Please'	Type	or	<b>Print</b>	in	Ink
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Please Type or Print in I		GAF: Grant Appro APPLICATIONS	val Form S \$2,000 OR MORE	RAE# 09-049	
	2/12/14	Office Use Only			
Date of Board Meeting:  New Grant	<u> 117/07,</u>	Section 1: General In	farmation	Agenda Item No.	
100 Grant		Section 1. General in	iormanon;	Continuation	
Grant Stanzend Dates:	7/1/2008-6/30/2009	Application Dead	line: 2/6/2009	Grant Amt: \$60,000	
Funder's Grant Title:	K-12 Access Control	Your Grant		ntrol	
e.g. Weller Teacher Mini-Grant, Grant Writer:  Darrell Re		000	Away, Exploring Our Heritage Phone	7. Young Galileos, etc 927-9000 Ext 31128	
Grant Contact Person*  *This is the school/district-based po	Larry Leon	School/Dept903	5 Phone	927-9000 Ext 31128	
Schools/Programs to be s	served by this grant	# of staff impacted	# of students impacted	# of parents impacted	
District-wide	***************************************				
Does this grant require these funds be raised?	matching funds? _	Yes X_No If ye	es, what amount?	How will	
		<b>Grant Description</b>			
Please fill in all blanks.	Do not re	fer to attachments in yo	ur summaries. De	o not attach separate sheets.	
Briefly summarize the over goals of your School Impro Enables the purchase of so directly supporting the dis	vement Plan and/or Di oftware that integrate	istrict Plan. (Not grant es existing access cont	activities)		
Briefly list grant program Purchase of video based a					
Please provide a brief expla used for new/old staff position, con Funds will be used for the	ntracted services, travel, me	aterials/supplies, equipment	funded through this grant. furniture, facilities, and other a	(Please indicate if funds will be pplicable items.)	
How will grant activities be Annual maintenance costs w technical support.	continued after the end vill be bundled into cer	d of grant period? ntral station alarm main	tenance costs, which inclu	des system updates and	
Lawrence Leon			·	2/4/09	
Print Name of Cost Center Hea		ignature of Cost Center		Date	
Send this completed form	and 1 copy of your gra	ant to the Grants Offic	e, Research, Assessment, 2	and Evaluation-Landings	

Please Type or Print in In	ık	GAF: G	rant Approval Form			
(These grants i	Section require School Board a	Two: Su	mmary for grants ov must be placed on the School	/er \$2,000. ol Board Agenda by Grants Offic	ce staff.)	
Fiscal Management will be done by:  District Finance Office  School Internal Account		Com	clement/Flowthrough petitive/Discretionary cinuation er:	Fund Source:  ☐ Federal (indirect cost) ☐ State ☐ Local Foundation ☐ Other:	Federal (indirect cost \$) ———————————————————————————————————	
Name of Primary Fund Source			Funder's Addres	S Phone Number	\$ Amount	
FLDOE	Julie Collins		325 W. Gaines Street Tallahassee, FL 32399	850-245-0676	\$60,000	
that no additiona	does: nnology support pe al wiring or electric	not includersonnel meal work, to	beyond what is provided	ers, etc.) capabilities of the area invalued in the grant, will be mber sign off on your proj	needed to	
Please call Jody He can be reached	Dumas to discussed at 361-6311 extended with your	s your pro :. 68824. I : GAF.	oject and receive appr	ires RETROFITTING solved to go forward with yed to create a memo for hi	your proposal.	
			OFFICE USE ONL			
*DISTRICT DIRECTOR O	Grants Office pers	Section Sectio	on Three: Signatures I obtain applicable signa  O  FION  *DIR		ervices Construct	
*EXECUTIVE DIRECTOR SE	OF ELEMENTARY	Y, MIDDLE	E, OR A	SSOCIATE SUPERINTEND	ENT	
		Jórn-	Mat.  UPERINTENDENT			

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