RAE#

GAF: Grant Approval Form FOR GRANT APPLICATIONS \$2,000 OR MORE

		Office Use Only								
Date of Board Meeting: New Grant		Agenda Item No. Continuation								
	•	Section 1: General In	Continuation							
Grant Start/End Dates: _	07/01/08-06/30/09	Application Dead	line: 6/27/08	Grant Amt: \$75,000						
Funder's Grant Title:	Adult Education & Family Li	iteracy Your Grant	Title: Correction	as TRANSITION						
e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. Up. Up and Away, Exploring Our Heritoge, Young Galileos, etc.										
Grant Writer: Mike Le		ol/Dept. SCTI		none 924-1365 Ext						
Grant Contact Lorson _	Yvette Trahan	School/Dept _SCT	Ph	none <u>924-1365</u> Ext <u>62307</u>						
*This is the school/district-based p Schools/Programs to be			# of students impu	ootod #of						
ADTI: ABE/GED/Correcti	•	# of staff impacted	# of students impa	acted # of parents impacted N/A						
			·							
Does this grant require matching funds?Yes _XNo If yes, what amount? How will										
these funds be raised?										
Grant Description										
<u>Please fill in all blanks.</u> 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 and supplies to improve academic skills of students.										
Place adult students in jobs, job training or other post-secondary education programs.										
Pay transportation costs	to and from GED Exa	ıms for indigent stude	ents.							
Briefly list grant program activities (what is going to be done with the grant funds):										
Provide adult basic education and general education development.										
Job Counseling and Placement assistance. Sarasota County Jail Transition Services for inmates leaving jail,										
Carasona Councy can Transition Services for inmates leaving Jail,										
Diagrammayida a buist avalanction of martinant builded items that will be C. J. 14.										
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 (both capitalized and non-capitalized)										
Brochures, handouts, bus tickets Contracted Services										
How will grant activities be continued after the end of grant period?										
This grant funds a supplementary instruction program. Should the grant end or not be funded, the services will not be										
continued at the end of the grant period.										
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Todd Bowden, Director		JUI 27/6		हर्ल्य/स्ट्रिट						
Print Name of Cost Center H		Signature of Cost Center		Date						
Send this completed form	n and 1 copy of your gr	ant to the Grants Offic	ce, Research, Assess	ment, 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 \$) State Local Foundation Other:					
Name of Primary Fund Source			Funder's Address		Phone Number \$ Amoun				
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	\$75,000			
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									
*DISTRICT PIRECTOR OF TECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES SERVICES SERVICES DIRECTOR OF BUDGET *DIRECTOR OF BUDGET									
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR ASSOCIATE SUPERINTENDENT SECONDARY									
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