

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: 7/1/08 – 6/30/09 Application Deadline: 6/30/08 Grant Amt: 6,243,700.00

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 Galileos, etc.
 Grant Writer: Carole Roberts School/Dept. Academic Intervention Phone 927-9000 Ext 34641

Grant Contact Person* Carole Roberts 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	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 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)*

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:

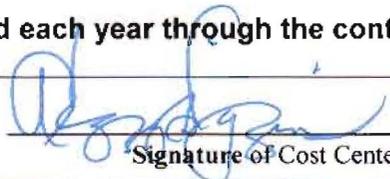
- 1) Staff
- 2) Instructional Support Services
- 3) Professional Development Activities
- 4) Parental Involvement Activities
- 5) Supplemental Education Services

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 fringe benefits, professional development and contracted services for supplemental education service providers.

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  5/1/08
 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 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 \$) \$129,614.00 <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
Florida Department of Education	Mary Jo Butler, Chief, Bureau of Public School Options	Turlington Building Suite 316 325 W. Gaines Street Tallahassee, FL 32399	850-245-0479	\$6,243,700.00

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.

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

*DISTRICT DIRECTOR OF TECHNOLOGY
INFORMATION SERVICES

Natalie Roca 5/2/08

RESEARCH, ASSESSMENT & EVALUATION (RAE)

*DIRECTOR OF FACILITIES SERVICES

DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY,
MIDDLE, OR SECONDARY

Louise M. White

ASSOCIATE SUPERINTENDENT

[Signature]

SUPERINTENDENT

5/06/08

*Signatures needed only if applicable.

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