

FLORIDA DEPARTMENT OF EDUCATION

PROJECT APPLICATION

Please return to: Florida Department of Education upload into Office of Grants Management (OGM) ShareFile folder AgencyNumber_AgencyName _XXB022_submitcontinuation	A) Program Name: <div style="text-align: center;"> Adult Education Grant Application Fiscal Year 2025-2026 </div> <div style="text-align: center; margin-top: 20px;"> TAPS# 26B022 Adult General Education </div>	DOE USE ONLY Date Received								
B) Name and Address of Eligible Applicant: Jackson County School District 2903 Jefferson Street Marianna, FL 32446		Project Number (DOE Assigned)								
C) Total Funds Requested: <div style="text-align: center; font-size: 1.2em;">\$509,423</div> <hr style="width: 50%; margin: 10px auto;"/> <div style="text-align: center;"> DOE USE ONLY Total Approved Project: \$ </div>	D) Applicant Contact & Business Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Contact Name: J. Chris Franklin</td> <td>Telephone Numbers: 850-482-9617</td> </tr> <tr> <td>Fiscal Contact Name: Lisa Nowell</td> <td style="text-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: 193311362 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: 193311362 FEIN number: F596000680005
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CERTIFICATION <p>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.</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; align-items: flex-end; margin-top: 20px;"> <div style="width: 40%;"> E) Signature of Agency Head </div> <div style="width: 30%; text-align: center;"> Superintendent Title </div> <div style="width: 25%; text-align: right;"> May 23, 2025 Date </div> </div>										

DOE100A
Revised June 2022

