

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: 07/1/12 – 06/30/13 Application Deadline: 04/16/12 Grant Amt: \$77,222
 Funder's Grant Title: Carl D. Perkins Career & Technical Education Postsecondary Program Your Grant Title: Carl D. Perkins Career & Technical Education Postsecondary Programs Section 132
 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: Tripp Jennings School/Dept. SCTI Phone 924-1365 Ext 62282
 Grant Contact Person* Trent Terry School/Dept SCTI Phone 924-1365 Ext 62360
 *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, SCTI	104	15,600	30,000

Does this grant require matching funds? Yes 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)*

This grant will provide supplemental funding to improve the academic and technical skills of students participating in career and technical education programs by strengthening and integrating coherent and rigorous content with challenging academic standards with relevant career and technical education programs.

Briefly list grant program activities (what is going to be done with the grant funds):

Grant activities include, but are not limited to: Providing marketing of career and technical programs at SCTI; identifying and implementing strategies to increase success of special populations including single parents, displaced homemakers, and those entering non-traditional occupational training programs; and maintain current industry standard training.

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: instructional materials, supplies, equipment, and furniture for teachers and students; travel to appropriate conferences; marketing aimed at career counseling for special populations, and marketing promoting career and technical programs offered at SCTI.

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

The SCTI budget will carry operating costs and instructional salaries for affected programs.

Todd Bowden, Director, SCTI [Signature] 2/23/12
 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
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	850-245-9045	\$77,222



**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

*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Non file
[Signature]

RESEARCH, ASSESSMENT & EVALUATION (RAE)

*DIRECTOR OF FACILITIES SERVICES

Non file *Non file - Constr. Svcs*

DIRECTOR OF BUDGET

*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