

**FOR GRANT APPLICATIONS \$2,000 OR MORE**

Office Use Only

Date of Board Meeting: \_\_\_\_\_

Agenda Item No. \_\_\_\_\_

New Grant

**Section 1: General Information:**

Continuation

Grant Start/End Dates: 07/01/10 – 06/30/11 Application Deadline: 06/30/10 Grant Amt: \$75,829

Funder's Grant Title: Carl D. Perkins Your Grant Title: Career & Technical Education Postsecondary Programs

e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. *Up, Up and Away, Exploring Our Heritage, Young Galileos, etc*

Grant Writer: Yvette Trahan School/Dept. SCTI Phone 924-1365 Ext 62310

Grant Contact Person\* Amy Kern School/Dept SCTI Phone 924-1365 Ext 62309

\*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
SCTI Postsecondary Programs	7	325	25

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)*

**This grant will serve to improve the academic and technical skills of students participating in career and technical education programs by strengthening and integrating coherent and rigorous content with challenging academic standards and relevant career and technical education programs.**

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

**Provide marketing of career and technical programs at SCTI. Identify and implement strategies to increase success of special populations including single parents, displaced homemakers, and those entering non-traditional occupational training programs.**

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.)*

**Instructional materials, supplies, equipment, and furniture for teachers and students. Marketing aimed at career counseling for special populations including single parents, displaced homemakers, and those entering non-traditional training programs. Marketing aimed at promoting career and technical programs offered at SCTI.**

How will grant activities be continued after the end of grant period?

**The SCTI budget will carry operating costs and instructional salaries for affected programs.**

Todd Bowden, Director, SCTI  
Print Name of Cost Center Head

  
Signature of Cost Center Head

6/7/2010  
Date

Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, 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:

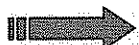
- District Finance Office
- School Internal Account
- Other (name): \_\_\_\_\_

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: \_\_\_\_\_

Fund Source:

- Federal (indirect cost \$) \_\_\_\_\_
- State
- Local Foundation
- Other: \_\_\_\_\_

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Carl D. Perkins Career and Technical Education Postsecondary Programs, Section 132	Chris Ciardo	Florida Department of Education Bureau of Grants Management 325 W. Gaines St, Rm. 325-B Tallahassee FL 32399-0400	(850) 245-9041	\$75,829



**NOTE: If MAJOR TECHNOLOGY is part of this grant:  
(does not include cameras, DVD players, etc.)**

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 DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

\_\_\_\_\_  
\*DIRECTOR OF FACILITIES SERVICES

\_\_\_\_\_  
RESEARCH, ASSESSMENT & EVALUATION (RAE)

\_\_\_\_\_  
DIRECTOR OF BUDGET

\_\_\_\_\_  
\*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

\_\_\_\_\_  
ASSOCIATE SUPERINTENDENT

\_\_\_\_\_  
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