

Office Use Only

Date of Board Meeting: \_\_\_\_\_ Agenda Item No. \_\_\_\_\_

New Grant

Section 1: General Information:

Continuation

**Complete this side for ALL grants, including classroom grants**

Grant Start/End Dates: 7/1/10 – 6/30/11 Application Deadline: 6/30/10 Grant Amt: **\$1,342,192**

\*Funder's Grant Title: Title I SES/CWT \*Your Grant Title: Title I SES/CWT

\*e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. \*e.g. Up, Up and Away, Exploring Our Heritage, Young Galileo's, etc.  
Grant Writer: Jane Mahler School/Dept. State & Federal Projects Phone 927-9000 Ext 34641

Grant Contact Person\* Peggy Wiggins School/Dept Academic Intervention Phone 927-9000 Ext 34641

\*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
Alta Vista, E.E. Booker, Gocio, Glenallen, Tuttle, Wilkinson.	None	Students on FRL of Participating Schools	None

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

**Grant Description**

Please type or print neatly in ink. Do not attach separate sheets. Please fill in all blanks. Do not refer to attachments in your summaries.

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)*

**Title I, Part A provides supplemental educational services and choice with transportation to students eligible for Free or Reduced Lunch at eligible schools.**

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

**Funds from this grant will support the following activities:**

- 1) Reimburse transportation for students enrolled in Choice with Transportation
- 2) Supplemental Education 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.)*

**Title I, Part A funds will be used for transportation costs and contracted services for supplemental education service providers.**

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

**Grant activities will be continued each year through the continuance of entitlement grant allocations.**

Peggy Wiggins [Signature] 6/4/10  
Print Name of Cost Center Head Signature of Cost Center Head Date

**Send this completed form and 1 copy of your grant to RAE (Grants Office)**

Please Type or Print in Ink

GAF: Grant Approval Form

Section Two: Summary for grants over \$2,000.

(These grants require School Board approval. GAF must be submitted by the School Board meeting prior to relevant School Board meeting.)

Fiscal Management will be done by: <input checked="" type="checkbox"/> District Finance Office <input type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): Education Foundation	<input checked="" type="checkbox"/> Entitlement/Flowthrough <input type="checkbox"/> Competitive/discretionary <input type="checkbox"/> Continuation	Fund Source: <input checked="" type="checkbox"/> Federal (indirect cost) \$ <b>N/A</b> <input type="checkbox"/> State (3.00%) <input type="checkbox"/> Local Foundation <input type="checkbox"/> Other:
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Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Florida Department of Education	Lisa Bacen, Chief, Bureau of Student Assistance	Florida Department of Education	850-245-0479	\$1,342,192

 **\*NOTE: If TECHNOLOGY is part of this grant:**

A memo, signed by the Cost Center Head must accompany this form. The memo must state that:

- The school technology personnel has reviewed the physical capabilities of the area involved and that no additional wiring or electrical will be needed to implement the grant beyond what is provided through grant funds.
- The memo must be cosigned by Leona Compos (927-9000 ext 31351 FAX 927-4015). Please call, tell her about your project, then FAX your memo to her for signature. She will FAX the memo back to you for inclusion with the GAF.

 **\*NOTE: If FACILITY CONSTRUCTION or RETROFIT are part of this grant:**

- The memo must be co-signed by Paul Pitcher, (361-6311; fax 361-6318). Please call, tell him about your project, then, if the project is acceptable, FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF.  
 Thank you. Please call ext 927-9000 ext 32254 with questions.

**RAE OFFICE USE ONLY**

**Section Three: Signatures**

RAE personnel will obtain all signatures in this section

\_\_\_\_\_  
\*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

\_\_\_\_\_  
\*DIRECTOR OF FACILITIES SERVICES

\_\_\_\_\_  
RESEARCH, ASSESSMENT & EVALUATION (RAE)

\_\_\_\_\_  
DIRECTOR OF BUDGET

\_\_\_\_\_  
\*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

\_\_\_\_\_  
ASSOCIATE SUPERINTENDENT

\_\_\_\_\_  
SUPERINTENDENT

\*Signatures needed only if applicable.

**SEND THIS COMPLETED FORM AND 1 COPY OF YOUR GRANT TO RAE (GRANTS OFFICE)**