

**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: 05/31/10 Grant Amt: \$342,328.00

Funder's Grant Title: Adult Education and Family Literacy Your Grant Title: Adult General Education Grant  
 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\* Dr. Jack McDonald School/Dept SCTI Phone 924-1365 Ext 62326

\*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: ABE/ESOL/AHS	67 (FT & PT)	5,000	15% of Enrollment

Does this grant require matching funds? Yes  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)  
**Funds from this grant will provide supplemental educational services to at-risk adult students, who are not enrolled in K-12 programs, with a focus on Adult Basic Education and Adult ESOL programs; funds will also address the educational needs of younger at-risk, dropout students by providing Adult Basic Education and Adult High School programs that increase literacy levels that will prepare them for the workplace and/or to take the General Educational Development Tests.**

Briefly list grant program activities (what is going to be done with the grant funds):  
**Grant funds will provide a variety of educational programs (Adult Basic Education; General Educational Development; Vocational Preparatory Instruction; Adult ESOL; and Adult High School), counseling services, testing services, and follow-up.**

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 for current positions;  
 Staff Development and Travel;  
 Materials and Supplies, both capitalized and non-capitalized;  
 Brochures, handouts, and advertising;  
 Contracted Services**

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

Entitlement

Dr. Todd Bowden, Director  5/5/2010  
 Print Name of Cost Center Head Signature of Cost Center Head 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): \_\_\_\_\_

Project number, if known: \_\_\_\_\_

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

Fund Source:

- Federal: Indirect cost \$ \_\_\_\_\_  
CFDA # \_\_\_\_\_
- 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	Christopher Ciado	Florida Department of Education Bureau of Grant Management 325 W. Gaines St. Rm. 325B Tallahassee FL 32399-0400	(850) 245-9045	\$342,328.00



**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.

*Deborah Heaven*

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

*Kollezano-on file*  
\*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

*Foley-on file*  
\*DIRECTOR OF FACILITIES SERVICES

*[Signature]*  
RESEARCH, ASSESSMENT & EVALUATION (RAE)

*Cannon-on file*  
DIRECTOR OF BUDGET

*Cates-on file*  
\*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

*Lou M. White*  
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