Please Type or Print in	Ink	GAF: Grant Appro	val Form	RAE#				
Date of Board Meeting:		Office Use Only	: :: () : : : : : : : : : : : : : : : :	Agenda Item No.				
√New Grant		1: General Informati		Continuation				
Complete this side for ALL grants, including classroom grants								
Grant Start/End Dates:	07/01/09 - 06/30/10	07/01/09 – 06/30/10 Application Deadline: 06/3		Grant Amt: 289,949.80				
*Funder's Grant Title:	Funder's Grant Title: Title III, Part A, Eng. Lang. Acquistion *Your Grant Title: Title III, Part A, Eng. Lang. Acqui							
*e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc.								
Grant Writer: Donald Blair School/Dept. School/Dept. School/Dept. School/Dept. FSOL/Migrant 9055 Phone (941)927 Ext 34329								
Grant Contact Person*			OL/Migrant Phone	-9000 (941)927 Ext 34329				
Grant Contact Person* Donald Blair School/Dept ESOL/Migrant Phone (941)927 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				
ESOL		50	2,500	5,000				
**Does this grant require matching funds?Yes \(\sigma_No \) If yes, what amount? How will these funds be raised?								
Grant Description								
Please type or print neatly in ink. Do not attach separate sheets. Please fill in all blanks. Do not refer to attachments in your summaries.								
goals of your School Impi	ovement Plan and/or Di t is to support English	strict Plan. (Not grant language acquisition		ent for English Language				
Briefly list grant program	n activities (what is goi	ng to be done with the	grant funds):					
The grant monies will pr materials for English La	ovide materials/trainir nguage Learner studer	ng for parent involver nts, and professional c	nent, supplemental langu levelopment activities for	age instructional · staff.				
The budget items funded	contracted services, travel, me through this grant wil	aterials/supplies, equipment include:	funded through this grant. If furniture, facilities, and other a g materials, contracted s					
4. How will grant activi NA (entitlement grant)	ties be continued after th	ne end of grant period?						
Peggy Wiggins Print Name of Cost Center F		ignature of Cost Center		6/2/09 Date				
see state of Senat	tuis completed form	and 1 copy of your	grant to RAE (Grants (JIIIce)				

Please Type or Print in Ink GAF: Grant Approval Form							
Section Two: Summary for grants over \$2,000. (These grants require School Board approval. GAF must be submitted by the School Board meeting prior to relevant School Board meeting.)							
District Finance Office		ntitlement/Flowthrough petitive/discretionary inuation	Fund Source: Fund Source: State Local Foundation				
Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount			
Title III, Part, Supplementary Support for English Language Learners	Mark Drennan	325 W. Gaines St. 544 Tallahassee, FL 32399	(850)245-0893	289,949.80			
*NOTE: If TECHNOLOGY is part of this grant: A memo, signed by the Cost Center Head must accompany this form. The memo must state that: a. The school technology personnel has reviewed the physical capabilities of the area involved and that no additional wiring or electrical will be needed to implement the grant beyond what is provided through grant funds. b. The memo must be cosigned by Brad Schuette (927-9000 ext 31351 FAX 927-4015). Please call, tell him about your project, then FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF. *NOTE: If FACILITY CONSTRUCTION or RETROFIT are part of this grant: c. The memo must be co-signed by Paul Pitcher, (361-6311; fax 361-6318). Please call, tell him about your project, then, if the project is acceptable, FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF. Thank you. Please call ext 927-9000 ext 32254 with questions.							
RAE OFFICE USE ONLY							
α		n Three: Signatures	£ * /*				
RAE personnel will obtain all signatures in this section							
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES CONST SERVICES VON file VON file VON file VON file							
RESEARCH, ASSESSMENT & EVALUATION (RAE) DIRECTOR OF BUDGET							
	OF ELEMENTARY, MIDDLE	O, OR AS	SOCIATE SUPERINTENDE	NT			
Superintendent							
*Signatures needed only if applicable.							

SEND THIS COMPLETED FORM AND 1 COPY OF YOUR GRANT TO RAE (GRANTS OFFICE)