

Office Use Only

Date of Board Meeting: _____ *Agenda Item No.* _____

New Grant

Section 1: General Information:

Continuation

Grant Start/End Dates: FY 2017 Application Deadline: Mar. 30, 2012 Grant Amt: \$400,000

Funder's Grant Title: Safe Routes to School Your Grant Title: Safe Routes to Lamarque
 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: Amy Donner School/Dept. IIS Phone 927-9000 Ext 32172

Grant Contact Person* Amy Donner School/Dept IIS Phone _____ Ext _____

*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
Lamarque Elementary School	2	300	600

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)*

Grant funds will be used by the Florida Department of Transportation (FDOT) and the City of North Port to install new sidewalks and other infrastructure along Eldron and Dull Avenues in North Port. These streets are close to Lamarque Elementary School and will provide students with a safe way to walk or bike to school.


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

Infrastructure near Lamarque Elementary School will be installed with grant funds.

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.)*

Sidewalks, crosswalks, signage.

How will grant activities be continued after the end of grant period?
 Project will be complete and will require no additional funds.

Natalie Roca		<u>2/16/2012</u>
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:

- District Finance Office
- School Internal Account
- Other (name): FDOT/City of NP

Project number, if known: _____

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: _____

Fund Source:

- Federal: Indirect cost \$ _____
CFDA # _____
- State
- Local Foundation
- Other:

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Florida Department of Education	Sarita Taylor			Approx. \$400,000



**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.

von file
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

von file von file - Construction
*DIRECTOR OF FACILITIES SERVICES

Will [Signature]
RESEARCH, ASSESSMENT & EVALUATION (RAE)

von file
DIRECTOR OF BUDGET

von file
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

Lori 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