GAF: Grant Approval Form FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only									
Date of Board Meeting: New Grant Section 1: General Information:				Agenda Item No Continuation					
M New Grant	ŝ	section 1: General ini	ormation:	_ Continuation					
Grant Start/End Dates:	10/1/10 - 9/30/12	Application Deadline: 2/26/10		Grant Amt: \$582,829					
Funder's Grant Title:	Readiness & Emergency Managem	nergency Management for Schools Your Grant Title: Building the Foundation for School Community Re							
	e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. Darrell Reyka e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc School Police/Safety & 966-7233								
Grant Writer: School/Dept. Security Phone Ext									
Grant Contact Person* Darrell Reyka School/Dept School Police/Safety & Phone 966-7233 Ext									
*This is the school/district-based person who is in charge of the grant.									
Schools/Programs t	to be served by this grant	# of staff impacted	# of students impacted	# of parents impacted					
All schools within the	LEA	6,000	60,000						
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)									
goals of your school	miprovement Fian and/or L	istrict Flan. (Ivoi grant	activities)						
To improve school s	afety and emergency man	agement readiness in s	support of creating and	maintaining a safe, secure,					
and nurturing learning environment for students, staff, and school visitors.									
Briefly list grant pro	ogram activities (what is go	ing to be done with the	grant funds):						
1) Strengthen staff rea	adiness through job-specific of	emergency management	video training. 2) Strengt						
	with students and staff having			rcises. 3) Strengthen the the the professional development					
	onnel. 5) Improve teacher pr								
crisis management in collaboration with the University of South Florida for students pursuing careers in education.									
Please provide a brief explanation of pertinent budget items that will be funded through this grant. (<i>Please indicate if funds will be used for new/old staff position, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items.)</i>									
Grant funding will primarily be used for contracted services to 1) produce a series of job-specific school emergency management									
video training components and 2) for the development of a pre-service course module in school emergency management – <u>School</u>									
Safety and Emergency Response for Classroom Teachers." Less than 6% of the grant funding will be used for equipment (video									
production equipment, streaming video servers). In addition, the grant will fund 50% of an existing administrative position.									
How will grant activities be continued after the end of grant period? Video training services will be used for multiple years ensuring accurate and consistent school safety training district-wide and the pre-									
service course module will be shared with all colleges and universities. The project does not add any new programs requiring future fiscal									
support of the school district.									
		010							
LAWNENCE J.	(For)	tall		3/1/2010					
Print Name of Cost Co		Signature of Cost Cente	er 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.)									
			lement/Flowthrough	Fund Source:					
☐ District Finance Office School Internal According			petitive/Discretionary	Trederal: Indirect cost \$ \$26,429_					
Other (name):		Continuation		CFDA # _84.184E					
Project number, if known:		- Other.		Local Foundation					
Troject namoci, ii known.				Other:					
Name of Primary			Funder's Address		Phone Number	\$ Amount			
Fund Source	Fund Source Name								
U.S. Department of	Sara Strizzi		Office of Safe and Drug-Free 303-346-0924		303-346-0924	\$582,829			
Education			Schools U.S. Department of Education						
			400 Maryland Avenue, SW Washington, DC 20202-4260						
			washington, De 20202-4200						
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.									
complete the project. Flease have your technology support start member sign off on your project nere.									
	X								
Technology Support Staff									
NOTE IS A CONCEDICAL DESCRIPTION									
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.									
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Section Three: Signatures									
Grants Office personnel will obtain applicable signatures in this section									
Von file Vontile									
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION DIRECTOR OF FACILITIES SERVICES									
SERVICES									
1XIV (le la Jon de De)									
RESEARCH, ASSESSMENT & EVALUATION (RAE) DIRECTOR OF BUDGET									
\sqrt{c}									
*EVECUTIVE PURE CTOY OF EVENT AND MADRIE OF									
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR ASSOCIATE SUPERINTENDENT SECONDARY									
Lucian White									
SUPERINTENDENT									
	* C.	~		1.1					
	*Sign	atures	s needed only if applic	able.	*				
Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings									

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