b>DOE USE ONLY</b>	Frank Bolanos	3024 NW 99 PL Doral, FL 33172	
Total Approved Project:	Telephone Number: 786-351-3605	SunCom Number: None	
\$	Fax Number:	E-mail Address:	
	None	frankbolanos@bellsouth.net	
<b>CERTIFICATION</b> We, Robert W. Runcie, Superintendent of Schools and Julia Valent, 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.			

E)

DOE 100A Revised 02/14

Signature of Agency Head

Signature of Charter Head



Page 1 of 2

cneel

**TAPS** Number

## FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

t Program and Implementation It: Project Number (DOE Assigned) t Contact Information
t Contact Information
i Contact Information
ne: Mailing Address: c/o 6340 Sunset Drive Representative Miami, FL 33143
Iumber: SunCom Number:
IFICATION
ia, ed 999 ber 39

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.

cencie

Signature of Agency Head The School Board of Broward County, FL

Signature of Charter Head



Pam Stewart, Commissioner

E)

# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

**TAPS** Number

	PROJECT APPLICATIO	N	
Please return to:	A) Program Name:	DOE USE ONLY	
Florida Department of Education Office of Grants Management Room 332, Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	Public Charter School Grant Program 2014-17 Planning, Design, and Implementation	Date Received	
B) Name	Project Number (DOE Assigned)		
Ben Gamla Prepar In Care Of: 6340 S South Miami, Flori	unset Drive		
C) Total Funds Requ	C) Total Funds Requested: D) Applicant Contact Information		
\$ 350,000.00	Contact Name: Lisa M. Arneaud, Authorized Representative	Mailing Address: c/o 6340 Sunset Drive Miami, FL 33143	
DOE USE ONLYTelephone Number: <b>305.669.2906</b>		SunCom Number:	
Total Approved Project: \$ 	E-mail Address: larneaud@academica.org		
hereby certify that all facts, figures, ar specific programmatic assurances for th and procedures for fiscal control and m records necessary to substantiate these r obligated on or after the effective date a not be used for matching funds on this o		consistent with the statement of general assurances and occdures; administrative and programmatic requirements; ttability for the expenditure of funds on this project. All ederal staff. I further certify that all expenditures will be Il be reported only as appropriate to this project, and will	
Further, I understand that it is the respon	sibility of the agency head to obtain from its governing body the at	thorization for the submission of this application.	
E) Signature of Agency Head The School Board of Broward County, FL Signature of Charter Head			



**DOE 100A** 

Revised 02/14

## FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

**TAPS Number** 

		<b>NOJECI ALLICATION</b>	
Please return to:		A) Program Name:	DOE USE ONLY
Florida Department of Education Office of Grants Management Room 332, Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	Public Charter School Grant Program 2014-17 Planning, Design, and Implementation		Date Received
B) Name and Address of Eligible Applicant:		Project Number (DOE Assigned)	
Bridgepoint Academy North-Broward			
C) Total Funds Requested:		D)	1
	3/25/14	Applicant Cor	tact Information
# 350,000 DOE USE ONLY		Contact Name: JC Quintana	Mailing Address: 7990 SW 117 Ave #210 Miami, FL 33183
Total Approved Project:		Telephone Number: 305-595-8822	SunCom Number:
\$		Fax Number: 305-595-8882	E-mail Address: Jcquintana2@gmail.com
		CERTIFICATION	
( <i>Please Type Name</i> ) do hereby consistent with the statement of applicable statutes, regulations, and maintenance of records will records necessary to substantiat certify that all expenditures wi	certify that a of general ass and procedur be implement these requir ll be obligate	Il facts, figures, and representations mad surances and specific programmatic assu es; administrative and programmatic requ ated to ensure proper accountability for the ements will be available for review by ap ed on or after the effective date and pri	Bridgepoint Academy, Board Chairperson e in this application are true, correct, and rances for this project. Furthermore, all irements; and procedures for fiscal control e expenditure of funds on this project. All opropriate state and federal staff. I further or to the termination date of the project. I for matching funds on this or any special
Further, I understand that it is t submission of this application.	he responsibi	lity of the agency head to obtain from its	s governing body the authorization for the
E) <u>Signature of Agency Head</u> <u>Signature of Charter Head</u>			
		· · · · · · · · · · · · · · · · · · ·	

4

# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

**TAPS** Number

Please return to:	A) Program Name:	DOE USE ONLY	
Florida Department of Education Office of Grants Management Room 332, Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	Public Charter School Grant Program 2014-17 Planning, Design, and Implementation	Date Received	
B) Name a Brow 6101	Project Number (DOE Assigned)		
C) Total Funds Requested: \$175,900.00	D) Applicant C	D) Applicant Contact Information	
DOE USE ONLY	Contact Name: Ferhat Erkan	Mailing Address: 5819 NW 48 Ave. Coconut Creek, FL 33073	
Total Approved Project:	Telephone Number: 954-554-4793	SunCom Number:	
\$	Fax Number: 954-977-4849	E-mail Address: ferhaterkan@hotmail.com	
	CERTIFICATION		
made in this application are tru assurances for this project. Fur requirements; and procedures for the expenditure of funds on this appropriate state and federal staff the termination date of the proje matching funds on this or any spe	endent of Schools and Ferhat Erkan, do hereby cert e, correct, and consistent with the statement of ge thermore, all applicable statutes, regulations, and p fiscal control and maintenance of records will be im project. All records necessary to substantiate these f. I further certify that all expenditures will be obliga ct. Disbursements will be reported only as appropri- cial project, where prohibited.	neral assurances and specific programmatic rocedures; administrative and programmatic plemented to ensure proper accountability for requirements will be available for review by ated on or after the effective date and prior to iate to this project, and will not be used for	

submission of this application.

DOE 100A Revised 02/14

ande E) Signature of Agency Head

Signature of Charter Head



Page 1 of 2

## FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

**TAPS** Number

Please return to:		
a reason rotari in tur	A) Program Name:	DOE USE ON LY
Florida Department of Education Office of Grants Management Room 332, Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	Public Charter School Grant Program 2014-17 Planning, Design, and Implementatic	Date Received
Bro	nd Address of Eligible Applicant: ward Science Charter School Lynx Lane, Orlando, FL 32804	Project Number (DOE Assigned)
C) Total Funds Requested:	D)	nt Contact Information
\$25,000.00 HB 3/2	a (ich	at contact millimation
1360,00		Mailing Address:
	Yalcin Akin	2427 Lynx Lane, Orlando, FL 32804
DOE USE ONLY	Telephone Number:	SunCom Number:
<b>Total Approved Project:</b>	407-967-7062	
\$	Fax Number: 407-253-7305	E-mail Address: akin@orlandoscience.org

we, <u>Robert W. Runcle</u>, <u>Superintendent of Schools</u> and <u>Strin 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.

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

Signature of Charter Head

Page 1 of 2

### **FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION**

**TAPS** Number

Please return to: A) Program Name:		DOE USE ONLY	
Florida Department of Education Office of Grants Management Room 332, Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496		Date Received	
B) Name :	Project Number (DOE Assigned)		
3206 N. University Drive Miramar, FL 33025	ated Learning – Metro Broward Campus, School II		
C) Total Funds Requested: \$ 350,000.00		D) Applicant Contact Information	
	Contact Name:	Mailing Address:	
DOE USE ONLY	District: Jody Perry School: Emily Booker	D: 600 SE Third Ave., Ft. Lauderdale, FL 33301 S: 3206 S. University Dr., Miramar, FL 33025	
Total Approved Project:	Telephone Number: D: 754-321-2135 S: 615-850-3608	SunCom Number:	
\$	Fax Number: D: 754-321-2138 S: 615-850-3808	E-mail Address: D: Jody.Perry@browardschools.com S: Emily.booker@communityeducation.com	
	CERTIFICATION	- Chang. booker (@communityeducation.com	

I, Robert W. Runcie, Superintendent of Schools, and I Brian Turnau, Charter 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.

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.

rece E)

Signature of Agency Head

Signature of Charter Head

**DOE 100A** Revised 02/14

Page 1 of 2



## FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

TAPS Number

PROJECT APPLICATION				
Please return to:	A) Program Name:	DOE USE ONLY		
Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	Public Charter School Program Planning and Implementation Grant	Date Received		
B) Name a	Project Number (DOE Assigned)			
International Hiigh School, c/o E FL 33765 Broward County, 600 SE 3 <sup>rd</sup> Ave				
C) Total Funds Requested:	D) Applicant Cor	ntact Information		
\$ 175,000 4,36,0,000	Contact Name: Kelly Goddin	Mailing Address: PO Box 250, Bonifay, FL 32425		
DOE USE ONLY Total Approved Project:	Telephone Number: 850.547.4566	SunCom Number:		
\$	Fax Number: 866.528.1070	E-mail Address: kelly.goddin@schoolfin.com		
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.				
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) <u>Signature of Agency Head</u>				

Dr. Tony Bennett, Commissioner

DOE 100A Revised January 2013

### FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

TAPS Number

Please return to: A) Program Na		A) Program Name:	DOE USE ONLY
Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	Public Charter School Program Planning and Implementation Grant		Date Received
B) Name and Address of Eligible Applicant:			Project Number (DOE Assigned)
Magnolia Academy for the Arts, Clearwater, FL 33765 School Board Broward County,		iles 21810 US Highway 19 North, ve, Ft. Lauderdale, FL 33301	
C) Total Funds Requested: \$ 175;000		D) Applicant Contact Information	
41350,000	<u>)</u>	Contact Name: Kelly Goddin	Mailing Address: PO Box 250, Bonifay, FL 32425
DOE USE ONLY Total Approved Project:		Telephone Number: 850.547.4566	SunCom Number:
\$		Fax Number: 866.528.1070	E-mail Address: kelly.goddin@schoolfin.com
		CERTIFICATION	
and representations made in this programmatic assurances for thi programmatic requirements; and accountability for the expenditu available for review by appropri effective date and prior to the te	application a is project. F l procedures in of funds ate state and rmination dat	are true, correct, and consistent with the sta furthermore, all applicable statutes, regular for fiscal control and maintenance of reco on this project. All records necessary to federal staff. I further certify that all exp	nair do hereby certify that all facts, figures, interment of general assurances and specific tions, and procedures; administrative and rds will be implemented to ensure proper to substantiate these requirements will be enditures will be obligated on or after the eported only as appropriate to this project,

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.

uner E) Signature of Agency Head

Si nature of Charter School Board Chair





# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

**TAPS** Number

	r	······································		
Please return to:	A) Program Name:		DOE USE ONLY	
Florida Department of Education Office of Grants Management Room 332, Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	Public Charter School Grant Program 2014-17 Planning, Design, and Implementation		Date Received	
B) Name and Address of Eligible Applicant:			Project Number (DOE Assigned)	
New Life Charter Academy (Broward County School Board) 3260 Stirling Road Hollywood, FL 33021				
C) Total Funds Requested:		D)		
•	s/25/14	·	ontact Information	
DOE USE ONLY Total Approved Project: \$		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	
CERTIFICATION				
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.				
E) Hally Runade Signature of Agency Head				



# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

Please return to:	A) Program Name:		DOE USE ONLY		
Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	Charter School Grant Program (2014-2017) (Planning) TAPS NUMBER:		Date Received		
B) Name and Address of Eligible Applicant:			-		
Remsberg Education, Inc.,	<b>`_</b> }_	·			
Remsberg Preparatory Charter School 1830 N. University Dr., Suite 148 Sunrise, Florida 33322-4114			Project Number (DOE Assigned)		
C) Total Funds Requested:		D)			
· · · · ·		<b>Applicant Contact &amp; Business Information</b>			
\$ 25,000 HB 8/20 41,360,000	, j 1	Contact Name: Brougher Bass Fiscal Contact Name: Brougher Bass	Telephone Numbers: 954-483-7632		
DOE USE ONLY Total Approved Project:		Mailing Address:	E-mail Addresses:		
		1830 N. University Dr., Suite 148 Sunrise, Florida 33322-4114	Bass.Brougher@gmail.com		
\$		Physical/Facility Address:	DUNS number:		
			FEIN number: 45-3268589		
	<u>2000-000000000000000000000000000000000</u>	CERTIFICATION			
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.					
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 opplication.					

E)

The School Board of Broward County, Florida

Remsberg Education – Remsberg Preparatory Charter School, Governing Board Chairperson

DOE 100A Revised February 2014

Page 1 of 2



## FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

**TAPS** Number

Please return to:	A) Program Name:	DOE USE ONLY
	Public Charter School Grant Program 2014-17 Planning, Design, and Implementation	Date Received
B) Name an	Project Number (DOE Assigned)	
Somerset Key Academy Ch n Care Of: 6340 Sunset Di		
South Miami, Florida 3314	13	n
	13	Mailing Address: c/o 6340 Sunset Drive
C) Total Funds Reques	<ul> <li>B) Applicant Contact Information</li> <li>Contact Name:</li> <li>Lisa Arneaud,</li> </ul>	Mailing Address:

1, 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.

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 The School Board of Broward County, FL

Signature of Charter Head



# FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

TAPS	Number
------	--------

	I ROJECT MILLICATION	· · ·			
Please return to:	A) Program Name:	DOE USE ONLY			
Florida Department of Education Office of Grants Management Room 332, Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496	Public Charter School Grant Program 2014-17 Planning, Design, and Implementation	Date Received			
B) Name and Address of Eligible Applicant:		Project Number (DOE Assigned)			
Sports Leadership and Mana In Care Of: 604 NW 12 <sup>TH</sup> Av Miami, FL 33136					
C) Total Funds Reque	C) Total Funds Requested: D) Applicant Contact Information				
\$ 350,000.00	Contact Name: Alejandro Tamargo	Mailing Address: c/o 604 NW 12 <sup>TH</sup> Avenue Miami, FL 33136			
DOE USE ONLY	Telephone Number: <b>305.970.2659</b>	SunCom Number:			
Total Approved Project: \$	Fax Number: <b>305.324.6966</b>	E-mail Address: tamargoalex@yahoo.com			
	CERTIFICATION				
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. 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.					

Signature of Agency Head The School Board of Broward County, FL

**DOE 100A** 

Revised 02/14

Signature of Charter Head