

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: 10/06/2008 – 7/31/2009 Application Deadline: 10/06/2008 Grant Amt: 277,786.56

Funder's Grant Title: Title I Part A Your Grant Title: Title I Part A

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: Jane Mahler School/Dept. State & Federal Projects Phone 927-9000 Ext 34641

Grant Contact Person* Peggy Wiggins School/Dept Academic Intervention Phone 927-9000 Ext 31113

*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
E.E. Booker, Glenallen, Gocio, Tuttle & Wilkinson	Total Staff of Participating Schools	All Students of Participating Schools	All Parents of Students at Participating Schools

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)*

The School Improvement Incentive grant will address specific needs of our Schools in Need of Improvement and provide activities targeted to improve student achievement.

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

Funds from this grant will support the following activities:

- 1) Additional intensive instruction during the school day and after school hours
- 2) Professional Development Activities and teacher collaboration time

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.)*

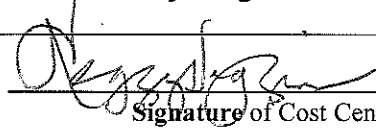
School Improvement Initiative funds will be used for substitute staff salaries, after duty-hour employee contracts and fringe benefits, professional development contracts, and transportation and facility use for after-hours programs.

How will grant activities be continued after the end of grant period?

Grant activities are scheduled for the current school year only. The funding is partly a continuation of a Title I set aside and the balance is the first in a 3-year grant. We will apply for these grants in future years as well.

Peggy Wiggins

Print Name of Cost Center Head



Signature of Cost Center Head

10/9/08
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 checked="" type="checkbox"/> District Finance Office <input type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): _____	<input type="checkbox"/> Entitlement/Flowthrough <input type="checkbox"/> Competitive/Discretionary <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other: _____	Fund Source: <input checked="" type="checkbox"/> Federal (indirect cost \$) _____ <input type="checkbox"/> State <input 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
Florida Department of Education	Mary Jo Butler, Chief, Bureau of Public School Options	Turlington Building Suite 316 325 W. Gaines Street Tallahassee, FL 32399	850-245-0479	\$277,786.56



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

Henry Calley

RESEARCH, ASSESSMENT & EVALUATION (RAE)

Von file Von file

*DIRECTOR OF FACILITIES SERVICES + Construction

Von file

DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY,
MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

Luis 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