

Office Use Only

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

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

Grant Start/End Dates: July 1, 2009 – June 30, 2010 Application Deadline: _____ Grant Amt: 62,348.02

Funder's Grant Title: Boys & Girls Club Mentoring Services Your Grant Title: Project Learn/Power Hour

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: Erin Thomassen School/Dept. Boys & Girls Clubs Phone _____ Ext _____

Grant Contact Person* _____ School/Dept _____ Phone _____ 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
After school program	N/a	N/A	N/a

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 program provides homework help and tutoring in a stable, conducive-to-learning environment to at-risk youth through the Boys & Girls Clubs of Sarasota County.

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

- Homework help
- Tutoring
- Education Enhancement

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 for after school teachers
- Salaries for after school assistants
- Partial salary for project director at Boys & Girls Clubs

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

Other funding will be sought if the grant funding is not reinstated in following years.

<u>Lori M. White</u>	<u>Lori M. White</u>	<u>12/17/09</u>
Print Name of Cost Center Head	Signature of Cost Center Head	Date

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