

Date of Board Meeting: <u>10-2-07</u>		Office Use Only		Agenda Item No.	
<input type="checkbox"/> New Grant		Section 1: General Information:		<input checked="" type="checkbox"/> Continuation	
Complete this side for ALL grants, including classroom grants					
Grant Start/End Dates:	<u>11/1/07 - 06/01/08</u>	Application Deadline:	<u>NA</u>	Grant Amt:	<u>\$45,787.12</u>
*Funder's Grant Title:	<u>Title 2 D: EETT Allocation</u>	*Your Grant Title:	<u>Title 2: EETT Allocation</u>		
*e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc.		*e.g. Up, Up and Away, Exploring Our Heritage, Young Galileo's, etc			
Grant Writer:	<u>Mike Horan</u>	School/Dept.	<u>Shared Prof. Services</u>	Phone	<u>927-9000</u> Ext <u>31394</u>
Grant Contact Person*	<u>Mike Horan</u>	School/Dept	<u>Shared Prof. Services</u>	Phone	<u>927-9000</u> Ext <u>31394</u>
*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		All inst. Staff	42,000	NA	

**Does this grant require matching funds? Yes No If yes, what amount? _____ How will these funds be raised?

Grant Description

Please type or print neatly in ink. Do not attach separate sheets. Please fill in all blanks. Do not refer to attachments in your summaries.

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 grant is to establish training and substitutes to release teachers for integration training regarding their classroom investment in an ActivBoard investment.

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

EETT Entitlement will be used to address three issues: 1.) the establishment of a half day integration training with Promethean trainers, 2) provide training substitutes to release teachers to attend half day training, 3) provide professional development and FETC participation for staff of Shared professional services.

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.)*

Training contract with Promethean : \$38,000

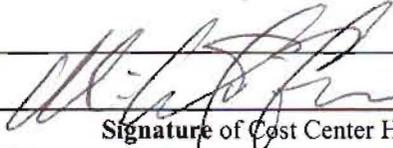
Substitute funding to release teachers for training: \$3202.12

SPS Professional Development : \$3,000

Indirect Cost: \$1,585 (3.46%)

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

Grant activities are for training support currently invested district tech resources. Future training opportunities will be built into the 9019 training budget

Mike Horan		<u>9/17/07</u>
Print Name of Cost Center Head		

Send this completed form and 1 copy of your grant to RAE (Grants Office)

FRONT

OVER

Rev. 06/01/2005

Please Type or Print in Ink

GAF: Grant Approval Form

Section Two: Summary for grants over \$2,000.

(These grants require School Board approval. GAF **must** be submitted by the School Board meeting prior to relevant School Board meeting.)

Fiscal Management will be done by:

- District Finance Office
- School Internal Account
- Other (name): Education Foundation

- Entitlement/Flowthrough
- Competitive/discretionary
- Continuation

Fund Source:

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

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
EETT 2007	Florida DOE	Office of Grants Management FL DOE 325 W. Gaines St Tallahassee, FL 32399	850-245-9318	\$45,787.12

***NOTE: If TECHNOLOGY is part of this grant:**

A memo, signed by the Cost Center Head must accompany this form. The memo must state that:

- a. The school technology personnel has reviewed the physical capabilities of the area involved and that no additional wiring or electrical will be needed to implement the grant beyond what is provided through grant funds.
- b. The memo must be cosigned by Lee Campos (927-9000 ext 31351 FAX 927-4015). Please call, tell him about your project, then FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF.

***NOTE: If FACILITY CONSTRUCTION or RETROFIT are part of this grant:**

- c. The memo must be co-signed by Paul Pitcher, (361-6311; fax 361-6318). Please call, tell him about your project, then, if the project is acceptable, FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF.

Thank you. Please call ext 927-9000 ext 32254 with questions.

RAE OFFICE USE ONLY

Section Three: Signatures

RAE personnel will obtain all signatures in this section

NA

*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

NA

*DIRECTOR OF FACILITIES SERVICES

Amy Downer

RESEARCH, ASSESSMENT & EVALUATION (RAE)

[Signature]

DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

[Signature]

SUPERINTENDENT

9/18/07

*Signatures needed only if applicable.

SEND THIS COMPLETED FORM AND 1 COPY OF YOUR GRANT TO RAE (GRANTS OFFICE)