

Office Use Only

Date of Board Meeting:

Agenda Item No. _____

New Grant

Section 1: General Information:

Continuation

Grant Start/End Dates: 7/01/09 – 6/30/10 Application Deadline: June 1, 2009 Grant Amt: \$332,800

Funder's Grant Title: 21st Century Community Learning Center Program Your Grant Title: 21st Century Community Learning Center - South
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: Peggy Wiggins School/Dept. Academic Interventions Phone 927-9000 Ext 31139

Grant Contact Person* Peggy Wiggins School/Dept Academic Interv. Phone 927-9000 Ext 31139

*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
Englewood, Glenallen, Toledo Blade, Heron Creek MS	40	1,000	2,000

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)*

This grant provides funding for after school and summer remediation and enrichment programs for students and their families in Title I eligible schools in south Sarasota County. This is the third year of a five-year grant which touches on all five pillars of *NeXt Generation Learning*: People, Quality, Service, Resources, Safety

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

The school district, in partnership with several community based organizations, will provide mentoring and tutoring in math, reading, and writing as well as provide enrichment activities in science, visual and performing arts, technology, and recreation. They will also provide service learning opportunities and character education programs. These are afterschool and summer programs.

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.)*

Contracted personnel: Project management, site facilitation, and program teachers.

Student transportation

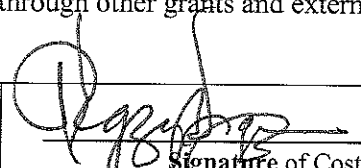
Materials and supplies

Specified staff will be required by the state to attend grant workshops.

How will grant activities be continued after the end of grant period?
Continuation funds will be sought through other grants and external sources.

Peggy Wiggins

Print Name of Cost Center Head



Signature of Cost Center Head

May 26, 2009

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:

- 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
Department of Education Bureau of Family and Community Outreach	Lani Lingo Director of the 21 st CCLC Program	325 West Gaines Street, Room 325 Tallahassee, FL 32399-0400	(850) 245-0852	\$332,800



**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

Don file
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Don file Don file - Construction
*DIRECTOR OF FACILITIES SERVICES

[Signature]
RESEARCH, ASSESSMENT & EVALUATION (RAE)

Don file
DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

[Signature]
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