

Office Use Only

Date of Board Meeting: _____

Agenda Item No. _____

New Grant

Section 1: General Information:

Continuation

Grant Start/End Dates: 07/01/09 – 06/30/10 Application Deadline: 06/30/09 Grant Amt: \$4,099

Funder's Grant Title: Title I, Part C, Migrant Ed. Program Your Grant Title: Title I, Part C, Migrant Ed. Program
 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: Donald Blair School/Dept. ESOL/Migrant 9055 Phone (941)927-9000 Ext 34329

Grant Contact Person* Donald Blair School/Dept ESOL/Migrant 9055 Phone (941)927-9000 Ext 34329

*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
Migrant students in all schools will receive services.	15	18	9

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 purpose of this grant is to fund services for migrant students and their families.

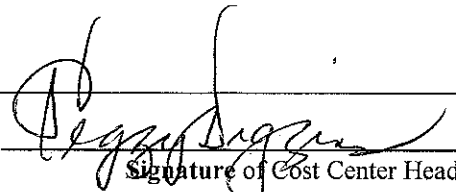
Briefly list **grant program activities** *(what is going to be done with the grant funds):*

This grant will fund a contract position in order be able to recruit and identify migrant families.

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 grant will fund contracted services, consumable supplies, and travel.

How will grant activities be continued after the end of grant period?
 N/A (entitlement grant)

Peggy Wiggins
 Print Name of Cost Center Head


 Signature of Cost Center Head

6/2/09
 /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 \$) \$204.95
- State
- Local Foundation
- Other:

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Title I, Part C, Migrant Ed. Program	LaTonya Smith	FLDOE Office of Grants Manag Rm 332 325 West Gaines St. Tallahassee, FL 32399	(850) 245-0689	\$4,099.00



**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

Jenny Campos
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Jon file *Jon file - Constr.*
*DIRECTOR OF FACILITIES SERVICES

[Signature]
RESEARCH, ASSESSMENT & EVALUATION (RAE)

Jon file
DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

Gov. 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