Please Type or Print in Ink

GAF: Grant Approval Form

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Data of Dourd Martiner	Office Use Only		Agenda Item No.				
Date of Board Meeting:	Section 1: General Information:						
Zy non Grant	Section 1. General in	ioimation.	Continuation				
Grant Start/End Dates: Feb. 2009 – Jan. 2010	Application Dead	line: <u>12/9/08</u>	Grant Amt:				
Funder's Grant Title: Florida Learn & Serve	Your Grant	irasota					
e.g. Weller Teacher Mini-Grant, Building Blocks for Succ	ess, etc. e.g. Up, Up and	l Away, Exploring Our Heritage	, Young Galileos, etc				
Grant Writer: Jennifer Mainey Scho	ol/Dept. Pupil Suppo	rt Svc. Phone	<u>927-9000</u> Ext <u>34753</u>				
Grant Contact Person* Jennifer Mainey	School/Dept		027 0000 2 4772				
*This is the school/district-based person who is in charge of the		il Support Svc. Phone	<u>927-9000</u> Ext <u>34753</u>				
Schools/Programs to be served by this grant	# of staff impacted	# of students impacted	# of parents impacted				
Approx. 20 to be determined		Over 1,000	N/A				
Approx. 20 to be determined	Approx. 25	IN/A					
Does this grant require matching funds? X Yes No If yes, what amount? How will							
these funds be raised? In-kind matches, such as community adult volunteers' time, cash support from							
GCCFV, and use of school facilities, are allowed, so <u>no cash will be required</u> for the match.							
	Grant Description						
	<u>-</u>						
Please fill in all blanks. Do not r	efer to attachments in yo	ur summaries. De) not attach separate sheets.				
Briefly summarize the overall purpose/objectiv	e of the grant and indica	te how this grant will cont	ribute to the needs and				
goals of your School Improvement Plan and/or I	District Plan. (Not grant	activities)					
The purpose of the grant will be to increase se			istrict to provide				
leadership skills, improve academic skills, and	fill student and comm	unity needs.					
		•					
Briefly list grant program activities (what is go	ing to be done with the	grant funds):					
A Sarasota Youth Student Leadership Counci	l (SYSLC) will be deve	eloped to lead the service					
grant funds will allow the SYSLC to develop a							
\$1,000 to perform service learning projects. T	-		÷. •				
student conferences will be held to excite stude							
additional service project. (Additional funds v and supplies.)	will be used for advisol	r supends, student confer	ence costs, transportation				
Please provide a brief explanation of pertinent b	udget items that will be	funded through this grant	(Please indicate if funds will be				
used for new/old staff position, contracted services, travel, n							
Grant funds will support: stipends and benefits for teachers serving as advisors to the SYSLC, in-county							
transportation and mileage to attend student conferences, travel to state conference, supplies, facility rental, mini- grants, substitutes.							
grants, substitutes.							
How will grant activities be continued after the en	nd of grant period?						
Service learning projects will be complete at the end of the grant period and individual schools wanting to continue can apply							
for individual Florida Learn & Serve grants.							
	A	1					
Sherri T. Reynolds f	hers I A.	umolds	12.8.08				
Print Name of Cost Center Head	Signature of Cost Center		Date				
Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings							

Rev. 11/01/07

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(These grants re			mmary for grants ov must be placed on the Schoo	e r \$2,000. I Board Agenda by Grants Offic	e staff.)
Fiscal Management will be done by: ↓ District Finance Office ↓ School Internal Account ↓ Other (name):		 Entitlement/Flowthrough Competitive/Discretionary Continuation Other: 		Fund Source: Federal (indirect cost \$) ——— State Local Foundation Other:	
Name of Primary Fund Source	Funder's Contact Name		Funder's Addres	ss Phone Number	\$ Amount
Florida Learn & Serve	Joe Follman		Office of Grants Management Florida Department of Educati 325 W. Gaines Street, Room 3 Tallahassee, Florida 32399-04	ion 225	\$40,000
NOTE: If y Please call Jody He can be reached	our project invo Dumas to discus d at 361-6311 ext	olves CON ss your pr t. 68824.	Fechnology Support State STRUCTION or required and receive apprice of the state of the second state of the	mber sign off on your proje ff ires RETROFITTING sp oval to go forward with y ed to create a memo for his	pace: /our proposal.
signature, to be ir			call ext 927-9000 ext. 33	2172 with questions.	
*DISTRICT DIRECTOR OF		Section Sectio	S OFFICE USE ONI on Three: Signatures Il obtain applicable signa $\sqrt{0n f'}$ TION *DIR	atures in this section	-OVIN
RESEARCH, ASSESSMENT & EVALUATION (RAE		V	DIRECTOR OF BUDGET		
*EXECUTIVE DIRECTOR SEC	CONDARY		E, OR A	ASSOCIATE SUPERINTEND	ENT
			UPERINTENDENT		
	*S	ignatures	needed only if applic	able.	

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

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