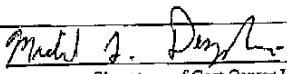


Please Type or Print in Ink **GAF: Grant Approval Form** RAE# _____
FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only			
Date of Board Meeting:			Agenda Item No.
<input checked="" type="checkbox"/> New Grant	Section 1: General Information:		<input type="checkbox"/> Continuation
Grant Start/End Dates: <u>March - June 2008</u>	Application Deadline: <u>February, 2008</u>	Grant Amt: <u>\$20,000</u>	
Handler's Grant Title: _____	Your Grant Title: <u>Reading Grant</u>		
<small>e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. Up, Up and Away, Exploring Our Heritage, Young Gulleos, etc.</small>			
Grant Writer: _____	School/Dept. _____	Phone _____	Ext _____
Grant Contact Person* <u>Dr. Michael Desjardins</u>	School/Dept. <u>Heron Creek MS</u>	Phone <u>480-3371</u>	Ext _____
<small>* This is the school/district-based person who is in charge of the grant.</small>			
Schools/Programs to be served by this grant	# of staff impacted	# of students impacted	# of parents impacted
Heron Creek Middle School	20	500	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? _____			
Grant Description			
<small>Please fill in all blanks. Do not refer to attachments in your summaries. Do not attach separate sheets.</small>			
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)			
Funds from this grant will be used to purchase low-level, high interest reading materials for non-proficient readers at Heron Creek Middle School. These materials are motivating for our readers, and will encourage them to read the books, improve fluency and allow students, peers and parents to interact and discuss books. These fit with the intensive reading programs already in place at Heron Creek to help these students improve their reading skills.			
Briefly list grant program activities (what is going to be done with the grant funds):			
Books will be purchased, made available to students, and their impact measured with FORF (Florida Oral Reading Fluency) and a teacher-developed interest inventory.			
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.)			
Purchase audio books, paperback companion books, classroom sets of books and books for individual teacher classroom libraries			
How will grant activities be continued after the end of grant period?			
All materials (books/playaways) will remain in classrooms/media center for general useage after the grant has ended.			
Dr. Michael Desjardins			Date
Print Name of Cost Center Head	Signature of Cost Center Head		Date
Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings			

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 type="checkbox"/> District Finance Office <input checked="" type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): _____	<input type="checkbox"/> Entitlement/Flowthrough <input checked="" type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Continuation <input type="checkbox"/> Other: _____	Fund Source: <input type="checkbox"/> Federal (indirect cost \$) _____ <input type="checkbox"/> State <input checked="" 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
Education Foundation	Cindy Kaiser	1960 Landings Blvd. Sarasota, FL 34231	927-0965	\$20,000


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.


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.

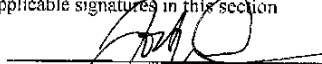
GRANTS OFFICE USE ONLY

Section Three: Signatures

Grants Office personnel will obtain applicable signatures in this section



 *DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES




 *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 the Grants Office, Research, Assessment, and Evaluation-Landings