Please Type or Print in Ink	Type or Print in Ink GAF: Grant Approval Form				
	· · · · · · · · · · · · · · · · · · ·	Office Use Only	7		
Date of Board Meeting:	Agenda Item No.				
New Grant	i	Section 1: General In	X Continuation		
<u> </u>					
Grant Start/End Dates: 4/01/	09 – 9/30/11	Application Dead	_Grant Amt: 22,424		
*Funder's Grant Title: <b>Title</b>	IN&D&ARRA	*Your Gran	ARRA		
*e.g. Weller Teacher Mini-Grant, Buil Grant Writer: Jane Mahler	age, Young Galileo's, etc <b>927-9000</b> Ext <b>34641</b>				
	y Wiggins		demic Phone	12At	
*This is the school/district-based person v		School/DeptAca	rvention Phone	<u>927-9000</u> Ext 34641	
Schools/Programs to be serve		# of staff impacted	# of students impacted	# of parents impacted	
Gulf Coast Marine Institute	• ~ J • Br •	Total Staff of	Total Students of	All Parents of Students	
		Participating Schools	Participating Schools	at Participating Schools	
**Does this grant require m	atching funds?		yes, what amount?	How will	
these funds be raised?	<u> </u>		· · ·		
	• •				
		Grant Description	<u>on</u>		
Please type or print neatly in ink.	Do not attach separa	ate sheets. <u>Please fill in s</u>	all blanks. Do not refer to a	ttachments in your summaries.	
				-	
Briefly summarize the overall p				tribute to the needs and	
goals of your School Improveme	ent Plan and/or Di	strict Plan. (Ivot grant	activities)		
Title I, Part A provides supp	lemental resou	irces to D.U. school	for the nurnees of as	cicting them in meeting	
the academic needs of their				sisting them in meeting	
			ading and Solenoc.		
Briefly list grant program activ	vities (what is goin	ng to be done with the	grant funds):		
Funds from this grant will sup	port the followin	g activities:			
	-				
1) Contract with person to faci	litate transition of	of students back to pu	ıblic school.		
Please provide a brief explanation	on of pertinent <b>bu</b>	dget items that will be	funded through this grant	Please indicate if funds will be	
used for new/old staff position, contract	ed services, travel, ma	aterials/supplies, equipment	furniture, facilities, and other	applicable items.)	
Title I, N & D funds will be use	d for contracted	services to provide a	transition facilitator.		
4 How will event activities he					
4. How will grant activities be	commuea after th	e end of grant period?			
Grant activities are planned	for one year of	ole Grant will not H	a continued after this	vear since DI	
residential facility was close			o openinged alter tills	year, since DJJ	
				that	
Peggy Wiggins	J. J. GRY	Ungen		4/22/09	
Print Name of Cost Center Head	⊣ <u> </u>	ignature of Cost Center	Head	Date	

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

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Section Two: Summary for grants over \$2,000. (These grants require School Board approval. GAF must be submitted by the School Board meeting prior to relevant School Board meeting.)								
Fiscal Management will ↓ District Finance Offi ↓ School Internal Acco ↓ Other (name): Educat	tlement/Flowthrough etitive/discretionary nuation		al (indirect cost	cost) <u>0</u> (4.08%)				
Name of Primary Fund Source	Funder's Contact Name	Funder's Address	s Ph	one Number	\$ Amount			
Florida Department of Education	Lisa Bacen, Chief, Bureau of Student Assistance	Florida Department Education	of 850	-245-0479	\$22,424			
*NOTE: If TECHNOLOGY is part of this grant: A memo, signed by the Cost Center Head must accompany this form. The memo 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.								
<ul> <li>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.</li> <li>*NOTE: If FACILITY CONSTRUCTION or RETROFIT are part of this grant:</li> <li>c. The memo must be co-signed by Paul Pitcher, (361-6311; fax 361-6318). Please call, tell him about your project, then, if the project is acceptable, FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF.</li> <li>Thank you. Please call ext 927-9000 ext 32254 with questions.</li> </ul>								
RAE OFFICE USE ONLY Section Three: Signatures								
RAE personnel will obtain all signatures in this section Nonfile Vonfile Vonfile								
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES				Construction				
*EXECUTIVE DIRECTOR (	DF ELEMENTARY, MIDDLE			UPERINTENDE	NT			
Low While SUPERINTENDENT								
*Signatures needed only if applicable.								
SEND THIS COMPLETED FORM AND 1 COPY OF YOUR GRANT TO RAE (GRANTS OFFICE)								
		BACK		F	Rev 06/01/2007			