

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:

Continuation

Grant Start/End Dates: 07/01/08-06/30/09 Application Deadline: 06/27/08 Grant Amt: \$75,000

Funder's Grant Title: Adult Education & Family Literacy Your Grant Title: Corrections OUTREACH

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: Mike Lehner School/Dept. SCTI Phone 924-1365 Ext _____

Grant Contact Person* Yvette Trahan School/Dept SCTI Phone 924-1365 Ext 62307

*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
ADTI: ABE/GED/Corrections Education	5	900	N/A

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)

Provide basic academic skills to offenders to function in jobs and society.

Provide job counseling and placement services.

Pay transportation costs to and from GED exams.

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

Provide adult basic education and general education development.

Job counseling and placement services.

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.)

Salaries (current positions)

Staff Development and Travel

Materials and Supplies (both capitalized and non-capitalized)

Brochures, handouts and bus tickets.

Contracted Servies.

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

This grant funds a supplementary instruction program. Should the grant end or not be funded, the services will not be continued at the end of the grant period.

Todd Bowden, Director

Print Name of Cost Center Head

Signature of Cost Center Head

10/1/08

Date

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

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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
Adult Education and Family Literacy Act	Lyle Richmond	Florida Dept. of Education Bureau of Grant Management 325 W. Gaines St. Rm.325B Tallahassee, FL 32399-0400	(850) 245-9045	\$75,000



**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.

Debbie Haven

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

*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

[Signature]
RESEARCH, ASSESSMENT & EVALUATION (RAE)

*DIRECTOR OF FACILITIES SERVICES

Sign on file
DIRECTOR OF BUDGET

email appr. by Melissa Morrow

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

Lane M. White
SUPERINTENDENT

*Signatures needed only if applicable.

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