

**Office Use Only**

*Date of Board Meeting:* \_\_\_\_\_ *Agenda Item No.* \_\_\_\_\_

**New Grant** **Section 1: General Information:**  **Continuation**

Grant Start/End Dates: 11/21/11 – 6/30/12 Application Deadline: N/A Grant Amt: \$5,005.46

Funder's Grant Title: Postsecondary Educ Readiness Test Your Grant Title: PERT  
 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: Amy Donner School/Dept. IIS Phone 927-9000 Ext 32172

Grant Contact Person\* Melissa Barber School/Dept RAE Phone 927-9000 Ext 32254

\*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
Schools with special needs students	N/A	30	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)*

**Special editions of the Postsecondary Education Readiness Test (PERT) are required for students with special needs. This grant will allow the district to meet the needs of students with special testing requirements.**

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

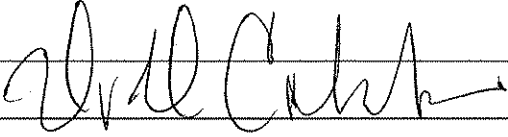
**This grant will allow the district to purchase required hard copies, large print, and other special tests.**

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.)*

**Math, Writing and Reading tests will be purchased, along with required large print and hard copies.**

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

N/A

Denise Cantalupo		_____
Print Name of Cost Center Head		

**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): \_\_\_\_\_

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		Tallahassee, FL		\$5,005.46



**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

✓ on file

\*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

[Signature]

RESEARCH, ASSESSMENT & EVALUATION (RAE)

✓ on file ✓ on file

\*DIRECTOR OF FACILITIES SERVICES

✓ on file

DIRECTOR OF BUDGET

\*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

[Signature]  
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