Please Type or Print in In	k
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GAF: Grant Approval Form

RAE#

	APPLICATION Office line Only	NUMBER CALLOR IN THE AREA AND AND ADDRESS OF A DECK OF A REAL OF			andrea ann annais	
Date of Board Meeting:	Office Use Only			Agenda Item	No	
	Section 1: General Information:			X Continuation		
				<u></u>		
Grant Start/End Dates:07/01/08-06/30/09	Application Dead	line: 06/27/0	8	Grant Amt:	\$304,447	.00
Funder's Grant Title: Adult Education & Family L	iteracy Your Grant	Title: Adult (General Ed	lucation		
e.g. Weller Teacher Mini-Grant, Building Blocks for Succe	ss, etc. e.g. Up, Up and	Away, Exploring C) ur Heritage	, Young Galileos	, etc	
Grant Writer: Yvette Trahan School	ol/DeptS	CTI	Phone	924-1365	Ext _ 62	307
Grant Contact Person* Yvette Trahan	School/Dept	SCTI	Phone	924-1365	Ext 62	2307
*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 in	npacted	# of pare	its impac	ted
SCTI: ABE/ESOL/AHS	67 (FT & PT)			15% of Enrollment		it
Does this grant require matching funds?	Yes X No If ve	s. what amour	nt?	I	How	will
these funds be raised?		,				
	Grant Description					
Please fill in all blanks. Do not re	fer to attachments in yo	ur summaries.	Do	o not attach se	parate she	ets.
Briefly summarize the overall purpose/objective	of the grant and indica	te how this gran	t will cont	ribute to the r	needs and	
goals of your School Improvement Plan and/or D	istrict Plan. (Not grant	activities)				
Funds from this grant will provide supplement K-12 programs, with a focus on Adult Basic Ed educational needs of younger at-risk, dropout s programs that increase literacy levels that will Development Exam. Briefly list grant program activities (what is going	lucation and Adult Es students by providing prepare them for the	SOL programs; Adult Basic Ed workplace and/	funds wil ucation a	ll also addres nd Adult Hig	s the gh School	
Grant funds will provide a variety of education Development; Vocational Preparatory Instruct					inne tosti	na
services, and follow-up.	ion, Addit ESOE, and	i Adult High St	.11001), COL	insening sei v	ices, iesu	ng
· ·						
Please provide a brief explanation of pertinent bu used for new/old staff position, contracted services, travel, m Salaries for current positions; Staff Development and Travel; Materials and Supplies, both capitalized and ne Brochures, handouts, and advertising; Contracted Services	aterials/supplies, equipment					!! be
How will grant activities be continued after the en	d of grant period?					
Entitlement						
	URN			ulsko	a Q.	
Todd Bowden, Director Print Name of Cost Center Head	Signature of Cost Center	Head		Dat		
Send this completed form and 1 copy of your gr	-		essment			SHITH RECORDING
PAGE 1 of 2			CONTRACTOR OF	free of the second of the second s	1/01/07	63

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(These grants re	Section Two: Secti	Summary for grants over and must be placed on the School	er \$2,000. Board Agenda by Grants Offic	e staff.)	
Fiscal Management will District Finance Of School Internal Acco Other (name):	fice Count	ntitlement/Flowthrough ompetitive/Discretionary ontinuation ther:	Fund Source: X Federal (indirect cost \$) X 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	\$304,447.00	
NOTE: If y Please call Jody He can be reached	your project involves Co Dumas to discuss your ed at 361-6311 ext. 68824 ncluded with your GAF.	chnology support staff mem Technology Support Staff ONSTRUCTION or requi project and receive appro . If approved, you will nee	res RETROFITTING sp val to go forward with y d to create a memo for his	ace: our proposal.	
		se call ext 927-9000 ext. 32 TS OFFICE USE ONL			
		ction Three: Signatures will obtain applicable signat	tures in this section		
Shine	OF TECHNOLOGY INFORM	•	TOR OF FACILITIES SE		
	y Mellissa) OPELEMENTARY, MIDI CONDARY	<u>Norrow</u> As	SOCIATE SUPERINTENDI	ENT	
	Jen	<u>SUPERINTENDENT</u>			
1. 1. No 28	*Signatur	es needed only if applica	ble.		
Send this completed for	m and 1 copy of your gran	it to the Grants Office, Resea	irch, Assessment, and Eval	nation-Landings	
PAGE 2 of 2				Rev 11/01/07	