

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

75 NORTH PACE BOULEVARD, PENSACOLA, FL 32505 PHONE 850/432-6121, FAX 850/469-6379 www.escambia.k12.fl.us MALCOLM THOMAS, SUPERINTENDENT

Memorandum

To:

Mr. Norm Ross, Deputy Superintendent

From:

Steve Marcanio, Assistant Superintendent

Curriculum and Instruction

Date:

September 11, 2013

Subject:

Amended Board Agenda Item

The purpose of this memorandum is to request that the following item be amended on the agenda for the Regular Board Meeting on September 17, 2013 under V.b. Consent Agenda (1. Curriculum):

• B.3. Race to the Top District Grant: Personalizing All Learning in Middle Schools (PALMS)

The following changes were made:

• Pages 4 of 6 – The telephone numbers were revised to correctly reflect the contact numbers for the Superintendent and the Escambia Education Association.

Thank you for your assistance in this matter.

SM/jb

c: Holley DeWees, Administrative Recording Secretary

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SUPERINTENDENT'S OFFICE ESCAMBIA COUNTY SCHOOL DISTRICT

IV. APPLICATION ASSURANCES (CFDA No. 84.416)

Legal Name of Applicant ¹ : The School District of Escambia County	1200510	
Applicant's Mailing Address: 75 North Pace Boulevard, Pensacola, Florida 3250	05	
Employer Identification Number: 59-6000597	Organizational DUNS Number: 072612120	
Race to the Top – District Contact Name: Vickie Gibowski	Contact Position and Office: Director of Middle School Education	
Contact Telephone: (850) 439-2649	Contact E-mail Address: vgibowski@escambia.k12.fl.us	
 Required Applicant Signatures: To the best of my knowledge and belief, all of are true and correct. I further certify that I have read the application implementation. I am aware that any false, fictitious, or fraudule criminal, civil, or administrative penalties. (U. Superintendent or CEO of individual LEA or lead Representative of Eligible Legal Entity (Printed N. 	ent statements or claims. S. Code, Title 218, Sec LEA, or Legal	o it, and will support its
Malcolm Thomas		(850) 469-6130
Signature of Superintendent or CEO of individual LEA or lead LEA, or Legal Representative of Eligible Legal Entity:		Date:
Local School Board President (Printed Name): Jeff Bergosh		Telephone: (850) 469-6137
Signature of Local School Board President:		Date:
President of the Local Teacher Union or Association, where applicable, if not applicable provide rationale on pg.18 or pg.24 (Printed Name) ² : Kathy Breakall Signature of the President of the Local Teacher Union or Association:		Telephone: (850) 476-2906 Date:

¹ Individual LEA, lead LEA for the consortium, or eligible legal entity.

² Where the signature is not applicable, write "N/A" and provide a rationale for why the signature is not applicable.