Please Type or Print in	Ink	GAF: Gra	nt Appro	val For	m .	RAE#	
	-	Offic	e Use Only				
Date of Board Meeting:					4	Agenda Item No.	
X New Grant		Section 1: 0			on:	Continuatio	n
	Complete this side	e for ALL g	<u>rants, incl</u>	uding cl	assroom grants		
Grant Start/End Dates:	4/01/09 - 9/30/11	Applic	ation Dead	line:	04/24/2009	Grant Amt: 4,2	94,905
*Funder's Grant Title:							
*e.g. Weller Teacher Mini-Gra						ige, Young Galileo's, e	etc
Grant Writer: Jane Ma	ahler School	ol/Dept. 🙎	State & Fed	leral Pro	pjects Phone	927-9000 Ext	34641
Grant Contact Person*	Peggy Wiggins	School/		demic	Phone	927-9000 _{Ext}	34641
*This is the school/district-based	person who is in charge of the	grant.	· inte	rvention	•		
Schools/Programs to be	# of staff	impacted	# of stu	idents impacted	# of parents impacted		
Alta Vista, Brentwood, I	E.E. Booker.	Total Stat	_		Students of	All Parents of S	-
Glenallen, Gocio, Toled	o Blade, Tuttle,	Participat		Participating Schools		at Participating Schools	
Wilkinson, Cranberry &		Schools	\ * ===				
**Does this grant requ	aire matching funds?	Yes	X No If y	yes, wha	at amount?	H	low will
these funds be raised?							
					•		
·		Grant l	Descriptio	n			
Please type or print neatly in	ink. Do not attach separa	ate sheets.	Please fill in a	<u>ill blanks</u> .	Do not refer to at	tachments in your su	mmaries.
Briefly summarize the ov	erall nurnose/objective	of the oran	t and indica	te how t	his grant will cont	ribute to the needs	and
goals of your School Imp						ribute to the needs	anu
	•		()				
Title I, Part A provides	ร supplemental resoเ	irces to pa	articipatin	g scho	ols for the purp	ose of assisting	g them
in meeting the acader	nic needs of their stu	ıdents in t	he areas	of math	ı, reading and s	cience.	
Briefly list grant prograi	n activities (what is goin	no to he dor	e with the	orant fu	nds):		
Funds from this grant w				Si din jun	шо).		
1) Temporary Staff			<u>.</u> uctional Su	pport S	ervices		
3) Professional Developm	nent Activities		tal Involve				
5) Equitable Services for	Private Schools	6) Upgra	ide compu	ter techi	ıology		
Please provide a brief exp	planation of pertinent but	dget items i	that will be	funded t	through this grant	(Please indicate if fun	de will ha
used for new/old staff position,	contracted services, travel, mo	aterials/suppli	es, equipment	/furniture,	facilities, and other a	pplicable items.)	us wiii ve
Title I, Part A funds will		staff salar	ies and ber	iefits, co	ntracted services	, instructional ma	aterials,.
travel, and computer equ	upment.						
4. How will grant activi	ties be continued after th	ne end of gra	ant period?				
<i>Q</i>			1				
Grant activities are pla	ınned for use over tw	vo years o	nly.				
	<u> </u>						
Doggy Wiggins		ha				H/22/100	
Peggy Wiggins Print Name of Cost Center I	Head S	ignature of	Cost Center	Head		Date	
		\mathbf{v}		•		~ ****	

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

Please Type or Print in In	ık GAF:	Grant A	pproval Form					
(These grants require Scho	Section 7 ool Board approval. GA	Fwo: Su F must be:	mmary for grants ov submitted by the School Boar	er \$2 d meet	,000. ing prior to relevant Scho	ol Board meeting.)		
Fiscal Management will be done by: District Finance Office School Internal Account Other (name): Education Foundation		☐ Comp	☐ Competitive/discretionary		Fund Source: Fund Source: \$168,363 State (4.08%) Local Foundation Other:			
Name of Primary Fund Source	Funder's Co Name	ntact	Funder's Address	S	Phone Number	\$ Amount		
Florida Department of Education	Lisa Bacen, C Bureau of Stud Assistance		Florida Department Education	of	850-245-0479	\$4,294,905		
additional wing funds. b. The memor is about your princlusion with a NOTE: It c. The memor is project, then,	ring or electrical wast be cosigned by roject, then FAX years the GAF. If FACILITY Conust be co-signed if the project is acclusion with the G	y Leona our memo ONSTRU by Paul I ceptable, AF.	Compos (927-9000 ext to the for signature. Should be composed to implement the graph to to her for signature. Should be composed to the for signature. Should be composed to the for signature. Should be composed to the formula of th	3135; se will FIT a 361-6 for s	eyond what is provided FAX 927-4015). Place FAX the memo back are part of this grammature. He will FAX the wi	ed through grant ease call, tell her to you for int: him about your		
			FFICE USE ONLY					
*DISTRICT DIRECTOR OF SI	FIECHNOLOGY IN ERVICES	nnel will	-	n f cctor Voy	,	file- vices constructi		
*EXECUTIVE DIRECTOR (OF ELEMENTARY, CONDARY	MIDDLE	, OR AS	SOCL	ATE SUPERINTENDE	NT'		
	- Zen	i M	White		-			
		Su	PERINTENDENT					
•	*Sig	natures r	needed only if applical	ole				

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