

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only

Date of Board Meeting: _____

Agenda Item No. _____

New Grant

Section 1: General Information:

Continuation

Grant Start/End Dates: 03/01/11 – 06/30/12 Application Deadline: 02/18/11 Grant Amt: \$120,574
 Funder's Grant Title: Adult Education & Family Literacy Your Grant Title: Building an Adult Ed. Career Pathways System
 e.g. *Weller Teacher Mini-Grant, Building Blocks for Success, etc.* e.g. *Up, Up and Away, Exploring Our Heritage, Young Galileos, etc*
 Grant Writer: Yvette Trahan School/Dept. SCTI Phone 924-1365 Ext 62406
 Grant Contact Person* Yvette Trahan School/Dept SCTI Phone 924-1365 Ext 62406
 *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
SCTI: ABE/GED/AHS/ESOL	67	5,000	15% of enrollment

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.

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)*
Funds will provide fiscal resources to analyze our Adult General Education program components in order to reach the goal of increasing the number and percentage of students that enter postsecondary education and earn a degree, certificate, and/or industry credential.

Briefly list **grant program activities** *(what is going to be done with the grant funds):*
Funds will be used to establish a steering committee and to develop a five-year strategic plan to create an adult education program that includes adult education career pathways and transition to postsecondary programs as an integral part of the delivery system.

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.)*
Salaries for part-time positions;
Staff Development and travel;
Brochures, handouts, and advertising;
Contracted services;
Materials and supplies, both capitalized and non-capitalized

How will grant activities be continued after the end of grant period?

Entitlement

Toss Bouson [Signature] 1/24/2011
 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 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: _____

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: _____

Fund Source:

Federal: Indirect cost \$ _____
CFDA # _____

- State
- Local Foundation
- Other:

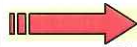
Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Adult Education and Family Literacy Act (AEFLA)	Paula Starling	Florida Dept. of Education Bureau of Grant Management 325 W. Gaines St. Rm 325 B Tallahassee FL 32399	(850) 245-0711	\$120,574.00



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.

GRANTS OFFICE USE ONLY

Section Three: Signatures

Grants Office personnel will obtain applicable signatures in this section

Collesano Vonfile
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Jody Dumas Vonfile
*DIRECTOR OF FACILITIES SERVICES

[Signature]
RESEARCH, ASSESSMENT & EVALUATION (RAE)

Gannon Vonfile
DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

[Signature]
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