

Please Type or Print in Ink

GAF: Grant Approval Form

RAE# _____

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only

Date of Board Meeting:

Agenda Item No.

 New Grant

Section 1: General Information:

 ContinuationGrant Start/End Dates: 7/1/09-8/29/10 Application Deadline: 6/30/09 Grant Amt: \$916,551Funder's Grant Title: Florida Diagnostic & Learning Your Grant Title: FDLRS Associate Centers
~~Resources System Associate Centers~~e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. *Up, Up and Away, Exploring Our Heritage, Young Galileos, etc*Barbara S. Stafford927-900032247Grant Writer: _____ School/Dept. Professional Development Phone _____ Ext _____Grant Contact Person* Barbara S. Stafford School/Dept Professional Development Phone 927-9000 Ext 32247

*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
All in Sarasota, Manatee and Charlotte Counties	Approx. 400-500	20,000	All families

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

Funds from this grant will assist with the identification of students with disabilities (birth – age 21). In addition, it will provide professional development to Exceptional Student Education (ESE) and general education teachers to assist students with disabilities. Technology assistance and services will be provided to students with disabilities and parents. These priorities align with NeXt Generation Learning's pillars of Service, Resources, Quality and People.

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

This grant will provide opportunities for Pre-K transition, staff development, assistive technology, parent services and IDEA implementation to the Professional Development Department.

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.)

Funds are used for staff positions to implement delivery of services, clerical personnel, materials/supplies, and contracted services. This grant has three parts: IDEA (Part B -\$720,427), Part B (Preschool - \$136,855) and General Revenue (\$55,682).

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

We expect this long-running program to continue being renewed, or the program will cease.

PAMELA HOUFER
Print Name of Cost Center HeadPamela Houfer
Signature of Cost Center Head5/28/09
Date

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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:

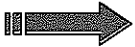
- District Finance Office
- School Internal Account
- Other (name): _____

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: _____

Fund Source:

- Federal (indirect cost \$) _____
- State
- Local Foundation
- Other: _____

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
FL DOE/BEESS	Cathy Bishop Email: cathy.bishop@fldoe.org	Dept. of Education 325 W. Gaines St Rm 601 Tallahassess, FL 32399	Ph: 850-245-0478	\$916,551



**NOTE: If MAJOR TECHNOLOGY is part of this grant:
(does not include cameras, DVD players, etc.)**

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.

Technology Support Staff



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.

Thank you. Please call ext 927-9000 ext. 32172 with questions.

GRANTS OFFICE USE ONLY

Section Three: Signatures

Grants Office personnel will obtain applicable signatures in this section

Jema Payne
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

von file von file-constr
*DIRECTOR OF FACILITIES SERVICES

Ann Cup
RESEARCH, ASSESSMENT & EVALUATION (RAE)

von file
DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

Lerr M. White
SUPERINTENDENT

*Signatures needed only if applicable.