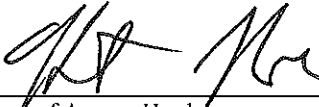
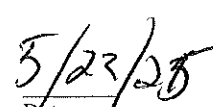
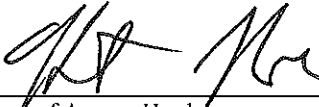
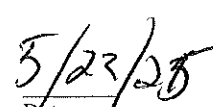
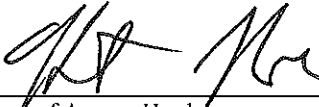
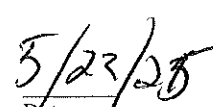


Appendix D: DOE 100A, Project Application Form for IELCE, TAPS# 26B023

**FLORIDA DEPARTMENT OF EDUCATION
PROJECT APPLICATION**

Please return to: Florida Department of Education upload into Office of Grants Management (OGM) ShareFile folder AgencyNumber_AgencyName _XXB023_submitcontinuation	A) Program Name: <p align="center">Integrated English Literacy and Civics Education (IELCE) Grant Application Fiscal Year 2025-2026</p> <p align="center">TAPS# 26B023 Integrated English Literacy and Civics Education</p>	DOE USE ONLY Date Received 								
B) Name and Address of Eligible Applicant: <p align="center">Jackson County School District 2903 Jefferson Street Marianna, FL 32446</p>		Project Number (DOE Assigned)								
C) Total Funds Requested: <p align="center"><u> \$84,878 </u></p> <p align="center">DOE USE ONLY</p> <p align="center">Total Approved Project:</p> <p align="center">\$</p>	D) Applicant Contact & Business Information <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Contact Name: J. Chris Franklin</td> <td style="width:50%;">Telephone Numbers: 850-482-9617</td> </tr> <tr> <td>Fiscal Contact Name: Lisa Nowell</td> <td align="center">850-482-1200</td> </tr> <tr> <td>Mailing Address: PO Box 5958 Marianna, FL 32447</td> <td>E-mail Addresses: Chris.franklin@jcsb.org Lisa.nowell@jcsb.org</td> </tr> <tr> <td>Physical/Facility Address: 2903 Jefferson Street Marianna, FL 32446</td> <td>UEI number: 1933311362 FEIN number: F596000680005</td> </tr> </table>		Contact Name: J. Chris Franklin	Telephone Numbers: 850-482-9617	Fiscal Contact Name: Lisa Nowell	850-482-1200	Mailing Address: PO Box 5958 Marianna, FL 32447	E-mail Addresses: Chris.franklin@jcsb.org Lisa.nowell@jcsb.org	Physical/Facility Address: 2903 Jefferson Street Marianna, FL 32446	UEI number: 1933311362 FEIN number: F596000680005
Contact Name: J. Chris Franklin	Telephone Numbers: 850-482-9617									
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Mailing Address: PO Box 5958 Marianna, FL 32447	E-mail Addresses: Chris.franklin@jcsb.org Lisa.nowell@jcsb.org									
Physical/Facility Address: 2903 Jefferson Street Marianna, FL 32446	UEI number: 1933311362 FEIN number: F596000680005									
CERTIFICATION I, Hunter Nolen, as the official who is authorized to legally bind the agency/organization, do hereby certify to the best of my knowledge and belief that all the information and attachments submitted in this application are true, complete and accurate, for the purposes, and objectives, set forth in the RFA or RFP and are consistent with the statement of general assurances and specific programmatic assurances for this project. I am aware that any false, fictitious or fraudulent information or the omission of any material fact may subject me to criminal or administrative penalties for the false statement, false claims or otherwise. 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.										
<table style="width:100%;"> <tr> <td style="width:30%;"> E)  Signature of Agency Head </td> <td style="width:40%; text-align: center;"> Superintendent _____ Title </td> <td style="width:30%; text-align: right;">  Date </td> </tr> </table>			E)  Signature of Agency Head	Superintendent _____ Title	 Date					
E)  Signature of Agency Head	Superintendent _____ Title	 Date								

DOE100A
Revised June 2022

