

**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: 7/1/09 to 6/30/10 Application Deadline: 3/6/09 Grant Amt: \$300,000

Funder's Grant Title: FLDOE Public Charter School Grant Program Your Grant Title: 2-Yr Start Up-Imagine School at Palmer Ranch

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: Kathy Helean School/Dept. Imagine School Palmer Ranch Phone (813) 846-3362 Ext \_\_\_\_\_

Grant Contact Person\* Deborrah Metheny School/Dept. Charter Schools Phone (941) 927-9000 Ext 32171

\*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
Imagine Charter School of Palmer Ranch	70	910	1400

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. (Not grant activities)  
 The purpose of the grant is to enable the Imagine School of Palmer Ranch to plan and effectively implement the first years of operation through staff development, purchase of instructional materials and equipment, and overall establishment of the school in order to open in August, 2009. This grant has historically been titled a "charter School Start-Up Grant" and is competitive.

Briefly list grant program activities (what is going to be done with the grant funds):  
 Grant activities include staff development, purchase of materials and supplies to support the Project CHILD program, initial set-up of office, purchase of materials for the school's reading and math programs.

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.)  
 The grant will be used to support travel, resources and staff development needed to equip all staff with knowledge and skill to implement Project CHILD and sunshine state standards at the opening of the school. The budget includes start up costs associated with training, purchasing instructional materials and initial set up of the school.

How will grant activities be continued after the end of grant period?  
 Ongoing FTE funding and supportive grants.

*DC 012*

Natalie Roca  
 Print Name of Cost Center Head

*Natalie Roca*  
 Signature of Cost Center Head

2/19/09  
 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):

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: \_\_\_\_\_

Fund Source:

- Federal (indirect cost \$) \_\_\_\_\_
- State
- Local Foundation
- Other:

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Florida DOE	Office of School Choice FLDOE	325 West Gaines Street Tallahassee, FL 32399-0400	(850) 245-0496	\$300,000



**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.

\_\_\_\_\_  
N/A

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

  
RESEARCH, ASSESSMENT & EVALUATION (RAE)

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

\_\_\_\_\_  
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