

## Review Application

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|                             | <b>Grant Identification Information</b>                             |
| Application Date            | 5/14/2013   |
| Application Deadline        | 6/7/2013  |
| Grant Amount                | \$437,887.00  |
| Grant Title                 | Adults with Disabilities/Senior Learners                            |
| Grant Type                  | Continuation  |
| Category                    | Adult Education   |
| Funding Type                | State   |
| Paperwork on File           | Yes   |
|                             | <b>Grant Funder Information</b>                                     |
| Funder Name                 | Florida Department of Education                                     |
| Funders Grant Title         | Adults with Disabilities  |
| Funder Project Number       |   |
| Funding Source              | Grant   |
| Funder First Name           | Julia   |
| Funder Last Name            | Kates   |
| Funder Email                |   |
| Funder WebSite              |   |
| Funder Address Line1        | Division of Vocational Rehabilitation                               |
| Funder Address Line2        | 2002 Old Saint Augustine Road, Building A                           |
| Funder City                 | Tallahassee   |
| Funder State                | 32  |
| Funder Zip                  | 32301-4862  |
| Funder Phone Area           | 850   |
| Funder Phone Prefix         | 245   |
| Funder Phone Number         | 3338  |
| Funder Phone Ext.           |   |
| Funder Fax Area             |   |
| Funder Fax Prefix           |   |
| Funder Fax Number           |   |
| Funder Comments             |   |
|                             | <b>Grant Writer Information</b>                                     |
| Writer Employee ID          | a031735   |
| Current School              | Integrated Instructional Services                                   |
| Writer First Name           | Amy   |
| Writer Last Name            | Donner  |
| Writer Email                | amy.donner@sarasotacountyschools.net                                |
| Writer Phone Area           | 941   |
| Writer Phone Prefix         | 927   |
| Writer Phone Number         | 9000  |
| Writer Phone Ext.           | 32172   |
| Writer Address Line1        | Integrated Instructional Services                                   |
| Writer Address Line2        | 1960 Landings Blvd.   |
| Writer City                 | Sarasota  |
| Writer State                | FL  |
| Writer Zip Code             | 34231   |
| School Served               | SCTI, Adult and Community Education, Manatee County School District |
| Number of Staff Impacted    | 5   |
| Number of Students Impacted | 400   |
| Number of Parents Impacted  | 0   |
|                             | <b>Grant Purpose/Objective Information</b>                          |
| Estimated Start Date        | 7/1/2013  |
| Estimated End Date          | 6/30/2014   |

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|----------------------------|--|
| Grant Purpose              | This is a continuation grant to provide adults with disabilities and senior citizens the opportunity for enhanced skills that are appropriate and consistent with their abilities and needs. The grant covers a two-county region and represents a collaborative effort between school boards and community based organizations to provide enhanced educational opportunities to the target populations. |
| Grant Activities           | Senior citizens: Delivery of instruction in self-sufficiency, recreational, and technology education to enhance the quality of life. Disables adults: Provide training to promote life skills, self-sufficiency, and independent living  |
| Grant Budget Items         | Staff salaries and benefits, supplies, non-capitalized equipment, contract with School District of Manatee County.   |
| After Grant Plans          | Program will no longer serve these adult populations.  |
|                            | <a href="#">Grant Budget Information</a>   |
| Indirect Costs             | 0  |
| Fiscal Management          | District Finance Office  |
| Require Evaluator          | No   |
| Multi-Year                 | No   |
| Number Years               | 0  |
| Matching Funds Req.        | No   |
| Matching Funds Amount      | 0  |
| Amount per Year            | 0  |
| Matching Funds Description |  |