

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: 07/01/10-08/31/11 Application Deadline: 07/01/10 Grant Amt: \$128,000

Funder's Grant Title: FL DOE SEDNET Project Your Grant Title: FL DOE SEDNET Project

e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. Shelia Zelonis e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc. SEDNET/PSS-ESE 374-3799

Grant Writer: _____ School/Dept. _____ Phone _____ Ext _____

Grant Contact Person* Shelia Zelonis School/Dept SEDNET/PSS-ESE Phone 374-3799 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
Sarasota, Manatee, and Desoto Counties	ESE and support staff in 3 counties	EBD and at-risk students in 3 counties	Parents of EBD and at-risk students in 3 counties

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 SED Network has been established to improve the range and quality of programs for emotionally and behaviorally disabled (EBD) and at-risk students. The mission is to improve the provision and coordination of education, mental health, and residential services. The Sarasota County School District is the fiscal/administrative agent for the project serving Sarasota, Manatee, and Desoto Counties. The project addresses Standards of Excellence #7, 8, 9 & 10.

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

The SED Network will work with staff from Sarasota, Manatee, and Desoto County School Districts, the Department of Children and Families, the Department of Juvenile Justice, and community service providers to 1) increase the number of EBD and at-risk students who receive school-based mental health and other support services, 2) increase the number of EBD and at-risk students who receive transition services, and 3) increase the number of families of EBD and at-risk students who receive education, support, and/or advocacy.

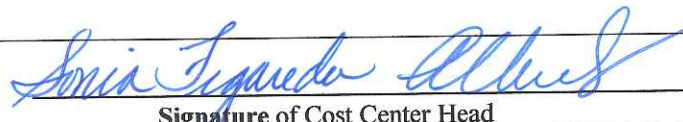
Please provide a brief explanation of pertinent budget items that will be funded through this grant. (Please indicate if funds will be used for new/old staff position, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items.)

The SEDNET Project Manager's salary and benefits will continue to be funded by this grant. Contracted services will fund direct services for EBD and at-risk students and their families. Other funds will be used for required travel and operational expenses.

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

To be determined.

Sonia Figaredo-Alberts



6-2-2010

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

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.)

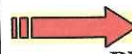
Fiscal Management will be done by: <input checked="" type="checkbox"/> District Finance Office <input type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): _____	<input type="checkbox"/> Entitlement/Flowthrough <input type="checkbox"/> Competitive/Discretionary <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other: _____	Fund Source: <input checked="" type="checkbox"/> Federal (indirect cost \$) _____ <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
IDEA Part B Discretionary Funds/General Revenue	Martha Murray SEDNET Project Contact FL DOE/BEES	Florida Department of Education 325 W. Gaines Street Tallahassee, FL 32399-0400	850-245-0478	\$128,000.00

 **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

 *DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

 RESEARCH, ASSESSMENT & EVALUATION (RAE)

 *DIRECTOR OF FACILITIES SERVICES

 DIRECTOR OF BUDGET

 *EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

 ASSOCIATE SUPERINTENDENT

 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