

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only

Date of Board Meeting: 6/16/09

Agenda Item No. _____

New Grant

Section 1: General Information:

Continuation

Grant Start/End Dates: 07/01/2009 – 06/30/2010 Application Deadline: 06/30/2010 Grant Amt: \$1,737,879

Funder's Grant Title: Title II—Part A Teacher & Principal Training Fund Your Grant Title: Title II—Part A Teacher & Principal Training

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: Dr. Pamela Houfek School/Dept. Professional Development Phone 927-9000 Ext 32230

Grant Contact Person* Dr. Pamela Houfek School/Dept Professional Dev Phone 927-9000 Ext 32230

*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
All schools	2500	39,000	

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 primary goal of this entitlement is to provide recruitment and training activities to attract and retain highly qualified teachers and administrators to the district. Funding will provide training and support for instructional staff to maintain credentials and to learn and practice state-of-the-art instructional strategies. The grant also provides leadership development and support for new administrators. This grant also supports reduction in class size at several schools.

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

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Class size reduction 2. Training for any Non-HQT teachers (as defined by NCLB/Title I) 3. Teacher instructional strategy training and support (both school based and district/regional)* 4. Leadership training and support 5. Reading endorsement training and support | <ol style="list-style-type: none"> 6. Support for the Paraprofessional to Teacher program 7. ESOL endorsement training 8. ESE teacher (content) training <p>*Includes funding for charter and all eligible private schools.</p> |
|--|--|

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.)

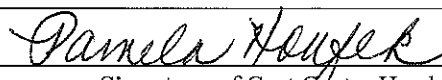
This entitlement will fund 7 FTE classroom teachers, .5 FTE administrators 1 FTE program specialist, and 2.0 clerical positions. Contracted services will provide for training and support in the areas of ESOL, reading and leadership development. Teacher and Teacher Trainer stipends and substitutes will support during-school and after-school/Saturday training activities. The district will continue to support the collaborative program provided through State College (Manatee Co.) for paraprofessionals currently enrolled in the Paras-to-Professionals program. There is no technology or other capital equipment included in the budget.

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

This is an ongoing federal entitlement.

Pamela Houfek

Print Name of Cost Center Head



Signature of Cost Center Head

05/29/2009

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:

- District Finance Office
- School Internal Account
- Other (name): _____

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: _____

Fund Source:

- Federal (indirect cost \$) \$82,283
- State
- Local Foundation
- Other:

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
FLDOE	Peggy Primicerio	Bureau of Grants & Mgt. 332 Turlington Bldg 325 W. Gaines Str. Tallahassee, FL 32399-0400	(850) 245-0734	\$1,737,879



**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.

N/A

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

[Signature]
 *DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

on file ~~N/A~~ *on file* *Constr.*
 *DIRECTOR OF FACILITIES SERVICES

[Signature]
 RESEARCH, ASSESSMENT & EVALUATION (RAE)

on file
 DIRECTOR OF BUDGET

N/A
 *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