Please Type or Print in Inl	Please	Type	or	Print	in	Ink
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RAE#	

GAF: Grant Approval Form R
FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only							
Date of Board Meeting:		Office Ose Only		A	genda Item l	No.	
X New Grant	Section 1: General Information:				☐ Continuation		
Grant Start/End Dates:	7/1/09 to 6/30/12 Education Research Grants	Application Dead			Grant Amt:	\$1,461,063	
runder 8 Grant Title.		Your Grant			ponse to Intervention Program		
e.g. Weller Teacher Mini-Grant Grant Writer: Denise C			! Away, Exploring Our P	Heritage, hone .	027 0000	Ext 32175	
Grant Contact Person* *This is the school/district-based p		School/DeptRA	E P	hone .	927-9000	Ext 32175	
Schools/Programs to be		# of staff impacted	# of students imp	nacted	# of naren	ts impacted	
North Port HS and Heron (All at these schools	8 th and 9 th graders		N/A	- Impacteu	
Does this grant require	matching funds?	Vos V No If w	these schools			YY •13	
these funds be raised?	matening lunus.	1es_ANo my	s, what amount:			_ How will	
		Grant Description					
Please fill in all blanks.	Do not re	fer to attachments in yo	ur summaries.	Do	not attach sep	parate sheets.	
Briefly summarize the overgoals of your School Impro	rall purpose/objective ovement Plan and/or Di	of the grant and indicastrict Plan. (Not grant	te how this grant w activities)	vill contri	bute to the n	eeds and	
Heron Creek Middle Schoprogram will address Nesthat will allow us to tailor research-proven practices	Kt Generation Learnii a program to fit our	ng pillars of Quality, l	Resources and Peo	ple. Thi	is is a resear	ch grant	
Briefly list grant program	activities (what is going	ng to be done with the	grant funds):				
Grant activities include de Creek MS and 9th grade Meteored to this project, with provide feedback for prog	North Port HS student Ill plan the system, im	s. Teams of district a	ind school-based s	taff, alor	ig with cont	racted staff	
Please provide a brief explanation of the second staff position, consider will pay to hire construction. Budget will pay to hire construction. Professional Development and will pay some travel, and the second staff professional pay some travel, and the second staff professional pay some travel, and the second staff provides the second staff provides a second staff	ontracted services, travel, mo ntracted staff, includi ogrammer/Data Mana Trainer. Funds will stipend, materials, pu	nterials/supplies, equipment ng a Project Manage ager, as well as part-t also pay for a contrac blication and comput	furniture, facilities, and r, Project Assistan ime contracted Cu et with faculty at F	d other app ts (one a rriculum lorida G	olicable items.) t each schoo n Developer tulf Coast Ui	ol), and niversity.	
How will grant activities be All staff will be contracted will be terminated.			period. At the end of	of the gra	nt period, all	contracts	
NATALIT ROCA Print Name of Cost Center He Send this completed form		ignature of Cost Center		ment or	Date	;	

Please Type or Print in In	k	GAF: G	rant Approval Form				
(These grants re	Section equire School Board a	Two: Su	mmary for grants ov must be placed on the School	ver \$2, ol Board	,000. Agenda by Grants Office	e staff.)	
☑ District Finance Office ☑ Co ☐ School Internal Account ☐ Cor		⊠ Cont	mpetitive/Discretionary III Fitinuation		nd Source: Federal (indirect cost)\$68,457 (over 3 yrs) State Local Foundation Other:		
Name of Primary Fund Source	Funder's Co Name	ntact	Funder's Address Phone Number			\$ Amount	
Institute of Education Sciences, U.S. Department of Education	Dr. Emily Doolittle				202-219-1201	\$1,461,063	
that no additional	(does no logy support pe wiring or electric	not includ ersonnel m cal work, b	ECHNOLOGY is part le cameras, DVD player sust review the physical beyond what is provided hology support staff men	ers, etc capabi I throu	e.) ilities of the area invo gh the grant, will be r	needed to	
Please call Jody 1	Dumas to discussed at 361-6311 ext. acluded with your	ives CON s your pro . 68824. It GAF.	STRUCTION or required and receive appropriate fapproved, you will need all ext 927-9000 ext. 32	ires Rl oval to ed to cr	go forward with your reate a memo for his	ur proposal.	
		•	OFFICE USE ONI		in questions.		
C		Section	n Three: Signatures obtain applicable signa		n this section		
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES			TION *DIR	*DIRECTOR OF FACILITIES SERVICES			
RESEARCH, ASSESSMENT & EVALUATION (RAE)			(i)	DIRE	DIRECTOR OF BUDGET		
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, O SECONDARY			, OR A	SSOCIA	ATE SUPERINTENDE	VT	
	-	SII	PERINTENDENT				
	*Sig		needed only if applica	ıble.			
Send this completed form	and 1 copy of you	ır grant to	the Grants Office, Research	arch, A	ssessment, and Evalu	ation-Landings	

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