## 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:		~		Agenda Item No				
New Grant	:	Section 1: General In	X Continuation					
Grant Start/End Dates: Funder's Grant Title:	7/1/09 – 6/30/10 Carl D. Perkins – Secondary	Application Dead	Carl D. D. L'	Grant Amt: <b>\$362,471</b> condary Career & Technical Progr.				
.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc								
Grant Writer: Mellissa	Morrow Schoo	ol/Dept. <u>Career &amp; Te</u>	echnical Ed. Phone	<u>927-9000</u> Ext <u>31104</u>				
Grant Contact Person* *This is the school/district-based	Mellissa Morrow	School/Dept grant.	E Phone	927-9000 Ext 31104				
Schools/Programs to be	e served by this grant	# of staff impacted	# of parents impacted					
All Middle and all high sch	nools	1 professional and 35+ CTE teachers	# of students impacted 7,000+	7,000+				
Does this grant require matching funds?Yes _XNo If yes, what amount? How will these funds be raised?								
		Grant Description	· · · · · · · · · · · · · · · · · · ·					
<u>Please fill in all blanks</u> .	Do not re	fer to attachments in yo	ur summaries. D	o not attach separate sheets.				
goals of your School Imp To provide supplementa the school district. Briefly list grant program	l funding for the enhar	icement of secondary	Career and Technical E	ducation programs within				
Grant activities include,	but are not limited to: nd other instructional ation of special needs s ects provide additional	provision of multiple strategies; purchase o students' access to sec	staff development activi f equipment for school u ondary CTE courses and	ties for secondary teachers se in career and technical l programs. Carl D. ont and expansion of				
Please provide a <b>brief</b> exp used for new/old staff position, or <b>Funds will be expended</b> f	contracted services, travel, me	aterials/supplies, equipment	/furniture, facilities, and other a	. (Please indicate if funds will be applicable items.) Is and equipment.				
How will grant activities b Continuation funding thro		d of grant period?	\					
Mellissa Morrow Director, Career and Technic Print Name of Cost Center F	Iead / S	ignature of Cost Center		<u>4/13/09</u> Date				
Schu this completed Iori	n and 1 copy of your gr	ant to the Grants Offic	e, kesearen, Assessment,	and Evaluation-Landings				

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(These grants r			Immary for grants ov I must be placed on the Schoo		Grants Office	: staff.)	
Fiscal Management will be done by: ↓ District Finance Office □ School Internal Account □ Other (name):		<ul> <li>Entitlement/Flowthrough</li> <li>Competitive/Discretionary</li> <li>Continuation</li> <li>Other:</li> </ul>		Fund Source:         □ Federal (indirect cost \$)         ☑ State         □ Local Foundation         □ Other:			
Name of Primary Fund Source	Funder's C Name		Funder's Addres	s Phone	Number	\$ Amount	
Carl D. Perkins Secondary Career & Technical Education	Lyle Richmond		Florida Dept. of Education Bureau of Grants Management 325 West Gaines Street, Rm. 3 Tallahassee, F 32399-0400		-9045	\$362,471	
that no additiona	nology support po l wiring or electri	ersonnel m cal work, l	de cameras, DVD played nust review the physical beyond what is provided nology support staff mer	capabilities of th through the gra	nt, will be	needed to	
Please call Jody He can be reache	Dumas to discussed at 361-6311 ext neluded with your	olves CON is your pr t. 68824. 1 r GAF.	Fechnology Support Staf STRUCTION or requisite oject and receive appro- If approved, you will new call ext 927-9000 ext. 32	ires RETROFIT oval to go forwa ed to create a me	ard with yo mo for his	our proposal.	
		GRANTS Sectio	S OFFICE USE ONL on Three: Signatures l obtain applicable signa	<u>Y</u>	-		
DISTRICT DIRECTOR O	TION *DIR	*DIRECTOR OF FACILITIES SERVICES					
RESEARCH, ASSESSMENT & EVALUATION (RAE)			 E)	DIRECTOR OF BUDGET			
EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, SECONDARY			E, OR A	ASSOCIATE SUPERINTENDENT			
			UPERINTENDENT				
	*Si	ignatures	needed only if applica	ble.			
Send this completed form	n and 1 copy of yo	ur grant to	o the Grants Office, Resea	urch, Assessment	, and Evalu	ation-Landings	
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