Please Type or Print in	Ink	GAF: Grant Approval Form				RAE#	
Date of Board Meeting:		Office Use On	y		Agenda Item	No.	
New Grant		1: General Informa			Continuation		
		<u>e for ALL grants, in</u>	cluding o	classroom grants			
Grant Start/End Dates:	07/01/09 - 06/30/10	Application Dea	dline:	06/30/09	Grant Amt:	139,648.09	
*Funder's Grant Title:	Title III, Part A, Recently-Ar Immigrant Students	rived *Your Gra	int Title:	<u>Title III, Part A,</u>	Recently-Arri	ved Immigrant	
*e.g. Weller Teacher Mini-Gra		ess, etc. *e.g. Up. UL	and Away	Studente Exploring Our Herit	age, Young Galil	eo's etc	
Grant Writer: Donald	Rlair	ol/Dept. ESOL/M			(0/1)027	- Ext <u>34329</u>	
Grant Contact Person*	Donald Blair person who is in charge of the	School/Dept grant.	SOL/Migi	rant Phone	(941)927	Ext 34329	
Schools/Programs to be	served by this grant	# of staff impacted	# of st	udents impacted	# of pare	nts impacted	
ESOL		50	1,000	·····	2,000		
**Does this grant requ	ire matching funds?	Yes V No	If ves. w	hat amount?		How will	
these funds be raised?	_	Grant Descript					
Please type or print neatly in	ink. Do not attach separa	ate sheets. <u>Please fill i</u>	<u>ı all blanks</u>	. Do not refer to at	ttachments in ye	our summaries.	
Briefly summarize the ov goals of your School Impr	erall purpose/objective ovement Plan and/or Di	of the grant and indi istrict Plan. (Not gran	cate how	this grant will con es)	tribute to the r	needs and	
The purpose of this gran Arrived Immigrant Stud	t is to support English lents.	language acquisitio	n and/or	academic achieve	ement for Re	cently-	

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

The grant monies will provide materials/training for parent involvement, supplemental language instructional materials for English Language Learner students, and professional development activities for staff.

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 items funded through this grant will include:

Access to computer software programs, reading/writing materials, and contracted services.

4. How will grant activities be c NA (entitlement grant)	ontinued after the end of grant period?	
· · · · · · · · · · · · · · · · · · ·		
Peggy Wiggins	Roppharten	6/2/09
Print Name of Cost Center Head	Signature of Cost Center Head	Date
Send this co	npleted form and 1 copy of your grant to RAE (Gr	ants Office)

Please Type or Print in In	k GAF:	Grant A	pproval Form			
(These grants require Schoo			mmary for grants of submitted by the School Boa			ol Board meeting.)
Fiscal Management will be done by: District Finance Office School Internal Account Other (name): Education Foundation		 Entitlement/Flowthrough Competitive/discretionary Continuation 		Fund Source: □ Federal (indirect cost \$2,792.976)) □ State □ Local Foundation		
Name of Primary Fund Source	Funder's Co Name		Funder's Addre	ss	Phone Number	\$ Amount
Title III, Part A, Recently- Arrived Immigrant Students			325 W. Gaines St. 544 Tallahassee, FL 32399			139,648.09
additional wi funds. b. The memo m about your pr inclusion wit *NOTE: I c. The memo n project, then,	ring or electrical roject, then FAX th the GAF. f FACILITY Coust be co-signed if the project is a clusion with the	will be nee by Brad S your memo CONSTR by Paul I cceptable, GAF.	viewed the physical cap eded to implement the g Schuette (927-9000 ext to to him for signature. I UCTION or RETRO Pitcher, (361-6311; fax FAX your memo to him call ext 927-9000 ext 32	rant b 31351 He will)FIT : 361-6 n for s	eyond what is provide FAX 927-4015). Ple FAX the memo back are part of this gra (318). Please call, tell ignature. He will FAX	ed through grant ease call, tell him k to you for ant: him about your
		RAE C	FFICE USE ONLY		· · · · · · · · · · · · · · · · · · ·	
c A	∧ RAE pers		n Three: Signatures obtain all signatures in	this se	ection	• •
Keme 1	Kenne Compos Vonfile Von file-room					n file-rough
DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES						RVICES CONSIN
RESEARCH, ASSESSM	ENT & EVALUAT	TION (RAE	E)	Dir	ECTOR OF BUDGET	
*EXECUTIVE DIRECTOR SEC	OF ELEMENTARY CONDARY	Y, MIDDLE	, OR A	.ssoci	ATE SUPERINTENDE	NT
	Xu	<u>л ⁻M</u> . St	White IPERINTENDENT			
	*Si	ignatures	needed only if applic	able.		
SEND THIS COM	PLETED FORM	AND 1 C	COPY OF YOUR GRA	NT T	O RAE (GRANTS	<u>s Office)</u>
			BACK]	Rev 06/01/2005