

Please Type or Print in Ink

GAF: Grant Approval Form

RAE# \_\_\_\_\_

Office Use Only

Date of Board Meeting:

Agenda Item No.

New Grant

Section 1: General Information:

Continuation

Complete this side for ALL grants, including classroom grants

Grant Start/End Dates: 4/1/09 – 6/30/09 Application Deadline: 9/30/09 Grant Amt: **\$6,601,274**

\*Funder's Grant Title: Title I Part A \*Your Grant Title: Title I Part A

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

Grant Writer: Jane Mahler School/Dept. State & Federal Projects Phone 927-9000 Ext 34641

Grant Contact Person\* Peggy Wiggins School/Dept Academic Intervention Phone 927-9000 Ext 34641

\*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                            |
|--|--------------------------------------|---|--|
| Alta Vista, Brentwood, E.E. Booker, Glenallen, Gocio, Toledo Blade, Tuttle, Wilkinson, Booker Middle & Cranberry | Total Staff of Participating Schools | Total Students of Participating Schools | All Parents of Students at Participating Schools |

\*\*Does this grant require matching funds? Yes  No If yes, what amount? \_\_\_\_\_ How will these funds be raised?

Grant Description

Please type or print neatly in ink. Do not attach separate sheets. Please fill in all blanks. Do not refer to attachments in your summaries.

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)

Title I, Part A provides supplemental resources to participating schools for the purpose of assisting them in meeting the academic needs of their students in the areas of math, reading and science.

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

Funds from this grant will support the following activities:

- 1) Staff
- 2) Instructional Support Services
- 3) Professional Development Activities
- 4) Parental Involvement Activities
- 5) Supplemental Education Services

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.)

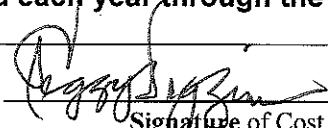
Title I, Part A funds will be used for staff salaries and benefits, professional development and contracted services for supplemental education service providers.

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

Grant activities will be continued each year through the continuance of entitlement grant allocations.

Peggy Wiggins

Print Name of Cost Center Head



Signature of Cost Center Head

4/22/09

Date

Send this completed form and 1 copy of your grant to RAE (Grants Office)

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**Section Two: Summary for grants over \$2,000.**

(These grants require School Board approval. GAF must be submitted by the School Board meeting prior to relevant School Board meeting.)

|  |  |  |
|--|--|--|
| Fiscal Management will be done by:<br><input checked="" type="checkbox"/> District Finance Office<br><input type="checkbox"/> School Internal Account<br><input type="checkbox"/> Other (name): Education Foundation | <input checked="" type="checkbox"/> Entitlement/Flowthrough<br><input type="checkbox"/> Competitive/discretionary<br><input type="checkbox"/> Continuation | Fund Source:<br><input checked="" type="checkbox"/> Federal (indirect cost) <b>\$397,675</b><br><input type="checkbox"/> State (3.00%)<br><input type="checkbox"/> Local Foundation<br><input type="checkbox"/> Other: |
|--|--|--|

| Name of Primary Fund Source     | Funder's Contact Name                           | Funder's Address                | Phone Number | \$ Amount   |
|---------------------------------|---|---------------------------------|--------------|-------------|
| Florida Department of Education | Lisa Bacen, Chief, Bureau of Student Assistance | Florida Department of Education | 850-245-0479 | \$6,601,274 |



**\*NOTE: If TECHNOLOGY is part of this grant:**

A memo, signed by the Cost Center Head must accompany this form. The memo must state that:

- a. The school technology personnel has reviewed the physical capabilities of the area involved and that no additional wiring or electrical will be needed to implement the grant beyond what is provided through grant funds.
- b. The memo must be cosigned by Leona Compos (927-9000 ext 31351 FAX 927-4015). Please call, tell her about your project, then FAX your memo to her for signature. She will FAX the memo back to you for inclusion with the GAF.



**\*NOTE: If FACILITY CONSTRUCTION or RETROFIT are part of this grant:**

- c. The memo must be co-signed by Paul Pitcher, (361-6311; fax 361-6318). Please call, tell him about your project, then, if the project is acceptable, FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF.

Thank you. Please call ext 927-9000 ext 32254 with questions.

**RAE OFFICE USE ONLY**

**Section Three: Signatures**

RAE personnel will obtain all signatures in this section

nonfile  
 \*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES  
Heuse Catcher  
 RESEARCH, ASSESSMENT & EVALUATION (RAE)

nonfile nonfile  
 \*DIRECTOR OF FACILITIES SERVICES  
nonfile construction  
 DIRECTOR OF BUDGET

\*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

Lee M. White  
 SUPERINTENDENT

\*Signatures needed only if applicable.

**SEND THIS COMPLETED FORM AND 1 COPY OF YOUR GRANT TO RAE (GRANTS OFFICE)**