## GAF: Grant Approval Form FOR GRANT APPLICATIONS \$2,000 OR MORE

Date of Board Martin		Office Use Only			Agenda Item	No					
Date of Board Meeting:  New Grant		Section 1: General Information:									
		and the state of t		X Conti	nuation						
Grant Start/End Dates:	07/01/08-08/31/09	Application Deadline: 07/01/08			Grant Amt:	\$132,524.96					
Funder's Grant Title:	FL DOE SEDNET Project	Your Grant	DE SEDNET Pro	oject							
e.g. Weller Teacher Mini-Gran Shelia Zelo		ss, etc. e.g. Up, Up and SEDNET/PSS-1	Away, Exploring	Our Heritage	Young Galileos 374-3799	i. ele					
Grant Writer:		ol/Dept.		— Phone		Ext —					
Grant Contact Person*	Shelia Zelonis	School/DeptSED	NET/PSS-ESE	Phone	374-3799	Ext					
*This is the school/district-based	person who is in charge of the	grant.									
Schools/Programs to be		# of staff impacted # of students impact									
Sarasota, Manatee, and Desoto Counties		ESE and support staff in BBD and at-risk stu counties counties		students in 3	Parents of EBD and at-risk students in 3 counties						
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.											
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 services, 2) increase the number of EBD and at-risk students who receive transitional services, and 3) increase the number of families of EBD and at-risk students who receive education, support, and/or advocacy.											
Please provide a <b>brief</b> explanation of pertinent <b>budget items</b> 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	Smin	Finn An	-Allen	-	5-22	08					
Print Name of Cost Center	Head	Signature of Cost Cente	r Head		D	ate					
Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings											

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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:  The Federal (indirect cost \$)———  State  Local Foundation  Other:						
Name of Primary Fund Source	Funder's Co Name	ntact	Funder's Address	5	Phone Number	\$ Amount				
IDEA Part B Discretionary Funds/General Revenue	Martha Murray SEDNET Project Contact FL DOE/BEESS		Florida Department of Education 325 W. Gaines Street Tallahassee, FL 32399-0400	on	850-245-0478	\$ \$132, 524.96				
10	NOTE: If M	IAJOR T	ECHNOLOGY is part	of thi	s grant:					
	(does	not includ	le cameras, DVD playe	rs, etc	e.)					
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										
	F TECHNOLOGY ERVICES	INFORMA	TION *DIR	*DIRECTOR OF FACILITIES SERVICES						
Chatalia (Loca 5/23/0x										
RESEARCH, ASSESSM	ECTOR OF BUDGET									
*EXECUTIVE DIRECTOR SE	E, OR A	ASSOCIATE SUPERINTENDENT								
*Signatures needed only if applicable.										

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