Please Type or Print in :	lnk
---------------------------	-----

RAE#	

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

		Office Use Only	7					
Date of Board Meeting: X New Grant	Section 1: General Information:					Agenda Item No.		
A New Grant	i	Section 1: General In	Continuation					
Grant Start/End Dates:	7/1/09 to 6/30/13	Application Dead	line: 10	0/2/08	Grant Amt:	\$1,600,000		
Funder's Grant Title:	Education Research Grants	Your Grant	Title: V	alidating an Onlir	ne Progress Mon	itoring System		
e.g. Weller Teacher Mini-Gran		ss, etc. e.g. Up, Up and	l Away, Explo	ring Our Heritage	, Young Galileos	, etc		
Grant Writer: Denise C	Cantalupo School	ol/Dept. RAE		Phone	927-9000	Ext		
Grant Contact Person* *This is the school/district-based	Denise Cantalupo	School/DeptRAI	E	Phone	927-9000	Ext _32175		
			U C / Y		12 0			
Schools/Programs to be Heron Creek MS and Book		# of staff impacted # of student		ents impacted	<u> </u>			
Heron Creek MS and Book	er MS	30	All		N/A			
Does this grant require these funds be raised?	e matching funds? _	_Yes _XNo If ye	es, what ar	mount?		_ How will		
		Grant Description						
Please fill in all blanks.	Do not re	fer to attachments in yo	ur summari	ies. Do	not attach sej	parate 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) The purpose of this research grant is to adapt and validate our current progress monitoring system and to make improvements using sound data collection and analysis methodology. As a result, the NeXt Generation Learning pillars of Quality, Resources and People will be enhanced. Briefly list grant program activities (what is going to be done with the grant funds):								
The grant activities will take a phased approach to the need to validate our progress monitoring system. Using data from the Heron Creek MS and Booker MS, the project will look at our current system, analyzing missing constructs and system functionality, devise appropriate improvements to the system, roll our a pilot of the improved system, collect and analyze data on the system's functionality and make additional improvements. Ultimately, a progress monitoring system that is valid and useful will be used district-wide.								
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.) Budget will pay to hire contracted staff, including a Project Manager, Project Assistant, as well as a part-time Evaluator/Statistician, Programmer/Data Manager. Funds also will pay for a contract with faculty at Florida Gulf Coast University, and will pay expenses associated with purchasing and adapting progress monitoring tools. Indirect costs to the district will also be covered.								
How will grant activities be All staff will be contracted will be terminated.	e continued after the end for services performed	d of grant period? only during the grant p	period. At t	he end of the gr	ant period, all	contracts		
NATALIE ROCA	not	là Pace			9/24/0	3'C		
Print Name of Cost Center Ho Send this completed form		ignature of Cost Center			Date	,		

Please Type or Print in In	k	GAF: G	rant Approval Form			
(These grants re	Section equire School Board a	Two: Surapproval and	mmary for grants ov must be placed on the Schoo	er \$2,000. l Board Agenda by Grants Offic	e staff.)	
Fiscal Management will be done by: District Finance Office School Internal Account Other (name):		☐ Competitive/Discretionary ☐ Continuation ☐ Other:		Fund Source: Federal (indirect cost)\$50,868(ever 4 yrs) State Local Foundation Other:		
Name of Primary Fund Source	Funder's Co Name		Funder's Addres	S Phone Number	\$ Amount	
Institute of Education Sciences, U.S. Department of Education	Dr. Edward Metz			202-219-1201	\$1,600,000	
that no additional	(does nology support po wiring or electric	not includ ersonnel m cal work, b	beyond what is provided		needed to	
Please call Jody	Dumas to discus d at 361-6311 ext acluded with your	lves CON s your pro . 68824. I	ject and receive appro	res RETROFITTING sp val to go forward with ye d to create a memo for his	our proposal.	
			OFFICE USE ONL			
(Section	n Three: Signatures obtain applicable signat	_		
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES			TION *DIRE	CTOR OF FACILITIES SEF	RVICES	
RESEARCH, ASSESSMENT & EVALUATION (RAE)			· ()	DIRECTOR OF BUDGET		
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, SECONDARY		, OR AS	ASSOCIATE SUPERINTENDENT			
	-					
*Signatures needed only if applicable.						
Send this completed form	and 1 copy of you	ur grant to	the Grants Office, Resea	rch, Assessment, and Evalu	ation-Landings	

PAGE 2 of 2 Rev 11/01/07