

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only

Date of Board Meeting: _____ *Agenda Item No.* _____

New Grant **Section 1: General Information:** **Continuation**

Grant Start/End Dates: 7/1/2009 – 6/30/2010 Application Deadline: 3/12/10 Grant Amt: \$ 88,000

Funder's Grant Title: K-12 Access Control Your Grant Title: Sarasota Access Control

e.g. *Weller Teacher Mini-Grant, Building Blocks for Success, etc.* e.g. *Up, Up and Away, Exploring Our Heritage, Young Galileos, etc*

Grant Writer: Darrell Reyka School/Dept. Safety & Security Phone 966-7233 Ext 55510

Grant Contact Person* Chief Lawrence J. Leon School/Dept School Police/Safety & Security Phone 927-9000 Ext 31228

*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
Booker Middle, Brookside, Heron Creek, Laurel Nokomis, McIntosh, Pine View, Sarasota Middle, Venice Middle, Woodland, Bay Haven, Englewood, Gulf Gate, Phillippi Shores, Tatum Ridge, Venice Elementary			

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

Grant Description

Please fill in all blanks. **Do not refer to attachments in your summaries.** **Do not attach separate 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)**

This project focuses on implementation of protective and preventive target hardening/access control security enhancements to benefit K-12 school students and campuses.

Briefly list **grant program activities** (what is going to be done with the grant funds):
Grant funds will allow the installation of access control system infrastructure, providing enhanced control to secured areas by visitors, students, and staff at fifteen schools.

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.)
Funds will be used to purchase access control equipment and contracted labor for installation of the equipment.

How will grant activities be continued after the end of grant period?
 Work performed under this grant does not create an additional support component above the existing access control support provided by the district.

Lawrence J. Leon, Chief of School Police _____ 3/18/2010
 Signature of Cost Center Head Date

Print Name of Cost Center Head

Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings

Please Type or Print in Ink

GAF: Grant Approval Form

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

(These grants require School Board approval and must be placed on the School Board Agenda by Grants Office staff.)

Fiscal Management will be done by: <input checked="" type="checkbox"/> District Finance Office <input type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): _____ Project number, if known: _____	<input type="checkbox"/> Entitlement/Flowthrough <input type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other: <u>Discretionary</u> <input type="checkbox"/> Non-Competitive	Fund Source: <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Local Foundation <input type="checkbox"/> Other:
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Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Florida Department of Education	Cathy White	Office of Grants Management Florida Department of Education 325 W. Gaines Street (Room 332) Tallahassee, FL 32399-0400	850-245-5121	\$ 88,000.00

NOTE: If MAJOR TECHNOLOGY is part of this grant: (does not include cameras, DVD players, etc.)

Your school technology support personnel must review the physical capabilities of the area involved and agree that no additional wiring or electrical work, beyond what is provided through the grant, will be needed to complete the project. Please have your technology support staff member sign off on your project here.

Technology Support Staff

NOTE: If your project involves CONSTRUCTION or requires RETROFITTING space:

Please call Jody Dumas to discuss your project and receive approval to go forward with your proposal. He can be reached at 361-6311 ext. 68824. If approved, you will need to create a memo for his approval and signature, to be included with your GAF.

Thank you. Please call ext 927-9000 ext. 32172 with questions.

GRANTS OFFICE USE ONLY

Section Three: Signatures

Grants Office personnel will obtain applicable signatures in this section

<p><u>Vonfile</u> *DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES</p> <p><u>[Signature]</u> RESEARCH, ASSESSMENT & EVALUATION (RAE)</p> <p><u>Vonfile Cantles</u> <u>Vonfile-Dethman</u> *EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY</p>	<p><u>Vonfile-Dumas/Vonfile-Foley</u> *DIRECTOR OF FACILITIES SERVICES</p> <p><u>Vonfile-Gannon</u> DIRECTOR OF BUDGET</p> <p>_____ ASSOCIATE SUPERINTENDENT</p>
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[Signature]
SUPERINTENDENT

*Signatures needed only if applicable.

Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings