

**Office Use Only**

*Date of Board Meeting:* \_\_\_\_\_ *Agenda Item No.* \_\_\_\_\_

**New Grant** **Section 1: General Information:**  **Continuation**

Grant Start/End Dates: 7/1/12 to 6/30/13 Application Deadline: 7/1/12 Grant Amt: \$8,838,108

Funder's Grant Title: IDEA Part B Your Grant Title: IDEA Part B  
 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: Sonia Figaredo-Alberts School/Dept. Pupil Support Services Phone 927-9000 Ext 31109

Grant Contact Person\* Sonia Figaredo-Alberts School/Dept Pupil Support Svcs Phone 927-9000 Ext 31109

\*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
All schools	All	All	All

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)*  
 IDEA, Part B funding is provided to a school to assist school districts in covering the excess cost in providing Federally required special education and related services to students with disabilities. IDEA, Part B funding provides specialized teachers, teacher aides, support staff, assistive technology, staff training, parent support/parent education, and materials, supplies and equipment to support district ESE programs. IDEA Part B funds also provide some services to students with disabilities enrolled in local private and charter schools.

Briefly list **grant program activities** *(what is going to be done with the grant funds):*  
 IDEA funds are used to supplement state and local funds sources to ensure that a Free, appropriate Public Education (FAPE) as required by Federal and State law, is provided to students with disabilities in the Sarasota School District. Examples of expenditures are summarized in item #2 above.

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.)*  
**See Item#2 Above**

How will grant activities be continued after the end of grant period?  
**N/A IDEA Part B is an entitlement grant that reoccures on an annual basis.**

<b>Sonia Figaredo-Alberts</b>		<u>5-21-2012</u>
<b>Print Name of Cost Center Head</b>	<b>Signature</b> of Cost Center Head	<b>Date</b>

**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: <input checked="" type="checkbox"/> District Finance Office <input type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name):	<input checked="" type="checkbox"/> Entitlement/Flowthrough <input type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Continuation <input type="checkbox"/> Other: _____	Fund Source: <input checked="" type="checkbox"/> Federal (indirect cost estimate (\$297,844)) <input checked="" type="checkbox"/> State <input type="checkbox"/> Local Foundation
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Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Florida DOE	Bureau of Grants Management	Room 325, Turlington Bldg. 325 West Gaines Street	850-488-634	\$8,838,108

**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.

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**Section Three: Signatures**

Grants Office personnel will obtain applicable signatures in this section

<p><u>Jon file</u>  <b>*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES</b></p> <p><u>[Signature]</u>  <b>RESEARCH, ASSESSMENT &amp; EVALUATION (RAE)</b></p> <p>_____  <b>*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY</b></p> <p style="text-align: center;"><u>Lori White</u>  <b>SUPERINTENDENT</b></p>	<p><u>Jon file</u>      <u>Jon file - construction</u>  <b>*DIRECTOR OF FACILITIES SERVICES</b> <i>gves</i></p> <p><u>Jon file</u>  <b>DIRECTOR OF BUDGET</b></p> <p><u>[Signature]</u>  <b>ASSOCIATE SUPERINTENDENT</b>  <i>Ex. Director, IIS.</i></p>
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\*Signatures needed only if applicable.

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