

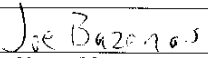
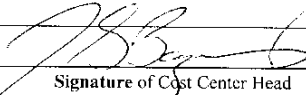
Please Type or Print in Ink


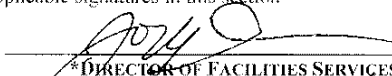
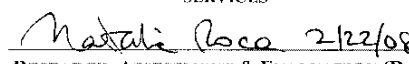
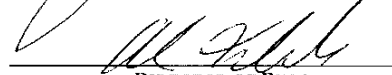
GAF: Grant Approval Form

RAE# \_\_\_\_\_

**FOR GRANT APPLICATIONS \$2,000 OR MORE**

Office Use Only

<b>Date of Board Meeting:</b>		<b>Section 1: General Information:</b>		<b>Agenda Item No.</b>	
<input checked="" type="checkbox"/> <b>New Grant</b>				<input type="checkbox"/> <b>Continuation</b>	
Grant Start/End Dates: <u>March-June, 2008</u>		Application Deadline: <u>February, 2008</u>		Grant Amt: <u>\$20,000</u>	
Funder's Grant Title: _____		Your Grant Title: <u>Reading Grant</u>			
e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc.		e.g. <i>Up, Up and Away: Exploring Our Heritage, Young Galileos, etc.</i>			
Grant Writer: _____		School/Dept. _____		Phone _____ Ext _____	
Grant Contact Person* <u>Joseph Bazenas</u>		School/Dept <u>Booker MS</u>		Phone <u>359-5824</u> Ext _____	
<small>*This is the school/district-based person who is in charge of the grant.</small>					
<b>Schools/Programs to be served by this grant</b>		<b># of staff impacted</b>	<b># of students impacted</b>	<b># of parents impacted</b>	
Booker MS		20	400	NA	
Does this grant require matching funds? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> If yes, what amount? _____ How will these funds be raised? _____					
<b>Grant Description</b>					
Please fill in all blanks. Do not refer to attachments in your summaries. Do not attach separate sheets.					
Briefly summarize the overall <b>purpose/objective</b> of the grant and indicate how this grant will contribute to the needs and goals of your School Improvement Plan and/or District Plan. <i>(Not grant activities)</i>					
Funds from this grant will be used to purchase reading materials for struggling readers at Booker Middle School. These materials will be available to students in their classrooms through the media center where they will provide students with more choices to better motivate and engage them in literature.					
Briefly list grant program activities <i>(what is going to be done with the grant funds)</i> :					
Books, recorded books and CD players will be purchased, made available to students, especially those who have scored below proficient on the reading FCAT and their impact measured through the use of media circulation reports and assessments.					
Please provide a brief explanation of pertinent <b>budget items</b> that will be funded through this grant. <i>(Please indicate if funds will be used for new/old staff position, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items.)</i>					
Purchase audio books, graphic novels, biographies, non-fiction and Readers' Theatre scripts and CD players.					
How will grant activities be continued after the end of grant period?					
Books will remain in classrooms and in the school after the grant has ended.					
 Print Name of Cost Center Head		 Signature of Cost Center Head		<u>7/21/08</u> Date	
Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings					

<b>Please Type or Print in Ink</b>				
<b>GAF: Grant Approval Form</b>				
<b>Section Two: Summary for grants over \$2,000.</b>				
(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"/> Entitlement/Flowthrough <input checked="" type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Continuation <input type="checkbox"/> Other: _____		Fund Source:
<input type="checkbox"/> District Finance Office <input checked="" type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): _____				<input type="checkbox"/> Federal (indirect cost \$) _____ <input type="checkbox"/> State <input checked="" type="checkbox"/> Local Foundation <input type="checkbox"/> Other: _____
<b>Name of Primary Fund Source</b>	<b>Funder's Contact Name</b>	<b>Funder's Address</b>	<b>Phone Number</b>	<b>\$ Amount</b>
Education Foundation	Cindy Kaiser	1960 Landings Blvd. Sarasota, FL 34231	927-0965	<del>\$18,000</del> \$20,000
<p><b>NOTE: If MAJOR TECHNOLOGY is part of this grant:</b>          (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 style="text-align: center;">_____ Technology Support Staff</p> <p><b>NOTE: If your project involves CONSTRUCTION or requires RETROFITTING space:</b>          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.</p>				
<b>GRANTS OFFICE USE ONLY</b>				
<b>Section Three: Signatures</b>				
Grants Office personnel will obtain applicable signatures in this section				
 _____ *DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES		 _____ *DIRECTOR OF FACILITIES SERVICES		
 _____ RESEARCH, ASSESSMENT & EVALUATION (RAE)		 _____ DIRECTOR OF BUDGET		
-email on file _____ *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 the Grants Office, Research, Assessment, and Evaluation-Landings				