

Office Use Only

Date of Board Meeting: _____

Agenda Item No. _____

New Grant

Section 1: General Information:

Continuation

Grant Start/End Dates: Jan. 2010 – June 2011 Application Deadline: Nov. 17, 2009 Grant Amt: \$100,000

Funder's Grant Title: Transition Program for Adult Learners Your Grant Title: Sarasota Achieves Transition Success
~~into Postsecondary Education~~
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: Yvette Trahan/Laurel Chase School/Dept. SCTI Phone 924-1365 Ext _____

Grant Contact Person* Mike Lehner School/Dept SCTI Phone 924-1365 Ext _____

*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
SCTI	10	100	N/A

Does this grant require matching funds? Yes 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)*

Grant will support a transition program to support adults enrolled in Adult Basic Education, English as a Second Language and/or General Educational Development instruction to successfully enter and complete post-secondary education. This supports the district's goal of improving student achievement.

Briefly list **grant program activities** *(what is going to be done with the grant funds):*

Transition coach will work with adult learners to guide them through the application process and coach them during the initial period of adjustment to post-secondary programs. Transition trainers will work with adult education and post-secondary providers to develop enhanced curricula to ensure successful transitions for ABE, GED, ASE and ESOL students.

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.)*

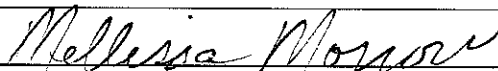
Salaries and benefits for Transition Coach and instructors, professional services, travel, other purchased services, consumable supplies, materials, computers, indirect costs.

How will grant activities be continued after the end of grant period?

The grant will support a demonstration project that will end at the conclusion of the grant period. However, staff will seek additional, outside funding if project is successful.

Mellissa Morrow

Print Name of Cost Center Head



(Signature of Cost Center Head)

11/17/09

Date

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

