

**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: 7/1/12-8/31/13 Application Deadline: 6/30/12 Grant Amt: 903,675  
~~19,049,788~~

Funder's Grant Title: Florida Diagnostic & Learning Resources System Associate Centers Your Grant Title: FDLRS Associate Centers  
 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: Patricia Brustad School/Dept. Professional Development Phone 927-9000 Ext 32247

Grant Contact Person\* Patricia Brustad School/Dept Professional Development Phone 927-9000 Ext 32247

\*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
		20,000	All families

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.

Funds from this grant will assist districts in the planning and implementation of a comprehensive system of identification of children birth to 21 and personal development. The funds will also be used to develop a partnerships between families and professionals necessary for the education of students who are exceptional and /or have unique needs based on locally assessed needs and established priorities.

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

This grant will provide opportunities for Pre-K transition, staff development, assistive/instructional technology, parent services and IDEA implementation.

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.)

Funds are used for staff positions to implement delivery of services, clerical personnel, materials/supplies, and contracted services. This grant has three parts: IDEA (Part B -~~\$15,588,628~~), Part B (Preschool - ~~\$2,883,402~~) and General Revenue (\$577,758).  
 28,553 438,267 136,855

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

Patricia Brustad Patricia Brustad 5/21/12  
 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: <input checked="" type="checkbox"/> District Finance Office <input type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): _____	<input type="checkbox"/> Entitlement/Flowthrough <input type="checkbox"/> Competitive/Discretionary <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other: _____	Fund Source: <input checked="" type="checkbox"/> Federal (indirect cost \$) _____ <input type="checkbox"/> State <input type="checkbox"/> Local Foundation <input type="checkbox"/> Other: _____
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Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
FL DOE/BEESS	Anne Glass, Program Director Instructional Support Services Bureau of Exceptional Education and Student Services	Dept. of Education 325 W. Gaines St Rm 601 Tallahassess, FL 32399	Ph: (850) 245-0478	\$19,049,788 \$903,675

 **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

von file  
 \*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

von file      von file - Construction Svc's  
 \*DIRECTOR OF FACILITIES SERVICES

[Signature]  
 RESEARCH, ASSESSMENT & EVALUATION (RAE)

von file  
 DIRECTOR OF BUDGET

\*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

[Signature]  
 ASSOCIATE SUPERINTENDENT  
 Exec. Director, I.T.S.

[Signature]  
 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