**TAPS# 25B037**

**FLORIDA DEPARTMENT OF EDUCATION**

**Division of Public Schools**

**College Reach-Out Program**

**Request for Application**

**2024-2025**

under Section 1007.34, Florida Statutes

**Institutional/Consortium Cover Page**

**To:** Bureau of Grants Management

Florida Department of Education

**From:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Institution or Consortium**

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**Name of Participating Institution**

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**Institutional Signature Page**

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| (1) Institution: | (2) Project Title: | (3) Project Director's Name and Title: |
|  |  |  |
| (4) Project Director's Phone & Email: | (5) Project Director's Mailing Address: | (6) Completed by: |
|  |  |  |
| (7) Phone/Email of Individual  Completing Document: | (8) Project Fiscal Agent's Name, Title,  and Mailing Address: | (9) Fiscal Agent's Phone & Email: |
|  |  |  |
| (10) Project Tracking Agent: | (11) Tracking Agent's Phone & Email: | (12) Tracking Agent's Mailing Address: |
|  |  |  |
| (13) Certification: I hereby certify that this application has been authorized by the governing body of the applicant and that the undersigned has been duly authorized to act as representative for the applicant in connection with this application. I further certify that all facts, figures, and representations made in this application are true and correct. Furthermore, I agree to comply with the reporting requirements set forth in Section 1007.34, Florida Statutes.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Project Director Signature of College/University President  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Date | | |

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**Consortium**

**Participating Institution Signature Page\***

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| (1) Institution: | (2) Project Title: | (3) Project Director's Name and Title: |
|  |  |  |
| (4) Project Director's Phone & Email: | (5) Project Director's Mailing Address: | (6) Completed by: |
|  |  |  |
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***\* Consortium members must complete a signature page for their participating institution.***