

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: 10/15/08-5/15/09 Application Deadline: 5/31/08 Grant Amt: \$3,000.00

Funder's Grant Title: Family Violence Prevention Target Grant Your Grant Title: Parenting Skills for High Risk Students

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: Shelia Zelonis School/Dept. SEDNET/PSS-ESE Phone 374-3799 Ext _____

Grant Contact Person* Daniel Parrett School/Dept Oak Park Phone 374-3799- Ext _____

*This is the school/district-based person who is in charge of the grant. 361-6428

Schools/Programs to be served by this grant	# of staff impacted	# of students impacted	# of parents impacted
Oak Park North		36	36

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 purpose/objective of the grant is to provide parents with the skills necessary to deal with potentially violent and aggressive children. The targeted population will include parents of Oak Park students who are on probation or in DJJ diversion programs and parents of students who are on deferred expulsion. Completion of the program will be included as a requirement of the student's case plan or settlement agreement. The curriculum will include signs of gang involvement, signs of substance abuse, domestic violence and stress, building family strengths, safety in the home, and developing a support network. This project addresses Standard of Excellence #10.

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

Three eight week parenting skill workshops will be offered during the evenings at Oak Park North for 36 parents (12 per workshop). The workshops will be facilitated by a licensed mental health therapist from Jewish Family and Children's Service.

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 grant will be used to fund the therapist's salary and travel, workshop materials, and light refreshments for the parents via contracted services with Jewish Family and Children's Service. The SEDNET Project will fund a teen group to occur simultaneously while the parents attend the workshop via contracted services. Oak Park School will fund childcare for parents with younger siblings if needed by paying an Oak Park paraprofessional to provide the service.

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

Sonia Figaredo-Alberts Sonia Figaredo-Alberts 5-22-08
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

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: Local Target Store

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Target	Target Community Relations	Community.Relations@target.com	1-800-388-6740	\$3,000.00

 **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

Natalie Roca 5/23/08
 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