

Please Type or Print in Ink

GAF: Grant Approval Form

RAE# _____

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only			
Date of Board Meeting:	Section 1: General Information:		Agenda Item No.
<input checked="" type="checkbox"/> New Grant			<input type="checkbox"/> Continuation
Grant Start/End Dates: <u>March-June, 2008</u>	Application Deadline: <u>February, 2008</u>	Grant Amt: <u>\$20,000</u>	
Funder's Grant Title: _____		Your Grant Title: <u>Improving Literacy at Booker High School</u>	
<small>Example: Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc</small>			
Grant Writer: _____	School/Dept. _____	Phone _____	Ext _____
Grant Contact Person* <u>Constance White-Davis</u>	School/Dept. <u>Booker HS</u>	Phone <u>355-2967</u>	Ext _____
<small>* This is the school/district-based person who is in charge of the grant.</small>			
Schools/Programs to be served by this grant	# of staff impacted	# of students impacted	# of parents impacted
<u>Booker HS</u>	<u>All</u>	<u>All</u>	<u>NA</u>
Does this grant require matching funds? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> If yes, what amount? _____ How will these funds be raised? _____			
Grant Description			
<small>Please fill in all blanks. Do not refer to attachments in your summaries. Do not attach separate sheets.</small>			
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. <i>(Not grant activities)</i>			
Funds from this grant will be used to purchase reading materials for struggling readers at Booker High School and to provide professional development on literacy to all high school teachers there. These materials will be available to students in their classrooms where they will provide students with more choices to better motivate and engage them in literature. This will contribute to the <i>NeXt Generation</i> pillars of Quality, People and Resources.			
Briefly list grant program activities <i>(what is going to be done with the grant funds)</i> :			
Books, recorded books and reading software will be purchased and made available to students, especially those who have scored below proficient on the reading FCAT. In addition, we hope to bring Dr. Tim Rasinski, noted for his research and practical approach to teaching reading fluency, to BHS for teacher professional development.			
Please provide a brief explanation of pertinent budget items that will be funded through this grant. <i>(Please indicate if funds will be used for new/old staff position, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items.)</i>			
Purchase books and reading software, and pay for fees related to bringing Dr. Rasinski to Sarasota.			
How will grant activities be continued after the end of grant period? Books will remain in classrooms and in the school after the grant has ended.			
Print Name of Cost Center Head <u>Constance White-Davis</u>		Signature of Cost Center Head <u>Constance White-Davis</u>	Date <u>2-27-08</u>
Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation Landings			

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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: <input type="checkbox"/> District Finance Office <input checked="" type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): _____		<input type="checkbox"/> Entitlement/Flowthrough <input checked="" type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Continuation <input type="checkbox"/> Other: _____	Fund Source: <input type="checkbox"/> Federal (indirect cost \$) _____ <input type="checkbox"/> State <input checked="" type="checkbox"/> Local Foundation <input type="checkbox"/> Other: _____	
Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Education Foundation	Cindy Kaiser	1960 Landings Blvd. Sarasota, FL 34231	927-0965	\$20,000

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 spaces:
 Please call Jody Duran 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

<i>[Signature]</i> *DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES	<i>email on file</i> *DIRECTOR OF FACILITIES SERVICES
<i>[Signature]</i> RESEARCH, ASSESSMENT & EVALUATION (RAE)	<i>[Signature]</i> DIRECTOR OF BUDGET
<i>email on file</i> *EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY	ASSOCIATE SUPERINTENDENT
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