

**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: October 1, 2008 Application Deadline: May 19, 2008 Grant Amt: \$97,590

Funder's Grant Title: AT&T High School Success Your Grant Title: Transition to Success Project

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: Laura Zane School/Dept. Phoenix Academy Phone 316-8101 Ext \_\_\_\_\_

Grant Contact Person\* Laura Zane School/Dept Phoenix Academy Phone 316-8101 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
Phoenix Academy	2	All Phoenix graduates	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 grant will allow Phoenix Academy to develop a new program to help Phoenix graduates make a successful transition to the district's large, comprehensive high schools. This will address the NeXt Generation pillars of Quality and Resources.

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

A new Transition Specialist will manage the project on a daily basis and will be responsible for collecting data on Phoenix alumni academic achievement and individual needs. The Specialist will coordinate team building activities with alumni to provide them with a support network of peers and caring adults who will help them make the challenging transition from Phoenix's small, personalized learning environments to the larger and more impersonal environment found in our comprehensive high schools.

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.)

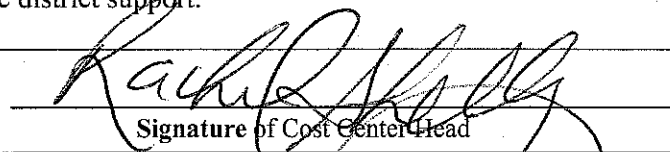
Grant funds will be used to pay the salary and benefits of a Transition Specialist, YMCA memberships, team building activities, buses for field trips, Zoomerang membership, SCAT bus passes and teacher stipend to set up AngelWeb program.

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

Grant funds would be provided for an additional three years, contingent upon demonstrated results. We hope that a successful project would make the case for future district support.

Rachel Shelley

Print Name of Cost Center Head



Signature of Cost Center Head

5/27/08

Date

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

Please Type or Print in Ink

**GAF: Grant Approval Form**

**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 checked="" type="checkbox"/> District Finance Office <input type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): _____	<input type="checkbox"/> Entitlement/Flowthrough <input checked="" type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Continuation <input type="checkbox"/> Other: _____	Fund Source: <input type="checkbox"/> Federal (indirect cost \$) _____ <input type="checkbox"/> State <input type="checkbox"/> Local Foundation <input checked="" type="checkbox"/> Other: AT&T Foundation
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Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
AT&T Foundation	John Merlino	150 W. Flagler St, Rm. 1901 Miami, FL 33136	305-347-5428	<b>\$97,590</b>

**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

<p><b>*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES</b></p> <p><i>[Signature]</i> 5/29/08</p> <p><b>RESEARCH, ASSESSMENT &amp; EVALUATION (RAE)</b></p> <p><i>[Signature]</i></p> <p><b>*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY</b></p>	<p><b>*DIRECTOR OF FACILITIES SERVICES</b></p> <hr/> <p><b>DIRECTOR OF BUDGET</b></p> <hr/> <p><b>ASSOCIATE SUPERINTENDENT</b></p> <hr/> <p style="text-align: center;"><i>[Signature]</i> <b>SUPERINTENDENT</b></p> <p style="text-align: center;">*Signatures needed only if applicable.</p>
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Send this completed form and a copy of your grant to the Grants Office, Research, Assessment, and Evaluation Landings