

Please Type or Print in Ink

GAF: Grant Approval Form
FOR GRANT APPLICATIONS \$2,000 OR MORE

RAE# _____

Office Use Only

Date of Board Meeting:

Agenda Item No. _____

New Grant

Section 1: General Information:

Continuation

Grant Start/End Dates: July 1, 2009 – May 30, 2010 Application Deadline: N/A Grant Amt: \$33,933

Funder's Grant Title: High School Literacy Project Your Grant Title: Building a Workforce: Improving the Critical Reading Ability of our Future Graduates

Grant Writer: High School Literacy Task Force School/Dept. District-Wide Phone _____ Ext _____

Grant Contact Person* Steve Cantees School/Dept Exec Director Phone _____ Ext 31137

*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
Riverview, Sarasota High, Booker High, Venice High and North Port High			

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)*

The purpose of this grant is to improve student achievement by providing specialized professional development for high school teachers, with a focus on integrating reading and writing instruction throughout all content areas. The ability of our high school students to critically understand information prepares our next generation of graduates to compete globally.

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

Professional reading/writing consultants will provide specialized training for high school staff – newly created interdisciplinary High School Literacy Teams. who will then help students improve critical thinking skills by applying literacy to all content-area classrooms. Trained teachers will become change agents, sharing learned instruction tools and leading literacy-focused, supportive school communities.

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 Fees, substitute teachers to allow others to attend trainings, stipends for School Literacy Team Leaders to facilitate meetings/trainings, instructional materials/books for teachers.

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

The Education Foundation of Sarasota County will continue to raise literacy dollars for this project, hopefully \$100,000/year over a 3-5 year period – expanding it to more teachers, more grade levels and more schools.

STEPHEN C. CANTREES

Print Name of Cost Center Head

Sh C. Cantrees

Signature of Cost Center Head

6/2/09

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:

- 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 Address	Phone Number	\$ Amount
Education Foundation of Sarasota County Inc.	Cindy Kaiser Executive Director	1960 Landings Blvd. Sarasota FL 34231	941-927-0965	\$33,933



**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

Jerry Camps
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Non file *Non file* *Constr.*
*DIRECTOR OF FACILITIES SERVICES

[Signature]
RESEARCH, ASSESSMENT & EVALUATION (RAE)

Non file
DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

Lori M. 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