Please Type or Print in Ink

GAF: Grant Approval Form

RAE# _____

FOR GRANT APPLICATIONS \$2,000 OR MORE

Date of Board Meeting:		Office Use Only			genda Item 1	Vo.					
New Grant	•	Section 1: General Information:			X Continuation						
Grant Start/End Dates:	7/1/12 – 6/30/13	Application Deadl	ine:	6/30/12	Grant Amt:	\$8,275,297					
Funder's Grant Title:	Title I Part A	Your Grant	Title I Part A								
e.g. Weller Teacher Mini-Gran	nt, Building Blocks for Succes			Exploring Our Heritage	, Young Galileos	; etc					
Grant Writer: Jane M	ahler School	ol/Dept. State & Fed	eral Pro	ojects Phone	927-9000	Ext 34641					
Grant Contact Person* *This is the school/district-based	Peggy Wiggins	School/Dept AIP	é	Phone	927-9000	Ext 31113					
Schools/Programs to b		# of staff impacted	# of s	tudents impacted	# of pare	nts 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	tal Staff of Total rticipating Participating		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											
Please fill in all blanks. Do not refer to attachments in your summaries. Do not attach separate sheets.											
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, writing 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) Stoff 2) Instructional Support Sorvices 3) Professional Dayslanment 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 benefits, travel, materials, supplies, professional development training contracts, parent involvement contracts and contracted services for supplemental education service.											
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 Print Name of Cost Center	Head	Diggin	<u> Zimarapê</u>		may 2	2/2012					
	•	Signature of Cost Cente	1.4-1.14-	Superior Walter Walter		ate					
Sena this completed to	orm and 1 copy of your g	grant to the Grants Off	ice, Ke	search, Assessment	, and Evaluat	uon-Landings					

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	Section	Two: Sui	mmary for grants ov	er \$2.	.000.				
	quire School Board a	pproval and	must be placed on the School	Board	Agenda by Grants Office	staff.)			
Fiscal Management will be done by:			tlement/Flowthrough	Fund Source:					
District Finance Office			petitive/Discretionary	Federal: Indirect cost \$ \$191,079					
☐ School Internal Account☐ Other (name):			inuation	CFDA #12A001_					
(Other:		Local Foundation					
Project number, if known: 6013				Other:					
Name of Primary Fund Source	Funder's Co Name			s Phone Number		\$ Amount			
Florida Department	LaTrell Edwa	rds	Florida Department	t of	850-245-0479	\$8,275,297			
of Education	Chief, Bureau of Student Assistance		Education		330-2-10-0473	ψ0,210,201			
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 per	sonnel wil	Lobtain applicable signs	atures	in this section	0			
Von file /on file Von file-construction									
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES									
SERVICES									
RESEARCH, ASSESSMENT & EVALUATION (RAE) DIRECTOR OF BUDGET									
			1	La	Le Coca				
*EXECUTIVE DIRECTOR SE	OF ELEMENTAR CONDARY	Y, MIDDL			HATE SUPERINTENDI	ENT			
	_0	Zon.	White						
SUPERINTENDENT									
*Signatures needed only if applicable.									
Send this completed for	m and 1 copy of y	our grant t	o the Grants Office, Reso	earch,	Assessment, and Eval	uation-Landings			