GAF: Grant Approval Form

RAE# _____

FOR GRANT APPLICATIONS \$2,000 OR MORE

		Office Use Only							
Date of Board Meeting:	Agenda Item No.								
New Grant	\$	Section 1: General Inf	X Continuation						
Grant Start/End Dates:	7/1/11 to 6/30/12 IDEA Part B	Application Deadl	W75 75 4 75 4 75	Grant Amt: \$8,922,196					
Funder's Grant Title:		Your Grant	I IUIO.						
e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. Grant Writer: Sonia Figaredo- Alberts School/Dept. e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc Pupil Support Services Phone Phone 927-9000 Ext 31109									
Grant Contact Person* Sonia Figaredo-Alberts School/Dept Pupil Support Svcs Phone 927-9000 Ext 31109 *This is the school/district-based person who is in charge of the grant.									
Schools/Programs to be		# of staff impacted	# of students impacted	# of parents impacted					
All schools	c served by this grant	All	All	All					
Ali schools		Au	73.11	/A.II					
Does this grant require matching funds?Yes _XNo 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.									
Briefly 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. (Not grant activities) 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 and charter schools. t by October 2011. Briefly list grant program activities (what is going to be done with the grant funds): 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. 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									
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.									
Sonja Figaredo - Albert Sonia Tigardo - alho 5-24-2011 Print Name of Cost Center Head Signature of Cost Center Head Date									
Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings									

Please Type or Print in Inl	GAF:	GAF: Grant Approval Form						
Section Two: Summary for grants over \$2,000. (These grants require School Board approval and must be placed on the School Board Agenda by Grants Office staff.)								
☐ District Finance Office ☐ School Internal Account		☑ Entitlement/Flowthrough☐ Competitive/Discretionary☐ Continuation☐ Other:		Fund Source: K Federal (indirect cost estimate (\$213,816) K State Local Foundation				
Name of Primary Fund Source	Funder's Contact Name	Funder's	Address [—]	Phone Number	\$ Amount			
Florida DOE	Bureau of Grants Management	Room 325, Turlingte 325 West Gaines Str		850-488-634	\$8,922,196			
NOTE: If MAJOR TECHNOLOGY is part of this grant: (does not include cameras, DVD players, etc.) Your school technology support personnel must review the physical capabilities of the area involved and agree 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.								
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								
(Se Grants Office personnel	ction Three: Signa will obtain applicab		es in this section				
lonfile Vonfile								
*DISTRICT DIRECTOR O	MATION	*DIRECT	RECTOR OF FACILITIES SERVICES					
RESEARCH, ASSESSM	RAE)	D	DIRECTOR OF BUDGET					
*EXECUTIVE DIRECTOR SEC	DLE, OR	ASSOCIATE SUPERINTENDENT						
Zu Whit								
SUPERINTENDENT								
*Signatures needed only if applicable.								

Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings