Please Type or Print in Ink	GAF: Grant Appro	val Form	RAE#				
	Office Use Only						
Date of Board Meeting:			Agenda Item No.				
New Grant	Section 1: General In		🛚 Continuation				
Complete this sid	e for ALL grants, incl	uding classroom grants					
Grant Start/End Dates: 7/1/11 - 6/30/12	/11 – 6/30/12 Application Deadline: 6/30/11						
*Funder's Grant Title:	*Your Gran	Title Dart A					
*e.g. Weller Teacher Mini-Grant, Building Blocks for Suc		nd Away, Exploring Our Herita					
Grant Writer: Jane Mahler Scho		leral Projects Phone	927-9000 Ext 34641				
Grant Contact Person* Peggy Wiggins	School/Dept Aca	demic Phone	927-9000 Ext 34641				
*This is the school/district-based person who is in charge of the		**************************************					
Schools/Programs to be served by this grant	# of staff impacted	# of students impacted	# of parents 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	Total Students of Participating Schools	All Parents of Students at Participating Schools				
**Does this grant require matching funds	?Yes <u>X</u> No If	yes, what amount?	How will				
these funds be raised?							
	Grant Description	<u>on</u>					
Please type or print neatly in ink. Do not attach sepa	rate sheets. Please fill in	all blanks. Do not refer to a	tachments in your summaries.				
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)							
Title I, Part A provides supplemental resources to participating schools for the purpose of assisting them							
in meeting the academic needs of their s	tudents in the areas	of math, reading, writi	ng and science.				
Briefly list grant program activities (what is go	oing to be done with the	grant funds):					
Funds from this grant will support the follow	ing 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.							
training contracts, parent involvement contracts and contracted services for supplemental education service.							
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4. 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.							

Signature of Cost Center Head

Peggy Wiggins

Print Name of Cost Center Head

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Sena this comi	pletea form :	ing 1 copy of	vour grant	IO KAŁ	(Grants Office)

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Please Type or Print in In	k GAF: Grant A	nnroval Form						
Please Type or Print in Ink GAF: Grant Approval Form Section Two: Summary for grants over \$2,000.								
(These grants require School	ol Board approval. GAF must be s			ool Board meeting.)				
☑ District Finance Office ☐ Comp		titlement/Flowthrough petitive/discretionary inuation	Fund Source: Fund Source: State Local Foundation Other:	Federal (indirect cost) \$191,554 State (3.00%) Local Foundation				
Name of Primary Fund Source	Funder's Contact Name	Funder's Address	S Phone Number	\$ Amount				
Florida Department of Education	Lisa Bacen, Chief, Bureau of Student Assistance	Florida Department Education	t of 850-245-0479	\$7,548,767				
*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. 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. *NOTE: If FACILITY CONSTRUCTION or RETROFIT are part of this grant: 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. Thank you. Please call ext 927-9000 ext 32254 with questions.								
RAE OFFICE USE ONLY Section Three: Signatures RAE personnel will obtain all signatures in this section								
Jon file Von file								
W.C	F TECHNOLOGY INFORMATERVICES JENT & EVALUATION (RAP	rion *Diri 	DIRECTOR OF FACILITIES SERVICES ON FILE DIRECTOR OF BUDGET					
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR ASSOCIATE SUPERINTENDENT SECONDARY SUPERINTENDENT								
*Signatures needed only if applicable.								
SEND THIS COMPLETED FORM AND 1 COPY OF YOUR GRANT TO RAE (GRANTS OFFICE)								

BACK

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