Please Type or Print in Inl	P	lease	Type	or	Print	in	Ink
-----------------------------	---	-------	------	----	-------	----	-----

GAF: Grant Approval Form FOR GRANT APPLICATIONS \$2,000 OR MORE

Date of Board Meeting:		Office Use Only		genda Item No.				
New Grant		Section 1: General Information:						
Grant Start/End Dates: Funder's Grant Title: e.g. Weller Teacher Mini-Grant,	Carl D. Perkins, Secon	Tour Grant .						
Grant Writer: Mellissa Morrow School/Dept. 9004 Secondary Education Phone 927-9000 Ext 31104 Grant Contact Person* Mellissa Morrow School/Dept 9004 Secondary Education Phone 927-9000 Ext 31104								
*This is the school/district-based person who is in charge of the grant. Schools/Programs to be served by this grant # of staff impacted # of students impacted # of parents impacted								
All middle and high schools,		104	15,600	30,000				
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.	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) To provide supplemental funding for the enhancement and continuation of secondary Career and Technical Education programs within the school district. Briefly list grant program activities (what is going to be done with the grant funds): Grant activities include, but are not limited to: provision of multiple staff development activities, curriculum development, instructional materials, equipment and software upgrades, industry certification testing, and school								
support activities for program implementation.								
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.)								
Funds will be expended for: 1.5 professional staff, contracted services, travel, instructional materials, equipment, industry certification costs, curriculum, professional development, and support for Career & Technical Student Organizations.								
How will grant activities be continued after the end of grant period?								
Continuation funding through Entitlement.								
Steven Cantees Print Name of Cost Center F	lead	Signature of Cost Cente	or Head	5/26/1/ 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 Ink 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.)								
Fiscal Management will be done by: District Finance Office School Internal Account Other (name): Project number, if known: The Entitlement/Flowthrough Competitive/Discretionary Continuation Other: The Entitlement/Flowthrough Competitive/Discretionary Continuation CFDA # State Local Foundation Other:								
Name of Primary	ontact	Funder's Address		Phone Number \$ Amoun				
Fund Source Name								
Carl D. Perkins Secondary Career & Technical Education Darl Walker Florida Department of Education Bureau of Grants Management 325 West Gaines Street, Room 325B Tallahassee, FL 32399-0400 \$50-245-9045 \$357,946								
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. 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.								
	9		S OFFICE USE ONL	$\underline{\mathbf{Y}}$				
, (Grants Office per		on Three: Signatures l obtain applicable signa	itures	in this section			
Grants Office personnel will obtain applicable signatures in this section (a) file Van file								
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES								
Von file								
RESEARCH, ASSESSMENT & EVALUATION (RAE) DIRECTOR OF BUDGET								
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY ASSOCIATE SUPERINTENDENT								
For M. Mate								
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								