	<b>GAF:</b> Grant Appro	val Form	RAE#	
FOR GRANT		5 \$2,000 OR MORE		
	Office Use Only		1	
Date of Board Meeting:	Section 1: General In		Agenda Item No.   X Continuation	
L New Grant	Section 1: General In	iormauon;	<b>N</b> Continuation	
Grant Start/End Dates:07/01/08-08/31/09	Application Dead		Grant Amt: \$132,524.96	
Funder's Grant Title: FL DOE SEDNET Project	Your Grant	Title: FL DOE SEDNET Pr	oject	
e.g. Weller Teacher Mini-Grant, Building Blocks for Succe Shelia Zelonis Grant Writer: Scho	ss, etc. e.g. Up, Up and sednet/PSS-ol/Dept.	Away, Exploring Our Heritage ESE Phone	Young Galileos, etc 374-3799 Ext —	
Grant Contact Person* Shelia Zelonis		NET/PSS-ESE Phone	374-3799 Ext	
*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	# of parents impacted	
Sarasota, Manatee, and Desoto Counties	ESE and support staff in 3 counties	EBD and at-risk students in 3 counties	Parents of EBD and at-risk students in 3 counties	
Does this grant require matching funds?			How will	
these funds be raised?				
	Grant Description	<u>n</u>		
Please fill in all blanks. Do not re	efer to attachments in yo		o not attach separate sheet	
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-					6.00	
Please Type or Print in In			rant Approval Form			
(These grants re			mmary for grants ov must be placed on the Schoo	er \$2,000. I Board Agenda by Grants Office	e staff.)	
Fiscal Management will be done by:		Com	lement/Flowthrough petitive/Discretionary ntinuation r:	Fund Source: T Federal (indirect cost \$) State Local Foundation Other:		
Name of Primary Fund Source	Funder's Co Name		Funder's Addres	s Phone Number	\$ Amount	
IDEA Part B Discretionary Funds/General Revenue	Martha Murray SEDNET Project C FL DOE/BEESS	Contact	Florida Department of Educati 325 W. Gaines Street Tallahassee, FL 32399-0400	on 850-245-0478	\$ \$132, 524.96	
			ECHNOLOGY is part de cameras, DVD playe			
that no additiona	l wiring or electri	cal work, I	beyond what is provided	capabilities of the area inv I through the grant, will be mber sign off on your proje	needed to	
		]	Fechnology Support Sta	ff		
Please call Jody He can be reache	Dumas to discu- ed at 361-6311 ex neluded with you	<b>ss your pr</b> t. 68824. () r GAF.	oject and receive appr	ires RETROFITTING sp oval to go forward with y ed to create a memo for his 2172 with questions.	our proposal.	
		Sectio	S OFFICE USE ONI on Three: Signatures Il obtain applicable signa			
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES			TION *DIR	*DIRECTOR OF FACILITIES SERVICES		
RESEARCH, ASSESSMENT & EVALUATION (RAE)			E)	DIRECTOR OF BUDGET		
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY			E, OR A	ASSOCIATE SUPERINTENDENT		
			UPERINTENDENT			
	*	signatures	s needed only if applic	aoie.		
Send this completed for	m and 1 copy of y	our grant t	to the Grants Office, Rese	earch, Assessment, and Eva	luation-Landings	
PAGE 2 of 2					Rev 11/01/07	