

Please Type or Print in Ink

GAF: Grant Approval Form

RAE# _____

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: 12/8/11 to 6/30/12 Application Deadline: 7/15/11 Grant Amt: \$90,000

Funder's Grant Title: K-12 Target Hardening (Access Control) Your Grant Title: K-12 Target Hardening (Access Control)

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: Darrell Reyka School/Dept. Safety Office Phone 966-7233 Ext _____

Grant Contact Person* Darrell Reyka School/Dept Safety Office 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
N/A	10	N/A	N/A

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 to improve security district-wide.

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

Purchase and install mobile video security camera unit and addition of exterior motion sensors to existing exterior security lighting (to reduce energy costs and enhance video security in low light conditions).

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.)

Video system (\$44,000) and outdoor motion sensors(\$46,000), including installation

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

Equipment will be installed and in use for years to come.

Larry Leon

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

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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): _____
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	Princess Ousley		850-245-9603	\$90,000



**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

*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Van file

*DIRECTOR OF FACILITIES SERVICES

Van file

Van file - Construction

RESEARCH, ASSESSMENT & EVALUATION (RAE)

[Handwritten signature]

DIRECTOR OF BUDGET

Van file

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

Law 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