

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 Information:

Continuation

Grant Start/End Dates: 07012008 – 06/30/2009 Application Deadline: 06/30/2008 Grant Amt: 14,034

Funder's Grant Title: Title I, Part D Neglected & Delinquent Your Grant Title: Title I, Part D, Neglected & Delinquent

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: Jane Mahler School/Dept. State & Federal Projects Phone 927-9000 Ext 31113

Grant Contact Person\* Peggy Wiggins School/Dept AIP Phone 927-9000 Ext 34641

\*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
Character House – CC 0411	0	20	20

Does this grant require matching funds? Yes X 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)

To increase the number of students who are at or above the proficiency level in reading and math on state assessment tests by 15%.

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

Purchase of 18 license renewals for PLATO, student materials and supplies, supplemental reading and math instructional materials to assist students to reach proficiency in reading and math.

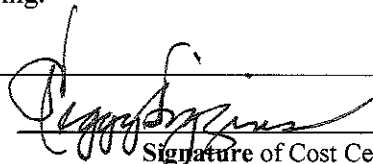
Please provide a brief explanation of pertinent budget items that will be funded through this grant. (Please indicate if funds will be used for new/old staff position, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items.)

Purchase of software license renewals and materials/supplies.

How will grant activities be continued after the end of grant period?  
This is an entitlement grant and ongoing.

Peggy Wiggins

Print Name of Cost Center Head

  
Signature of Cost Center Head

9/29/08  
Date

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:

- District Finance Office
- School Internal Account
- Other (name): \_\_\_\_\_

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: \_\_\_\_\_

Fund Source:

- Federal (indirect cost \$)469 \_\_\_\_\_
- State
- Local Foundation
- Other: \_\_\_\_\_

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
FL DOE	Melvin Herring, III	FL DOE, Office of Grants Mgmt 325 W Gaines St. Tallahassee FL 32399-0400	7-850-245-0496	14,034



**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

Non file

Non file

Non file

**\*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES**

**\*DIRECTOR OF FACILITIES SERVICES**

*and construction*

Christie Roca 9/30/08

Non file

**RESEARCH, ASSESSMENT & EVALUATION (RAE)**

**DIRECTOR OF BUDGET**

**\*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY**

**ASSOCIATE SUPERINTENDENT**

Lou White

**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