Vivian Control of the								
Date of Board Meeting:		Office Use Only		Agenda Item No.				
New Grant	S	X Continuation						
	Complete this side	for ALL grants, incl	uding classroom grants					
Grant Start/End Dates: 7/	1/10 – 6/30/11	Application Dead	line: 6/30/10	Grant Amt: \$7,548,767				
*Funder's Grant Title:	itle I Part A	*Your Gran	t Title: Title I Part A					
*e.g. Weller Teacher Mini-Grant, Grant Writer: Jane Mahl			nd Away, Exploring Our Herito leral Projects Phone	age, Young Galileo's, etc 927-9000 Ext 34641				
Grant Contact Person*	eggy Wiggins		demic Phone	927-9000 Ext 34641				
*This is the school/district-based person who is in charge of the grant.								
Schools/Programs to be se	erved by this grant	# of staff impacted	# of students impacted	# of parents impacted				
Alta Vista, Brentwood, E.E. Booker, Gocio Glenallen, Toledo Blade, Tuttle, Wilkinson, Booker Middle, Cranberry, Atwater, Lamarque, Phoenix Academy & SSIS.		Total Staff of Participating Schools	Total Students of Participating Schools	All Parents of Students at Participating Schools				
**Does this grant require matching funds?Yes _X _No If yes, what amount? How will								
these funds be raised?								
		Grant Description	on					
Please type or print neatly in in	k. Do not attach separ	ate sheets. Please fill in	all blanks. Do not refer to a	ttachments in your summaries.				
Briefly summarize the over	all purpose/objective	of the grant and indic	ate how this grant will cor	tribute to the needs and				
goals of your School Improv	vement Plan and/or D	istrict Plan. <i>(Not gran</i> i	t activities)					
Title I Dant A musciales a			ma aabaala fartba nur	mana of againting them				
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, writing and science.								
In meeting the academic needs of their students in the areas of math, reading, writing and science.								
Deieffer liet growt new grown	activities (what is as	ing to be done with the	a concret funds):					
Briefly list grant program	activities (what is go	ing to be done with the	grani junas).					
Funds from this grant will	support the following	ng activities:						
1) Staff 2) Instructional S								
4) Parental Involvement A	ctivities 5) Supplen	nental Education Serv	vices					
Please provide a brief explanation used for new/old staff position, co				nt. (Please indicate if funds will be applicable items.)				
				0 1 1 1 1				
Title I, Part A funds will be training contracts, parent								
training contracts, parent	involvement contra	ets and contracted ser	vices for supplemental e	ducation service.				
4. How will grant activiti	es be continued after	the end of grant period	1?					
Count authorities will be	a mailing and a sale are	ok through the seed	tinuanaa of antitlaman	t arent ellegations				
Grant activities will be	continued each ye	ar urrough the con	illuance of entitlemen	t grant anocations.				
	Uma	And I		1 helix				
Peggy Wiggins		Si Par	II d	6/4/10 Date				
Print Name of Cost Center He	ead	Signature of Cost Cente	er Head	Date				

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

FRONT

Please Type or Print in Inl	GAF: Grant Ap	proval Form				
(These grants require School	Section Two: Sur ol Board approval. GAF must be s	nmary for grants ove ubmitted by the School Board	er \$2,000. d meeting prior to relevant School	ol Board meeting.)		
☑ District Finance Office ☐ Comp		itlement/Flowthrough etitive/discretionary nuation	Fund Source: ✓ Federal (indirect cost ✓ State ✓ Local Foundation ✓ Other:	Federal (indirect cost) \$279,667 State (3.00%) Local Foundation		
Name of Primary Funder's Contac Fund Source Name		Funder's Address	Phone Number	\$ Amount		
Florida Department of Education Lisa Bacen, Chief, Bureau of Student Assistance		Florida Department Education	t of 850-245-0479	\$7,548,767		
	*NOTE: If TECH	NOLOGY is part of	this grant:			
a. The school to additional wi funds.	Cost Center Head must accordechnology personnel has revering or electrical will be need	mpany this form. The mariewed the physical capa eded to implement the g	temo must state that: Understand the area involve the rant beyond what is provided.	led through grant		
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:						
project, then	nust be co-signed by Paul, if the project is acceptable, clusion with the GAF. Thank you Please	FAX your memo to hir	n for signature. He will FA	II him about your AX the memo back		
Thank you. Please call ext 927-9000 ext 32254 with questions. RAE OFFICE USE ONLY						
	Section	on Three: Signatures				
200	RAE personnel wil	l obtain all signatures in	this section			
A STATE OF THE PARTY OF THE PAR	DF TECHNOLOGY INFORMA SERVICES	TION *DIR	RECTOR OF FACILITIES SERVICES			
RESEARCH, ASSESSM	MENT & EVALUATION (RA	E)	DIRECTOR OF BUDGET			
the state of the s	OF ELEMENTARY, MIDDLE CONDARY	E, OR	ASSOCIATE SUPERINTENDENT			
	<u> </u>	UPERINTENDENT				
	*Signatures	s needed only if applic	eable.			
SEND THIS COM	PLETED FORM AND 1	COPY OF YOUR GR	ANT TO RAE (GRAN	TS OFFICE)		

Rev. 06/01/2007