

**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: 7/1/11-8/31/12 Application Deadline: 6/30/11 Grant Amt: 903,675

Funder's Grant Title: Florida Diagnostic & Learning Resources System Associate Centers Your Grant Title: FDLRS 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. Stafford 927-9000 32247

Grant 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
		20,000	All families

Does this grant require matching funds? \_\_\_ Yes \_\_\_ X \_\_\_ 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.  
 Funds from this grant will assist districts in the planning and implementation of a comprehensive system of identification of birth to 21 and personal development. The funds will also be used to develop a partnership between families and professional necessary for the education of students who are exceptional and /or have unique needs based on locally assessed needs and established priorities

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/instructional technology, parent services and IDEA implementation.

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 -\$731,303), Part B (Preschool - \$136,855) and General Revenue (\$35,517).

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

Pamela Houfek Pamela Houfek 5/17/11  
 Print Name of Cost Center Head Signature of Cost Center Head Date

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 checked="" type="checkbox"/> District Finance Office <input type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): _____	<input type="checkbox"/> Entitlement/Flowthrough <input type="checkbox"/> Competitive/Discretionary <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other: _____	Fund Source: <input checked="" type="checkbox"/> Federal (indirect cost \$) _____ <input type="checkbox"/> State <input type="checkbox"/> Local Foundation <input type="checkbox"/> 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	<b>\$903,675</b>

**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

*on file*

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

*[Signature]*

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

*on file*      *on file*

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

*on file*

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

*N/A*

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

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

*[Signature]*

\_\_\_\_\_  
SUPERINTENDENT

\*Signatures needed only if applicable.