

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: 10.03.2008 - 06.30.09 Application Deadline: 9.30.08 Grant Amt: \$49,148.71

Funder's Grant Title: EETT Your Grant Title: EETT

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: M Horan School/Dept. Dept of Inst. Tech Phone \_\_\_\_\_ Ext x31394

Grant Contact Person\* M Horan School/Dept Dept of Inst. Phone \_\_\_\_\_ Ext x31394

\*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 schools	Selected staff of each school	NA	NA

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)

EETT grant funds utilized to provide technology integration training to teachers throughout district. Training will focus on researched based, best practice professional development utilizing district standard learning technologies. Will provide teachers with either release time by rotating subs or stipends.

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

Training of teachers on use of ActivBoard resources and integration of those resources into daily curriculum. Funding will allow teachers to participate in PD event through either stipends or release through with rotating substitute teachers.

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.)

Grant will fund cost of substitute teachers and/or stipends for participating teachers.

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

Activities will be continuing through continuing professional development opportunities.

Michael Horan  
Print Name of Cost Center Head

  
Signature of Cost Center Head

10/20/08  
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:

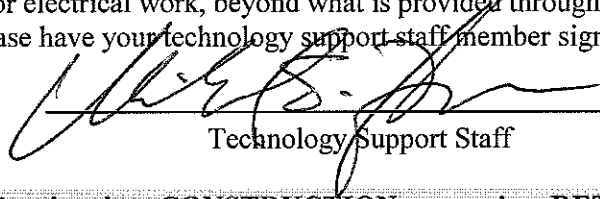
- Federal (indirect cost \$) \$1531 \_\_\_\_\_
- State
- Local Foundation
- Other:

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Titile II D: EETT	DOE Chareles Proctor	DOE 944 Turlinton Bulding Tallasse, FL., 32399-0400	850-24599318	\$49,148

**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. *NA*

**GRANTS OFFICE USE ONLY**

**Section Three: Signatures**

Grants Office personnel will obtain applicable signatures in this section

*✓ on file*  
 \_\_\_\_\_  
 \*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES  
  
 RESEARCH, ASSESSMENT & EVALUATION (RAE)

*✓ on file*      *✓ on file*  
 \_\_\_\_\_  
 \*DIRECTOR OF FACILITIES SERVICES + construction  
 \_\_\_\_\_  
*✓ on file*  
 DIRECTOR OF BUDGET

\*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

  
 \_\_\_\_\_  
 SUPERINTENDENT

\*Signatures needed only if applicable.

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