



SCHOOL DISTRICT  
PALM BEACH COUNTY, FLORIDA

JUDITH KLINEK  
ASSISTANT SUPERINTENDENT

ANN KILLETS  
CHIEF LEARNING OFFICER

DIVISION OF GRANTS ADMINISTRATION AND  
SCHOOL REFORM ACCOUNTABILITY  
3300 FOREST HILL BLVD., SUITE # C-201  
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September 16, 2010  
Bulletin # P-13607-CLO/GA

Contact Person:  
Lisa Lee, PX 48274

**ACTION BY:**  
Information Only

**TO:** All Principals and Department Heads

**FROM:** Ann Killets, Chief Learning Officer *AK*

**SUBJECT: GRANTS CLEARINGHOUSE COMMITTEE (GCC) AND PROCEDURES FOR GRANTS  
\$10,000.00 OR GREATER**

The Division of Grants Administration and School Reform Accountability has created a process for reviewing and approving grant submissions of \$10,000 or greater. Before writing competitive or private grants of \$10,000 or greater, schools and departments will complete and submit PBS liquid office form 2339, for review and approval to the Grants Clearinghouse Committee (GCC). The GCC will reply, via e-mail, to the grant submitter within three days of receipt of the form.

Review of procedures:

1. Complete liquid office form PBS 2339 *Grant Information Form*.
2. Await approval or recommendations from the GCC.
3. If your grant submission is approved, write and submit the grant.
4. If you receive the grant, send an electronic copy of the completed award letter to Lisa Lee, [lee@palmbeach.k12.fl.us](mailto:lee@palmbeach.k12.fl.us) or to Suite C-201 at Fulton-Holland Services Center (FHESC).
5. Follow procedures to place the item on the next School Board agenda.

Thank you for your continued support and cooperation.

ACJ/AK/JK/II

Approved:   
Arthur C. Johnson, Ph.D., Superintendent

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THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
GRANTS ADMINISTRATION AND SCHOOL REFORM ACCOUNTABILITY

# Grant Proposal Information

A completed and submitted form is required for all grant proposals of \$10,000 or more.

## A. BACKGROUND INFORMATION

Grant Title \_\_\_\_\_ Today's Date \_\_\_\_\_

Project Title \_\_\_\_\_

Person Submitting Proposal \_\_\_\_\_

School/Department \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_

## B. GRANT INFORMATION

Grant Proposal: From \_\_\_\_\_ To \_\_\_\_\_ Application Deadline \_\_\_\_\_

Amount Requested \_\_\_\_\_ Funding Source \_\_\_\_\_

Type of Grant:  Federal  State  Private Foundation  Other

Grant Status:  New Grant  Continuing Grant

Target(s) (Check all that apply):

Preschool  Elementary  Middle School  High School  Alternative/Adult

Charter School Other \_\_\_\_\_

Are external partners involved?  Yes  No

If Yes, list agencies, organizations, etc. that are involved and their written action: (limited 250 characters)

## C. BUDGET INFORMATION

Are there matching/in-kind resources or cost share requirements?  Yes  No

If yes, what is the source? \_\_\_\_\_

List what amount will be needed for the match and any identified matching or in-kind participants

\_\_\_\_\_

## D. PROJECT INFORMATION

Focus (check as many as appropriate)

The Arts  Writing  Science  Technology  English/Language Arts

Reading  Mathematics  Social Studies  P.E./Health  Counseling/Behavior

Data-driven Decision Making Other Name \_\_\_\_\_

**Purpose and Alignment:** Briefly summarize the overall purpose of the project and specifically indicate how this project supports district goal(s) or goal(s) from the School Improvement Plan (SIP).

**E. DISTRICT IMPACT INFORMATION**

Will this project require hiring additional staff?  Yes  No

If yes, list the number of people \_\_\_\_\_ positions \_\_\_\_\_ time frame \_\_\_\_\_

funding source \_\_\_\_\_

Does the grant require the program to be sustained after the grant ends?  Yes  No

If yes, specify what district expenditures will be incurred and the funding source. (limited 250 characters)

Will a consultant be hired?  Yes  No      Does the grant require an evaluation?  Yes  No

If Yes, conducted by:  Current Staff  Outside Evaluator

Is there a facilities requirement?  Yes  No

If Yes, specify buildings, spaces, or rooms required for project activities. (limited 250 characters)

Is professional development a component of this project?  Yes  No

Will this project require teachers/administrators to be out of their school?  Yes  No

If Yes, specify staff time requirements and funding source: time, travel, cost and funding source. (limited 250 characters)

Is there out-of-county travel involved in this project?  Yes  No

If Yes, specify travel requirements and funding source. (limited 250 characters)

**District Impact Information continued**

Will substitute teachers be required in this project?  Yes  No

If Yes, list source(s) for funding: grants, matches, existing projects, etc. (limited 250 characters)

**F. REQUEST FOR DATA**

Will this project require or involve any data that is not currently and readily available to the school?

Yes  No If Yes, what data will be required? \_\_\_\_\_

How often will it be required? \_\_\_\_\_

What is the reason for the data? \_\_\_\_\_

Will the grant require data sharing agreement with the grantor and the School District?  Yes  No

**G. TECHNOLOGY INFORMATION**

Will this project require or involve any technology?  Yes  No

If Yes, indicate the type(s):  Hardware  Software  Training  Support

Other \_\_\_\_\_

Will this project require acquiring or upgrading software?  Yes  No

If Yes, a Software/Hardware Approval Request (PBSD 2199) form must be completed prior to acquiring or upgrading software.

**PBSD 2199**

**G. APPROVAL**

Signature of Principal or Director

Signature of Area or Assistant Superintendent

Signature of Principal or Director

Signature of Area or Assistant Superintendent

**IMPORTANT:** Forward a copy of the entire grant to the Division of Grants Administration and School Reform Accountability office FHESC C-201. After Area or Assistant Superintendent approval, route the completed approved and signed form to "GCC".

**Routing Directions**

**FOR GRANTS ADMINISTRATION AND SCHOOL REFORM ACCOUNTABILITY USE ONLY**

Date: Received \_\_\_\_\_ Reviewed \_\_\_\_\_ Approved  Approved  Not Approved

Notes (limited 250 characters)