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

		Office Use Only							
Date of Board Meeting:				4	genda Item N				
New Grant	\$	Section 1: General Information:			Continuation				
Grant Start/End Dates:	/01/08 - 06/30/09	Application Dead	ine:	5/30/08	Grant Aint.	\$59,558.00			
Funder's Grant Title:	STORY STORE ESSENT	Your Grant	itte:						
Grant Writer:  Weller Teacher Mini-Grant, B Yvette Tra				ring Our Heritage Phone	924-1365				
Grant Contact Person* Ja *This is the school/district-based per	ick McDonald	School/Dept _SCT	rı	Phone	924-1365	Ext 62326			
Schools/Programs to be se		# of staff impacted	# of stude	ents impacted	# of parent	s impacted			
SCTI Post-Secondary Programs		7		0	0				
		77 77 70				way early			
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)  This grant will serve to improve the academic and technical skills of students participating in career and technical education programs by strengthening and integrating coherent and rigorous content with challenging academic standards and relevant career and technical education programs.									
Briefly list grant program activities (what is going to be done with the grant funds):  Provide new equipment to expand and improve Web Design programs in the Multimedia Design Technology Laboratory.  Provide professional development on the integration of rigorous academic skills into CTE curriculum.  Identify and implement strategies to increase success of special populations including single parents, displaced homemakers, and those entering non-traditional occupational training 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.)  Professional development: speakers, materials, and supplies. Provide new equipment to expand and improve Web Design programs in the Multimedia Design Technology Laboratory. Travel to appropriate conferences.  Instructional materials, supplies, equipment, and furniture for teachers and students. Marketing aimed at career counseling for special population including single parents, displaced homemakers, and those entering non-traditional training programs.									
How will grant activities be continued after the end of grant period?									
The SCTI budget will carry operating costs and instructional salaries for affected programs.									
TomBown	(	Mislen			4/23/2	$\mathcal{E}_{cc}$			
Print Name of Cost Center He		Signature of Cost Center			Date				
Send this completed form	and 1 copy of your gr	rant to the Grants Off	ice, Researc	ch, Assessment,	and Evaluatio	n-Landings			

PAGE 1 of 2

Rev. 11/01/07

		CAR C							
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:  Fund Source:  State  Local Foundation  Other:					
Name of Primary Fund Source	Funder's Co Name	ntact	Funder's Address	S Phone Number	\$ Amount				
Carl D. Perkins Career and Technical Education Postsecondary Programs, Section 132	Lyle Richmor	nd	Florida Dept. of Education Burcau of Grants Manageme 325 W. Gaines St., Rm. 325-E Tallahassee Fl. 32399-0400	(000) = 10 0	\$59.558.00				
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.									
Please call Jody	Dumas to discust at 361-6311 extended with your	lves CON s your pr :. 68824. I	oject and receive appro	ires RETROFITTING soval to go forward with yed to create a memo for hi	your proposal.				
GRANTS OFFICE USE ONLY									
Section Three: Signatures  Grants Office personnel will obtain applicable signatures in this section									
*DISTRICT DIRECTOR OF	F TECHNOLOGY ERVICES		TION *DIR	*DIRECTOR OF FACILITIES SERVICES					
RESEARCH, ASSESSMENT & EVALUATION (RAE)			E)	DIRECTOR OF BUDGET					
*EXECUTIVE DIRECTOR SEC	OF ELEMENTAR CONDARY	y, Middli	E, OR A	ASSOCIATE SUPERINTENDENT					
	•••••	~							
SUPERINTENDENT *C:									
*Signatures needed only if applicable.									

Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings