Review Grant Application

| Review Grant Application | Crant Identification Information |
|-----------------------------|--|
| | Grant Identification Information |
| Application Date | 7/26/2017 |
| Application Deadline | 7/14/2017 |
| Grant Amount | \$44,000.00 |
| Grant Title | Behavior Specialist |
| Grant Type | Other |
| Category | Title 1 |
| Funding Type | Local Foundation |
| Paperwork on File | |
| | Grant Funder Information |
| Funder Name | Community Foundation of Sarasota County |
| Funders Grant Title | Allen Wirtz and Jo Bowen Nobbe Fund |
| Funder Project Number | |
| Funding Source | Grant |
| Funder Email | |
| Funder Comments | |
| | Grant Writer Information |
| Writer Employee ID | a031735 |
| Current School | Gocio Elementary |
| Writer First Name | Steve |
| Writer Last Name | Royce |
| Writer Email | steve.royce@sarasotacountyschools.net |
| Writer Phone Area | 941 |
| Writer Phone Prefix | 361 |
| Writer Phone Number | 6405 |
| Writer Phone Ext. | |
| Writer Address Line1 | |
| Writer Address Line2 | |
| Writer City | |
| Writer State | |
| Writer Zip Code | |
| School Served | Casia Elementary Cabaal |
| | Gocio Elementary School |
| Number of Staff Impacted | 25 |
| Number of Students Impacted | |
| Number of Parents Impacted | 400 |
| | Grant Purpose/Objective Information |
| Estimated Start Date | 8/30/2017 |
| Estimated End Date | 6/30/2018 |
| Grant Purpose | Funds will allow the school to offer the services of a Behavioral Specialist who will serve student needs and help teachers provide accommodations which boost student learning and achievement. |
| Grant Activities | The Behavioral Specialist will support students and help them receive the accommodations and services they require. |
| Grant Budget Items | Salary and benefits. |
| After Grant Plans | Other support will be sought for the position. |
| | Grant Budget Information |
| Indirect Costs | 0 |
| Fiscal Management | District Finance Office |
| Require Evaluator | No |
| Multi-Year | No |
| Number Years | 0 |
| Matching Funds Req. | No |
| Matching Funds Amount | 0 |
| | * |

| Amount per Year | 0 |
|----------------------------|---|
| Matching Funds Description | |