

Office Use Only

Date of Board Meeting:

Agenda Item No. _____

New Grant

Section 1: General Information;

Continuation

Complete this side for ALL grants, including mini-grants

Grant Start/End Dates: 7/1/08-8-30-09 Application Deadline: 7/01/08 Grant Amt: 9,765,030

*Funder's Grant Title: IDEA Part B *Your Grant Title: NA
 *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: Sonia Figaredo-Alberts School/Dept. Pupil Support Services Phone 927-9000 Ext 31109

Grant Contact Person* Sonia Figaredo-Alberts School/Dept same Phone same Ext same

*This is the school/district-based person who is in charge of the grant. On all outside correspondence, you must add Ken Marsh as one of your grant's contact(s).

Schools/Programs to be served by this grant	# of staff impacted	# of students impacted	# of parents impacted
All School	892	6,849	555

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.

- | | |
|--|---|
| <p>1. What Campaign for Excellence goal(s) does this grant address? (check as many as appropriate)</p> <p><input checked="" type="checkbox"/> 1. reading <input checked="" type="checkbox"/> 6. technology
 <input checked="" type="checkbox"/> 2. math <input checked="" type="checkbox"/> 7. career preparation
 <input checked="" type="checkbox"/> 3. writing <input checked="" type="checkbox"/> 8. citizenship
 <input checked="" type="checkbox"/> 4. science <input checked="" type="checkbox"/> 9. safe & orderly schools
 <input checked="" type="checkbox"/> 5. arts <input checked="" type="checkbox"/> 10. family & comm. involve.</p> | <p>2. 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.</p> <p>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 schools.</p> |
|--|---|

3. Briefly list grant program activities:

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.

4. 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

5. 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.

Sonia Figaredo-Alberts		6-3-08
Print Name of Cost Center Head	Signature of Cost Center Head	Date

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

Please Type or Print in Ink

GAF: Grant Application Form

Section Two: Summary for grants over \$2,000.

(These grants require School Board approval. GAF must be submitted at least 2 weeks prior to School Board meeting seeking approval.)

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	Fund Source: <input checked="" type="checkbox"/> Federal (indirect cost \$327,490.) <input type="checkbox"/> State <input type="checkbox"/> Local Foundation <input type="checkbox"/>
	<input type="checkbox"/> Competitive	
	<input type="checkbox"/> Continuation	

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Florida DOE	Bureau of Grants Management	Room 325, Turlington Building 325 West Gaines Street	850-488-634	\$9,765,030.

If activity is jointly funded with other fund sources, please list other fund sources. If other funding source grant is over \$2,000 you will need a separate GAF.

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount



***NOTE: If technology or school facilities are part of this grant:**

A letter, signed by the Cost Center Head, addressed to Mike Horan, Supervisor of Instructional Technology, must accompany this form. The letter 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 appropriate district technology and/or facilities personnel has been contacted.

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Section Three: Signatures

RAE personnel will obtain all signatures in this section

NA

NA

***DISTRICT TECHNOLOGY REPRESENTATIVE**

***DIRECTOR OF FACILITIES SERVICES**

[Handwritten Signature]
 RESEARCH, ASSESSMENT & EVALUATION (RAE)

 DIRECTOR OF BUDGET

DISTRICT DIRECTOR OF ELEMENTARY/SECONDARY

ASSISTANT/ASSOCIATE SUPERINTENDENT

[Handwritten Signature]
 SUPERINTENDENT

*Signatures needed only if applicable.

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