Please Type or Print in Ink

GAF: Grant Approval Form

RAE#	
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FOR GRANT APPLICATIONS \$2,000 OR MORE

		Office Use Only								
Date of Board Meeting:	**************************************	Agenda Item No.								
X New Grant	\$	Section 1: General Inf	formation:	Continuation						
Grant Start/End Dates:	FY 2011-12	Application Dead	line: 09/30/2011	Grant Amt: \$200,352						
Funder's Grant Title:	Title I School Improvement I	nitiative Your Grant	Title: School Improvem	ent Initiative - Sarasota						
e.g. Weller Teacher Mini-Grai	nt, Building Blocks for Succes	ss, etc. e.g. Up, Up and	! Away, Exploring Our Heritage	, Young Galileos, etc						
Grant Writer: Jane M	ahler School	ol/Dept. Academic I	Intervention Phone	927-9000 Ext 34641						
Grant Contact Person*	Jane Mahler	School/Dept Aca	demic Interv. Phone	927-9000 Ext 34641						
*This is the school/district-based person who is in charge of the grant.										
Schools/Programs to be	e served by this grant	# of staff impacted	# of students impacted	# of parents impacted						
Alta Vista, Brentwood, Tu		All	All	All						
Glenallen, Emma E. Book	er, Booker Middle									
Does this grant requir		_Yes _X_No If yo	es, what amount?	How will						
these funds be raised?	?									
44-44-44-44-44-44-44-44-44-44-44-44-44-		Grant Description								
		Giant Description								
Please fill in all blanks.	Do not re	efer to attachments in yo	our summaries. D	o not attach separate sheets.						
Briefly summarize the ov	verall nurnose/objective	e of the grant and indica	ate how this grant will con	tribute to the needs and						
goals of your School Imp										
		_								
Funds are provided to i	mprove student acadei	nic achievement at Sc	chools in Need of Improve	ement (SINI).						
D.:-G. 1:-4		ing to be demonstrate the	comment formeda):							
Briefly list grant progra	im activities (what is go	ing to be done with the	grant funas):							
Grant funds will be use	d for intensive instruct	ion in targeted areas	to low-achieving students	, for after school tutoring						
				vement activities also will						
			nip Development seminar							
, ,	• •		•							
Diago provido o briof ov	nlanation of nartinant by	udgat itams that will h	a funded through this gran	t. (Please indicate if funds will be						
			nt/furniture, facilities, and other							
			substitutes, books, site li							
development training, a	and purchased professi	onal and technical ser	vices for family leadersh	ip development, parent						
involvement activities,	and teacher training. I	Funds also will pay for	r transportation for stude	ents in after-school tutoring						
programs.										
	1 2 2	1 0								
How will grant activities										
Activities will continue only until funds are fully spent.										
		_								
Peggy Wiggins	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		······································	9/01/- 11						
		All My Jan		2/2/1/2011						
Print Name of Cost Center	Head	Signature of Cost Cente	r Head	Date						
Send this completed for	rm and 1 copy of your s			, and Evaluation-Landings						

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(These grants re			mmary for grants over must be placed on the School			staff.)	
Fiscal Management will be done by: District Finance Office School Internal Account Other (name): Project number, if known:		☐ Entitlement/Flowthrough ☐ Competitive/Discretionary ☐ Continuation ☐ Other:		Fund Source: Federal: Indirect cost \$ _5,096.00 CFDA # State Local Foundation Other:			
Name of Primary	Funder's Co		Funder's Addres	s	Phone Number	\$ Amount	
Fund Source	Name						
Florida Department of Education			Office of Grants Management Room 332 Turlington Bldg. 325 West Gaines Street Tallahassee, FL 32399-0400		850-245-0496	\$200,352	
that no additional	wiring or electri	cal work, l your techi	nust review the physical peyond what is provided nology support staff mer Sechnology Support Staf	throunder s	gh the grant, will be	needed to	
Please call Jody	Dumas to discus d at 361-6311 ext neluded with your Thank you	ss your pr t. 68824. l r GAF. u. Please	STRUCTION or requiped to a server of a server of approved, you will need to all ext 927-9000 ext. 32 SOFFICE USE ONL	oval to c 2172 v	o go forward with youreate a memo for his	our proposal.	
	Granta Offica nar		on Three: Signatures	turas	in this spation		
Grants Office personnel will obtain applicable signatures in this section And Allesono Von file - Constructive							
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES SVCS. SERVICES							
*EXECUTIVE DIRECTOR				SSOC	IATE SUPERINTENDI	ENT	
	,		UPERINTENDENT				
	*\$	Signatures	needed only if applic	able.			
Send this completed for	m and 1 copy of y	our grant t	o the Grants Office, Rese	earch,	Assessment, and Eval	uation-Landings	

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