

Please Type or Print in Ink

GAF: Grant Approval Form

RAE# _____

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: 2010-2011 School Year Application Deadline: May 21, 2010 Grant Amt: \$4,050

Funder's Grant Title: Florida Learn and Serve Your Grant Title: Open Ears: Listen, Learn and Serve

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: Nicole Wolfe School/Dept. Guidance Phone 941 Ext _____
4886726

Grant Contact Person* Nicole Wolfe School/Dept Guidance 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
Linked with Peer Counseling Class	7	400+	n/a

Does this grant require matching funds? Yes No If yes, what amount? 33% How will these funds be raised?

- Teacher time supervising peer counseling students in Exceptional Student Education Classrooms donated by three teachers
- Student fundraising of at least \$1,000 to be used toward team building activities and apparel.
- Basic grief counseling training provided by Parrish Daugherty of Tidewell Hospice (6 hours x \$35= \$210).

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)

The project is two Peer Counseling classes in which students will be trained in active listening skills, communication skills, Heart Math, mediation techniques, basic grief counseling, and drug and alcohol education. Students in the classes have been selected for the course because they have leadership potential, compassion for others, willingness to help their peers and serve as a peer counselor for the entire student body. The purpose of the project is threefold. Students will:

- Serve as a mentor to one at-risk incoming freshman. The peer counselor will provide academic tutoring and personal support.
- Work with exceptional education students, including educable mentally handicapped, Asperger's and autistic students in order to promote social skills.
- Mediate peer conflicts on campus on an as needed basis.

The goals of the project are to:

- Create a more positive school climate by giving students the tools to manage and resolve peer conflicts.
- Bring together regular education students with exceptional education students to teach social skills and promote literacy through reading.
- Help at-risk 9th graders acclimate to the high school environment and experience.

During the peer counseling class period, students will be engaged in service learning as they work to reach the goals of the project. The advisor, an on campus school counselor, will train students on techniques and skills directly linked to the success of the program after school hours.

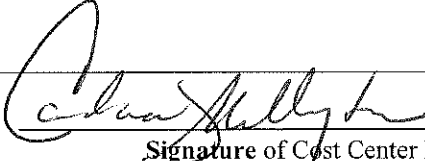
Briefly list grant program activities (what is going to be done with the grant funds):

Funding will provide training materials, mediation consultant, and a supplement for an advisor.

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.)*

Consultant
Advisor Stipend
Training materials

How will grant activities be continued after the end of grant period?
We will reapply for the grant.

Candy Millington		6/8/10
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

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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 type="checkbox"/> District Finance Office <input checked="" 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 type="checkbox"/> Other: _____	Fund Source: <input type="checkbox"/> Federal: Indirect cost \$ _____ CFDA # _____ <input checked="" type="checkbox"/> State <input type="checkbox"/> Local Foundation <input type="checkbox"/> Other: _____		
Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Learn and Serve Florida	Office of Grants Management Florida Department of Education	Office of Grants Management Florida Department of Education 325 W. Gaines Street, Room 325 Tallahassee, FL 32399 - 0400		\$4,050



**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

OK-Callezago-on file

*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

OK-Dumas-Jody on file

*DIRECTOR OF FACILITIES SERVICES

W. V. S.

RESEARCH, ASSESSMENT & EVALUATION (RAE)

Cannon-OK-on file

DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

Len White

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