GAF: Grant Approval Form RAE#____

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only										
Date of Board Meeting:										
New Grant	Section 1: General In	Continuation								
Grant Start/End Dates: 7/1/10 to 6/30/11 IDEA Part B	Application Dead		Grant Amt: \$10,880,000							
runder's Grant Title:	Your Grant									
e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. Grant Writer: Sonia Figaredo-Alberts School/Dept. Grant Writer: Sonia Figaredo-Alberts School/Dept. School/Dept. School/Dept. School/Dept. Grant Writer: Pupil Support Services Phone Phone Structure Stru										
Grant Contact Person* Sonia Figaredo-Alberts	ouncourbept	il Support Svcs Phone	927-9000 Ext 31109							
*This is the school/district-based person who is in charge of the										
Schools/Programs to be served by this grant	# of staff impacted	# of students impacted								
All schools	892	6,849	555							
Does this grant require matching funds?Yes _XNo 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 provides some services to students with disabilities enrolled in local private and charter schools. This year the district has received stimulus dollars, which has been added to the total entitlement. Stimulus dollar allocation must be spent by October 2011.										
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.										
Siniu Lyaredo-Albert Smik Print Name of Cost Center Head	Myseuch Signature of Cost Center	MMX Head	6-3-2010 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 In	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.)										
☐ District Finance Office ☐ Com		tlement/Flowthrough petitive/Discretionary tinuation er:		Fund Source: CX Federal (indirect cost estimate \$419,968) CX State C Local Foundation						
Name of Primary Fund Source	Funder's Co Name	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	\$10,880,000			
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.										
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 INFORMAT SERVICES		rion	*DIRI	ECTOR OF FACILITIES SERVICES						
RESEARCH, ASSESSMENT & EVALUATION (RAE		 E)		DIRECTOR OF BUDGET						
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE SECONDARY		E, OR	ASSOCIATE SUPERINTENDENT		NT					
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										

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