

Office Use Only

Date of Board Meeting:

Agenda Item No.

New Grant

Section 1: General Information:

Continuation

Complete this side for ALL grants, including classroom grants

Grant Start/End Dates: 7/1/12-6/30/15 Application Deadline: _____ Grant Amt: **\$100,000.00**

*Funder's Grant Title: FLDOE Title X - Homeless Children & Youth *Your Grant Title: Education for Homeless Children & Yout

*e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. *e.g. *Up, Up and Away, Exploring Our Heritage, Young Galileo's, etc*

Grant Writer: Sherri T. Reynolds School/Dept. Pupil Support Services Phone 927-9000 Ext 34765

Grant Contact Person* Sherri T. Reynolds School/Dept Pupil Support Svcs Phone 927-9000 Ext 34765

*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
All Cost Centers	2.0	Approximately 1500	Approximately 1500

**Does this grant require matching funds? Yes X No If yes, what amount? _____ How will these funds be raised?

Grant Description

Please type or print neatly in ink. Do not attach separate sheets. Please fill in all blanks. Do not refer to attachments in your summaries.

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)*

To continue YMCA contracted services to provide case managers to serve as "Homeless Liaison" between School Board, community agencies/shelters and targeted homeless children and their families. Approximately 1500 children will be served.

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

YMCA Contracted Services

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.)*

Identify and assist in enrolling homeless students in school by providing intervention and school enrollment services. Case management services to assist homeless students succeed in school.

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

Sherri T. Reynolds *Sherri T Reynolds* 5.17.12
 Print Name of Cost Center Head Signature of Cost Center Head Date

Send this completed form and 1 copy of your grant to RAE (Grants Office)

Please Type or Print in Ink

GAF: Grant Approval Form

Section Two: Summary for grants over \$2,000.

(These grants require School Board approval. GAF must be submitted by the School Board meeting prior to relevant School Board meeting.)

Fiscal Management will be done by:

- District Finance Office
- School Internal Account
- Other (name): Education Foundation

- Entitlement/Flowthrough
- Competitive/discretionary
- Continuation

Fund Source:

- Federal (indirect cost \$ _____)
- State
- Local Foundation
- Other:

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Florida Department of Education	Lorraine Allen	Florida Depart. Of Education 325 West Gaines Street Tallahassee, FL 32399-0400	850-245-0709	\$100,000.00



***NOTE: If TECHNOLOGY is part of this grant:**

A memo, signed by the Cost Center Head must accompany this form. The memo must state that:

- a. The school technology personnel has reviewed the physical capabilities of the area involved and that no additional wiring or electrical will be needed to implement the grant beyond what is provided through grant funds.
- b. The memo must be cosigned by Brad Schuette (927-9000 ext 31351 FAX 927-4015). Please call, tell him about your project, then FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF.



***NOTE: If FACILITY CONSTRUCTION or RETROFIT are part of this grant:**

- c. The memo must be co-signed by Paul Pitcher, (361-6311; fax 361-6318). Please call, tell him about your project, then, if the project is acceptable, FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF.

Thank you. Please call ext 927-9000 ext 32254 with questions.

RAE OFFICE USE ONLY

Section Three: Signatures

RAE personnel will obtain all signatures in this section

Don file
 *DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Don file Don file - construction SVCS
 *DIRECTOR OF FACILITIES SERVICES

[Signature]
 RESEARCH, ASSESSMENT & EVALUATION (RAE)

Don file
 DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

[Signature]
 ASSOCIATE SUPERINTENDENT
 Ex. Director, IIS

[Signature]
 SUPERINTENDENT

*Signatures needed only if applicable.

SEND THIS COMPLETED FORM AND 1 COPY OF YOUR GRANT TO RAE (GRANTS OFFICE)