FOR GRANT APPLICATIONS \$2,000 OR MORE

| Date of Board Meeting: | | Office Use Only | | Agenda Item No. | | | | | | |
|---|--|---|------------------------|--|--|--|--|--|--|--|
| ☐ New Grant | | ☑ Continuation | | | | | | | | |
| Grant Start/End Dates: Funder's Grant Title: | July 1, 2008-June 30, 2009 Reading First Continuation G | Application Dead | D. III. | Grant Amt: \$148,575 ant Continuation – Year 6 | | | | | | |
| e.g. Weller Teacher Mini-Grant, Building Blocks for Success. etc. Grant Writer: Suzanne Naiman School/Dept. e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc. Curriculum Phone 927-9000 Ext 34100 | | | | | | | | | | |
| Grant Contact Person* Jennifer Smith School/Dept Curriculum Phone 927-9000 Ext 34100 *This is the school/district-based person who is in charge of the grant. | | | | | | | | | | |
| Schools/Programs to b | e served by this grant | # of staff impacted | # of students impacted | # of parents impacted | | | | | | |
| Alta Vista Elementary, Emma E. Booker Elementary, Tuttle Elementary | | All K-3 teachers at these schools All K-3 students at these schools | | All parents of K-3 students at these schools | | | | | | |
| Does this grant require matching funds? X Yes No If yes, what amount? \$67,911 How will these funds be raised? Will be paid with school operating funds. | | | | | | | | | | |
| 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 is the final year of funding for this six year grant program. It will meet the NeXt Generation goals of improving Quality, People, Service and Resources. Reading Coaches are integrated into schools' School Improvement Plans. | | | | | | | | | | |
| Briefly list grant program activities (what is going to be done with the grant funds): The grant funds will provide professional development opportunities and will help pay for Reading Coaches at three Reading First schools: Alta Vista, Emma E. Booker and Tuttle. | | | | | | | | | | |
| 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.) The funds have been gradually reduced each year over the life of the six year grant, and will provide a portion of | | | | | | | | | | |
| Reading Coach salaries at the three designated schools. | | | | | | | | | | |
| How will grant activities be continued after the end of grant period? District funds will be used to fully fund these positions in the future. | | | | | | | | | | |
| Jennifer G. S. Print Name of Cost Center | 1/ | Annife S. S. Signature of Cost Center | | 4-30-08 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 In | (| 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.) | | | | | | | | | |
| ☐ District Finance Office ☐ School Internal Account | | ☐ Entitlement/Flowthrough ☐ Competitive/Discretionary ☐ Continuation ☐ Other: | | Fund Source: Federal (indirect cost \$) ——— State Local Foundation Other: | | | | | |
| Name of Primary Fund Source | Funder's Contact Name | | Funder's Address | | Phone Number | \$ Amount | | | |
| Just Read, Florida! Florida Department of Education | Cari Miller Director, Reading First | | 325 W. Gaines Street Tallahassee, FL 32399-0400 | | 850-245-0503 | \$148,575 | | | |
| 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 *DIRECTOR OF FACILITIES SERVICES SERVICES | | | | | | RVICES | | | |
| RESEARCH, ASSESSM | E) | DIRECTOR OF BUDGET | | | | | | | |
| *EXECUTIVE DIRECTOR SE | E, OR A | SSOCIATE SUPERINTENDENT | | | | | | | |
| SUPERINTENDENT | | | | | | | | | |
| *Signatures needed only if applicable. | | | | | | | | | |
| * ** | | | | | | | | | |

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Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings