

FLORIDA DEPARTMENT OF EDUCATION PROJECT APPLICATION

Please return to: Kinisha Murphy Florida Department of Education Office of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 245-0496 Suncom: 205-0496	A) Program Name: <h3 style="margin: 0;">Innovation Fair Matchmaker Grants</h3>	DOE USE ONLY Date Received						
B) Name and Address of Eligible Applicant:		Project Number (DOE Assigned)						
C) Total Funds Requested: \$ _____ <hr style="width: 20%; margin: 0 auto;"/> <p style="text-align: center;">DOE USE ONLY</p> Total Approved Project: \$ _____	D) Applicant Contact Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Contact Name:</td> <td style="padding: 5px;">Mailing Address:</td> </tr> <tr> <td style="padding: 5px;">Telephone Number:</td> <td style="padding: 5px;">SunCom Number:</td> </tr> <tr> <td style="padding: 5px;">Fax Number:</td> <td style="padding: 5px;">E-mail Address:</td> </tr> </table>		Contact Name:	Mailing Address:	Telephone Number:	SunCom Number:	Fax Number:	E-mail Address:
Contact Name:	Mailing Address:							
Telephone Number:	SunCom Number:							
Fax Number:	E-mail Address:							
CERTIFICATION I, _____, <i>(Please Type Name)</i> do hereby certify that all facts, figures, and representations made in this application are true, correct, and consistent with the statement of general assurances and specific programmatic assurances for this project. Furthermore, all applicable statutes, regulations, and procedures; administrative and programmatic requirements; and procedures for fiscal control and maintenance of records will be implemented to ensure proper accountability for the expenditure of funds on this project. All records necessary to substantiate these requirements will be available for review by appropriate state and federal staff. I further certify that all expenditures will be obligated on or after the effective date and prior to the termination date of the project. Disbursements will be reported only as appropriate to this project, and will not be used for matching funds on this or any special project, where prohibited. Further, I understand that it is the responsibility of the agency head to obtain from its governing body the authorization for the submission of this application.								
E) _____ <p style="text-align: center;">Signature of Agency Head</p>								

Instructions for Completion of DOE 100A

- A.** If not pre-printed, enter name of the program for which funds are requested.
- B.** Enter name and mailing address of eligible applicant. The applicant is the public or non-public entity receiving funds to carry out the purpose of the project.
- C.** Enter the total amount of funds requested for this project.
- D.** Enter requested information for the applicant's contact person. This is the person responsible for responding to all questions regarding information included in this application.
- E. The original signature of the appropriate agency head is required.** The agency head is the school district superintendent, university or community college president, state agency commissioner or secretary, or the president/chairman of the Board for other eligible applicants.
- **Note:** Applications signed by officials other than the appropriate agency head identified above must have a letter signed by the agency head, or documentation citing action of the governing body delegating authority to the person to sign on behalf of said official. Attach the letter or documentation to the DOE 100A when the application is submitted.

**Florida Department of Education
Application for Innovation Fair Matchmaker Grants
for the 2006-2007 School Year**

Purpose of Project: The purpose of this project is to develop career academies/innovative programs using a partnership and mentoring model between current successful career academies/innovative programs and new applicants. A career and professional academy is a research-based, rigorous education program that combines relevant academic and technical curricula around a career theme for the purpose of providing an instructional delivery system that incorporates relevant and rigorous academic standards with industry and business relevancy. An innovative program focuses on innovative approaches to improving academic achievement and secondary school career, collegiate, and magnet academies.

Funding Purposes and Allowable Expenses: Funds must be used to establish a K12 career academy/innovative program that integrates academic and career curriculum through a career-based theme. Funds awarded for this grant may be used for items that will directly impact the students including, but not limited to: personnel, professional development, student services, instructional equipment, laboratory equipment, supplies, simulation hardware and software, or other non-recurring expenses associated with the development, implementation, and evaluation of a career academy.

Application Due Date: Applications are due to the Florida Department of Education Grants Management Office at 325 West Gaines Street, Suite 344, Tallahassee, FL 32399 by 5:00 p.m. on November 6, 2006.

Funding Amount: Two types of project models are permissible for this funding:

- \$10,000 for mentor projects
- \$40,000 for mentee projects

Application: Districts must submit no more than five typed pages in 12-point font with double spacing, excluding the DOE forms and abstract form.

Project Abstract: Use the attached Abstract form to describe the program.

Project Design and Implementation: Describe the proposed academy or innovative program, including occupational focus, strategies, curriculum, instruction, assessment, accountability measures, timelines, number of students to be served, and collaborative partnerships for developing and implementing the project. Mentor district/school must describe research that shows program is successful in increasing achievement.

Sustainability: Describe the plan for sustainability and the district support for resources for the career academy/innovative program.

Project Evaluation: Describe the plan for methods for evaluating the academy/innovative program, students, and progress toward meeting the program goals. Each school must collect and report data to include outcome measures identified by the Department of Education.

Contact Persons: **Grants Management:** Kinisha Murphy at 850.245.0496 or via e-mail at kinisha.murphy@fldoe.org
 Program: Mary Jo Butler at 850.245.0479 or via e-mail at maryjo.butler@fldoe.org

**Florida Department of Education
Innovation Fair Matchmaker Grants
Abstract Form for Mentees
2006-2007**

1. School District:
2. District Project Contact: (Name, Phone, E-mail)
3. School Name:
4. Career Academy/Innovative Program:
5. Name of Mentor Partner:
6. Occupational Focus of Students in the Academy/Innovative Program (i.e. Health, IT, Finance, etc.)
Note: There may be more than one occupational focus
7. Total Funds Requested for this Grant (maximum award of \$40,000 for mentees): \$

8. Projected Enrollment Chart (if applicable)

Projected Student Enrollment	2007-2008	2008-2009	2009-2010
Grade 6			
Grade 7			
Grade 8			
Grade 9			
Grade 10			
Grade 11			
Grade 12			

9. Objectives (briefly state the objectives of the project)
10. Project Design (briefly describe the overall design and plan of this project to replicate the mentor's model program)

**Florida Department of Education
Innovation Fair Matchmaker Grants
Abstract Form for Mentors
2006-2007**

1. School District:

2. District Project Contact (Name, Phone, E-mail)

3. School Name:

4. Brief Description of Mentor's Successful Program for Replication:

5. Name(s) of Mentee Partner(s):

6. Occupational Focus of Students in the Career Academy/Innovative Program (i.e. Health, IT, Finance, etc.)
Note: There may be more than one occupational focus

7. Total Funds Requested for this Grant (maximum award of \$10,000 for mentors): \$

8. Objectives (briefly state the objectives of the project):

9. Project Design (briefly describe the overall design and mentoring plan of this project. Include pertinent timelines, etc.)

TAPS Number
07A226

A) _____
Name of Eligible Recipient:

B) _____
Project Number: **(DOE USE ONLY)**

FLORIDA DEPARTMENT OF EDUCATION BUDGET NARRATIVE FORM

(1) FUNCTION	(2) OBJECT	(3) ACCOUNT TITLE AND NARRATIVE	(4) FTE POSITION	(5) AMOUNT
C) TOTAL				\$

Instructions

Budget Narrative Form

This form should be completed based on the instructions outlined below, unless instructed otherwise in the Request for Proposal (RFP) or Request for Application (RFA).

A. Enter Name of Eligible Recipient.

B. (DOE USE ONLY)
COLUMN 1

FUNCTION: SCHOOL DISTRICTS ONLY:

Use the four digit function codes as required in the Financial and Program Cost Accounting and Reporting for Florida Schools Manual.

COLUMN 2

OBJECT: SCHOOL DISTRICTS:

Use the three digit object codes as required in the Financial and Program Cost Accounting and Reporting for Florida Schools Manual.

COMMUNITY COLLEGES:

Use the first three digits of the object codes listed in the Accounting Manual for Florida's Public Community Colleges.

UNIVERSITIES AND STATE AGENCIES:

Use the first three digits of the object codes listed in the Florida Accounting Information Resource Manual.

OTHER AGENCIES:

Use the object codes as required in the agency's expenditure chart of accounts.

COLUMN 3 - ALL APPLICANTS:

ACCOUNT TITLE: Use the account title that applies to the object code listed in accordance with the agency's accounting system.

NARRATIVE: Provide a detailed narrative for each object code listed. For example:

- **SALARIES** - describe the type(s) of positions requested. Use a separate line to describe each type of position.
- **OTHER PERSONAL SERVICES** – describe the type of service(s) and an estimated number of hours for each type of position. OPS is defined as compensation paid to persons, including substitute teachers not under contract, who are employed to provide temporary services to the program.
- **PROFESSIONAL/TECHNICAL SERVICES** - describe services rendered by personnel, other than agency personnel employees, who provide specialized skills and knowledge.
- **CONTRACTUAL SERVICES AND/OR INTER-AGENCY AGREEMENTS** - provide the agency name and description of the service(s) to be rendered.
- **TRAVEL** - provide a description of each type of travel to be supported with project funds, such as conference(s), in district or out of district, and out of state. Do not list individual names. List individual position(s) when travel funds are being requested to perform necessary activities.
- **CAPITAL OUTLAY** - provide the type of items/equipment to be purchased with project funds.
- **INDIRECT COST** - provide the percentage rate being used. Use the current approved rate. (Reference the DOE Green Book for additional guidance regarding indirect cost.)

COLUMN 4 – MUST BE COMPLETED FOR ALL SALARIES AND OTHER PERSONAL SERVICES.

FTE - Indicate the Full Time Equivalent (FTE based on the standard workweek for the type of position) number of positions to be funded. Determine FTE by dividing the standard number of weekly hours (e.g., 35 hours) for the type of position (e.g., teacher aide) into the actual work hours to be funded by the project.

COLUMN 5

AMOUNT - Provide the budget amount requested for each object code.

C. TOTAL - Provide the total for Column (4) on the last page. Must be the same amount as requested on the DOE-100A or B.