

Please Type or Print in Ink

GAF: Grant Approval Form

RAE# _____

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only

Agenda Item No. _____

Date of Board Meeting: _____

New Grant

Section 1: General Information

Continuation

Grant Start/End Dates: 6/17/08 - 1/30/09 Application Deadline: 6/17/08 Grant Amt: \$4,000.00

Funder's Grant Title: Education Foundation - Literacy Grant Your Grant Title: Glenallen Literacy Grant

e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. *Up, Up and Away, Exploring Our Heritage, Young Galileos, etc*

Grant Writer: Amy Archer School/Dept. Glenallen/0461 Phone 426-9517 Ext 52310

Grant Contact Person* Amy Archer School/Dept. Glenallen/0461 Phone 426-9517 Ext 52310

*This is the school/district-based person who is in charge of the grant.

Schools/Programs to be served by this grant	# of staff impacted	# of students impacted	# of parents impacted
Glenallen Elementary	12	Approx. 165	Approx. 165

Does this grant require matching funds? Yes No If yes, what amount? _____ How will these funds be raised? _____

Grant Description

Please fill in all blanks.

Do not refer to attachments in your summaries.

Do not attach separate sheets.

Briefly summarize the overall purpose/objective of the grant and indicate how this grant will contribute to the needs and goals of your School Improvement Plan and/or District Plan. (Not grant activities):

Grants funds will be used to support students who are not meeting minimum levels of proficiency in the area of reading.

Briefly list grant program activities (what is going to be done with the grant funds):

Literature-based learning activities will be implemented to offer remediation to students who demonstrated a deficit in reading based on 2007-08 FCAT data and 2008 Fall progress monitoring data.

Please provide a brief explanation of pertinent budget items that will be funded through this grant. (Please indicate if funds will be used for new/old staff position, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items)

Materials and supplies will be purchased to provide literature-based learning activities to students who demonstrated a deficit in reading based on 2007-08 FCAT data and on 2008 Fall progress monitoring data. Contracts may also be created to provide before/after school tutorial services to targeted students.

How will grant activities be continued after the end of grant period?

Materials and supplies purchased using grant funds will continue to be used to support the growth and development of those demonstrating a deficit in reading.

Amy Archer

Print Name of Cost Center Head

Signature of Cost Center Head

7/8/08

Date

Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation - Bandings

Please Type or Print in Ink		GAF: Grant Approval Form		
Section Two: Summary for grants over \$2,000. (These grants require School Board approval and must be placed on the School Board Agenda by Grants Office staff.)				
Fiscal Management will be done by: <input type="checkbox"/> District Finance Office <input checked="" type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): _____	<input type="checkbox"/> Entitlement/Flowthrough <input type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Continuation <input type="checkbox"/> Other: _____	Fund Source: <input type="checkbox"/> Federal (indirect cost \$) _____ <input type="checkbox"/> State <input checked="" type="checkbox"/> Local Foundation <input type="checkbox"/> Other: _____		
Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Education Foundation	Cindy Kaiser	1960 Landings Blvd. Sarasota Fl 34231	941-927-0965	\$4,000.00
<div style="text-align: center;"> <p>NOTE: If MAJOR TECHNOLOGY is part of this grant: (does not include cameras, DVD players, etc.)</p> <p>Your school technology support personnel must review the physical capabilities of the area involved and agree that no additional wiring or electrical work, beyond what is provided through the grant, will be needed to complete the project. Please have your technology support staff member sign off on your project here.</p> <p>_____</p> <p style="text-align: center;">Technology Support Staff</p> </div> <div style="text-align: center; margin-top: 10px;"> <p>NOTE: If your project involves CONSTRUCTION or requires RETROFITTING space: Please call Jody Dumas to discuss your project and receive approval to go forward with your proposal. He can be reached at 361-6311 ext. 68824. If approved, you will need to create a memo for his approval and signature, to be included with your GAF.</p> <p style="text-align: center;">Thank you. Please call ext 927-9000 ext. 32172 with questions.</p> </div>				
<u>GRANTS OFFICE USE ONLY</u> Section Three: Signatures Grants Office personnel will obtain applicable signatures in this section				
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES _____ RESEARCH, ASSESSMENT & EVALUATION (RAE)	*DIRECTOR OF FACILITIES SERVICES <i>OK</i> _____ DIRECTOR OF BUDGET <i>OK</i>			
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY _____ SUPERINTENDENT	ASSOCIATE SUPERINTENDENT _____			
<p><i>Gene M. White</i></p> <p>_____</p> <p style="text-align: center;">SUPERINTENDENT</p> <p style="text-align: center;">*Signatures needed only if applicable.</p>				
Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation Landings				