

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

JUN - 6 2008

Grant Start/End Dates: 07/01/08-06/30/09

Application Deadline: 06/27/08

Grant Amt: \$69,503

Funder's Grant Title: Adult Education & Family Literacy

Your Grant Title: English Literacy and Civics Education

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: Laurel Chase

School/Dept. SCTI

Phone 924-1365

Ext 62393

Grant Contact Person* Jack McDonald

School/Dept SCTI

Phone 924-1365

Ext 62326

*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
SCTI: Adult ESOL Program	25	1,500	600 (many students are also parents of children in K-12)

Does this grant require matching funds? Yes No If yes, what? _____ How will these funds be raised? amount _____

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 continuation grant is to improve adult ESOL instructional services throughout the county and infuse civics education into the adult ESOL course curriculum. The target population is adults, aged 16 and over, whose native language is not English.

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

This project will support classroom instruction at four sites throughout the county, professional development for teachers, enhancement of the adult ESOL curriculum, and a transitional program to help students progress into higher education and careers.

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.)

The budget includes the same items as last year including salaries (current positions), staff travel for professional development, instructional materials and supplies, instructional computers, brochures and advertising materials, and contractual.

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

This is a supplementary instructional program. Should the grant end or not be funded, the services will not be continued at the end of the grant period.

Todd Bowden, Director

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): _____

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

Fund Source:

- Federal (indirect cost \$) _____
- State
- Local Foundation
- Other: _____

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Adult Education and Family Literacy Act	Lyle Richmond	Florida Dept. of Education Bureau of Grant Management 325 W. Gaines St. Rm.325B Tallahassee, FL 32399-0400	(850) 245-9045	\$69,503

**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 an 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.

Debbie Heaven

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**

Heather Catalano

RESEARCH, ASSESSMENT & EVALUATION (RAE)

***DIRECTOR OF FACILITIES SERVICES**

DIRECTOR OF BUDGET

***EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY**

ASSOCIATE SUPERINTENDENT

Lawrence 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