

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: 7/1/11 – 6/30/12 Application Deadline: 6/30/11 Grant Amt: **\$1,746,447**

*Funder's Grant Title: _____ *Your Grant Title: _____
Title I SES/CWT Title I SES/CWT
 *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 Phone 927-9000 Ext 34641
Intervention

*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, E.E. Booker, Gocio, Glenallen, Tuttle, Wilkinson, Brentwood.	None	Students on FRL of Participating Schools	None

**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 educational services and choice with transportation to students eligible for Free or Reduced Lunch at eligible schools.

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) Reimburse transportation for students enrolled in Choice with Transportation
- 2) Supplemental Education Services

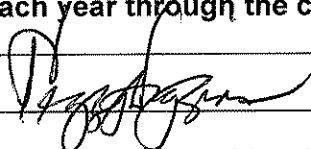
Please provide a brief explanation of pertinent budget items that will be funded through this grant. (Please indicate if funds will be used for new/old staff position, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items.)

Title I, Part A funds will be used for transportation costs 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

5/26/2011
 Date

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

Please Type or Print in Ink

GAF: Grant Approval Form

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:

- District Finance Office
- School Internal Account
- Other (name): Education Foundation

- Entitlement/Flowthrough
- Competitive/discretionary
- Continuation

Fund Source:

- Federal (indirect cost) **\$ N/A**
- State (3.00%)
- Local Foundation
- 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	\$1,746,447



***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

*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

RESEARCH, ASSESSMENT & EVALUATION (RAE)

*DIRECTOR OF FACILITIES SERVICES

DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

SUPERINTENDENT

ASSOCIATE SUPERINTENDENT

*Signatures needed only if applicable.

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