

Please Type or Print in Ink

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

RAE# _____

Office Use Only

Date of Board Meeting:

Agenda Item No.

New Grant

Section 1: General Information:

Continuation

Grant Start/End Dates: 02/01/09 – 1/31/10 Application Deadline: 01/30/09 Grant Amt: \$2,000.00

Funder's Grant Title: Project 10 Model Transition Site Your Grant Title: Oak Park Service Learning & Enterprise Project

e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc.
Shelia Zelonis SEDNET/PSS-ESE 374-3799

Grant Writer: _____ School/Dept. _____ Phone _____ Ext _____

Grant Contact Person* Shelia Zelonis School/Dept SEDNET/PSS-ESE Phone 374-3799 Ext _____

*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
Oak Park North	93	201	201+

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.

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 of the grant is to establish model transition sites which support evidence-based practices or best practices in transition. This grant is aligned with State Performance Plan Indicators #13 & #14 which address transition services for youth with disabilities.

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

The grant will be used to develop a service learning & enterprise project where students learn to provide a service to the community while simultaneously engaging in on-site vocational and employability skills training.

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.*)

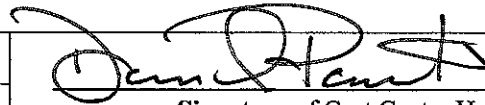
The grant funds will be used to purchase start-up materials and supplies to begin vocational programs at Oak Park for transition-age youth who would benefit from on-site employability skills training. The vocational programs will become small enterprises in which the students develop products to be sold. The funds generated will be used to support the vocational programs.

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

See above.

Daniel Parrett

Print Name of Cost Center Head



Signature of Cost Center Head

Jan 28, 09

Date

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

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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 (DOE/BEESS)
- Local Foundation
- Other: USF, St. Pete

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Project 10: Transition Education Network	Jordan T. Knab, Director	University of South Florida St. Pete 140 7 th Avenue South, SVB 108 St. Petersburg, FL 33701	727-873-4662	\$ 2,000.00



**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

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