

SCHOOL DISTRICT OF CLAY COUNTY – GRANT REVIEW

Grant Originator: Alisa B. Jones School/Dept: Instructional Resources
 Grant Title: EDU 2011 Wireless Program
 Grant Source: FCC
 Grant Proposal Amount: \$125,000 Required Matching Funds: None
 Goal(s): (1) To expand the Leveraging Technology and Digital Equity Initiative to Clay Hill Elementary.
(2) To provide broadband service to an underserved population.

Goals are related to: School Improvement Plan Sunshine State Standards
 Technology Plan Other _____

Target Population: Clay Hill Elementary
 If project will differ from current Board approved curriculum, state how it will differ: N/A

Specify staff development activities requiring expenditures outside of School Board guidelines:

- Consultants (Object 0310, other than Board approved rate): N/A
- Staff Participants (Object 0100, other than Board approved hourly rate): N/A
- Per Diem/Travel (Object 0330, other than Board approved mileage rate): N/A

Will there be any:

- | | |
|--|---|
| ▪ Additional personnel: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, please list | ▪ Plant Modifications: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, please list |
| ▪ Maintenance required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, please list | ▪ Add. Tech. needs: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, please list |
| ▪ Contract service: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, please list | ▪ Add. Equip./furniture: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, please list |
| ▪ Sub. coverage required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, please list | |

Please Note: If teachers will require a substitute for grant initiatives, funds must be budgeted into the grant.

If yes to any of the above, please explain resources, cost, and any other district impact (attach additional pages if necessary):

Contract Service: Coleman Technology
 Additional Technology: Wireless infrastructure funded by the grant

Signatures indicate:

- ✓ All aspects of the proposal have been reviewed.
- ✓ The proposal is within current stand and board rules and regulations.
- ✓ The proposal directly relates to the school's identified needs and goals, School Improvement Plan or District Strategic Plan.

Person(s) applying for grant:

Signature(s): Alisa Jones Date: 12/2/10

Principal/Director of affected cost center:

Signature: Alisa Jones Date: 12/2/10

Upon securing the proper signatures at your school, please make 5 copies of this form, attach a copy of the grant and return to Kelly Mosley - CTE Specialist, HC Long Building at least 10 business days prior to grant submission deadline.

FOR DISTRICT USE ONLY

Division Section: **HR** SS INST BA CIS Joni A McCa Approved Denied
 Signature of Assistant Superintendent/CIS: _____ Date: 12/2/10

District Approval to Proceed: Denise Ad Approved Denied
 Signature of Deputy Superintendent: _____ Date: 12/3/10

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Division Section: HR **SS** INST BA CIS mg Elliott Approved Denied
 Signature of Assistant Superintendent/CIS: _____ Date: 12/2/10

District Approval to Proceed: _____ Approved Denied
 Signature of Deputy Superintendent: _____ Date: _____

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Signature: Alisa Jones Date: 12/2/10

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Division Section: HR SS INST BA CIS
Signature of Assistant Superintendent/CIS: Sharon Chapman Date: 12-2-10
[] Approved [X] Denied

District Approval to Proceed:
Signature of Deputy Superintendent: Date:
[] Approved [] Denied

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 Signature(s): Alisa B. Jones Date: 12/2/10
Principal/Director of affected cost center:
 Signature: Alisa B. Jones Date: 12/2/10

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Division Section: HR SS INST **BA** CIS Kelley J. Copeland Approved Denied
 Signature of Assistant Superintendent/CIS: _____ Date: 12/2/10

District Approval to Proceed: _____ Approved Denied
 Signature of Deputy Superintendent: _____ Date: _____

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Division Section: HR SS INST BA **CIS** Carolyn Grison Approved Denied
 Signature of Assistant Superintendent/CIS: _____ Date: 12/2/10

District Approval to Proceed: _____ Approved Denied
 Signature of Deputy Superintendent: _____ Date: _____