## Please Type or Print in Ink GAF: Grant Approval Form RAE#\_\_\_\_\_\_ FOR GRANT APPLICATIONS \$2,000 OR MORE

Date of Board Meeting:		Agenda Item No								
<b>New Grant</b>	\$	Section 1: General Information:								
Grant Start/End Dates: Funder's Grant Title:	07/01/09-06/30/10 Adult Ed/Family Literacy-Co	Application Dead	0	Grant Amt: \$\frac{\frac{100.50}{875,000-00}}{5.000}						
	. Weller Teacher Mini-Grant, Building Blocks for Success, etc.  e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc.  SCTI  Phone  861-4777  Ext									
Grant Contact Person* Amy Fast School/Dept SCTI-Accounting Phone 924-1365 Ext 623 *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 impac		d # of parents impacted						
ADTI: ABE/GED/Correcti	rant Start/End Dates:  O7/01/09-06/30/10  Adult Ed/Family Literacy-Corrections  Tant Writer:  Michael Lehner  Scho  Scho  Scho Start Contact Person*  Amy Fast  Initial Start/End Dates:  Amy Fast  Initial Start/End Dates:  Amy Fast  Initial Start Programs to be served by this grant  OTI: ABE/GED/Corrections  Oes this grant require matching funds?  Sees funds be raised?  Please fill in all blanks.  Do not receive the overall purpose/objective als of your School Improvement Plan and/or Drovide instructors, materials, technology and covide job and post-secondary school counsely transportation costs to and from GED Examples and Factorial Staff position, contracted services, travel, in laries (current positions)  Info Development and Travel and Supplies (capitalized and non) inting costs is tickets and contracted services  we will grant activities be continued after the ending staff part activities activities be continued after the ending staff part activities activities be continued after the ending staff part activities activiti		900	N/A						
Does this grant require matching funds?Yes _X _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)  Provide instructors, materials, technology and supplies to improve academic skills of criminal offenders.  Provide job and post-secondary school counseling and placement.  Pay transportation costs to and from GED Exams for indigent students.										
Briefly list grant program activities (what is going to be done with the grant funds): Adult Basic Ed (literacy) and GED Prep classes Provide job and post-secondary school counseling and placement assistance										
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.)  Salaries (current positions)  Staff Development and Travel  Materials and Supplies (capitalized and non)  Printing costs  Bus tickets and contracted services										
How will grant activities be continued after the end of grant period?  This grant funds a supplementary instruction program. If the grant ends, the services will not be continued at the end of the grant period.										
T. 11 D1	$\sim$	all Souls.		4/27/2000						
Todd Bowden Print Name of Cost Center H	lead S	Signature of Cost Center	Date							
				and Evaluation-Landings						

Please Type or Print in Ink		GAF: Grant Approval Form						
(These grants re			mmary for grants over must be placed on the School			staff.)		
Fiscal Management will be done by:  CX District Finance Office  School Internal Account  Other (name):		☐ Entitlement/Flowthrough ☐X Competitive/Discretionary ☐ Continuation ☐ Other:		Fund Source:				
Name of Primary Fund Source	Funder's Contact Name		Funder's Address	s I	Phone Number \$ Amoun			
Adult Education and family Literacy Act  Ken Plummer		Florida Department of Education Bureau of Grants Management 325 W. Gaines St, Rm 325B Tallahassee, FL 32399-0400	eau of Grants Management W. Gaines St, Rm 325B		\$75,000 \$190,000 \$15,000			
that no additional complete the property NOTE: If y Please call Jody He can be reached	nology support poly l wiring or electric ject. Please have Our project invo Dumas to discust d at 361-6311 ext	ersonnel m cal work, l your techn lowes CON is your pr . 68824.	de cameras, DVD player nust review the physical obeyond what is provided nology support staff ment of the provided property of the physical obeyond what is provided nology support staff ment of the provided property of the provided provi	capabilitie through to the sign  f  ires RET oval to go	the grant, will be off on your proje  ROFITTING sp forward with yo	needed to ct here.  ace: our proposal.		
signature, to be in	ncluded with your Thank you		call ext 927-9000 ext. 32	2172 with	questions.			
			S OFFICE USE ONL on Three: Signatures	$\mathbf{Y}$				
Vonf	Grants Office pers		I obtain applicable signa	O	nis section	file-construct		
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES								
RESEARCH, ASSESSMENT & EVALUATION (RAI			E)	DIRECTOR OF BUDGET				
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, SECONDARY			E, OR AS	ASSOCIATE SUPERINTENDENT				
	Z	er 7	n. While					
SUPERINTENDENT								
y (* )	*Si	ignatures	needed only if applica	ıble.				
Send this completed for	n and 1 copy of yo	ur grant t	o the Grants Office, Resea	arch, Asse	ssment, and Evalu	iation-Landings		

PAGE 2 of 2