FOR GRANT APPLICATIONS \$2,000 OR MORE

		Office Use Only							
Date of Board Meeting:		Agenda Item No							
New Grant		X Continuation							
Grant Start/End Dates:	7/01/08 - 6/30/09 21st Century Community Lea	Application Deadl	318 Contract Communi	Grant Amt: \$416,000					
Funder's Graft Title: Center Program Total Grant Title.									
e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. Grant Writer: Peggy Wiggins School/Dept. School/Dept. School/Dept. School/Dept. e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc. Academic Interventions Phone 927-9000 Ext 31139									
Grant Contact Person* Peggy Wiggins School/Dept Academic Interv. Phone 927-9000 Ext 31139 *This is the school/district-based person who is in charge of the grant.									
Schools/Programs to be	<u> </u>	# of staff impacted	# of students impacted	# of parents impacted					
Englewood, Glenallen, To		40	1,000	2,000					
Creek MS	icuo Biade, Heron	40	1,000	2,000					
Does this grant require matching funds? _X _YesNo If yes, what amount?\$104,000 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) This grant provides funding for after school and summer remediation and enrichment programs for students and their families in Title I eligible schools in north Sarasota County. This is the last year of a five-year grant which touches on all five pillars of NeXt Generation Learning: People, Quality, Service, Resources, Safety									
Briefly list grant program activities (what is going to be done with the grant funds): The school district, in partnership with several community based organizations, will provide mentoring and tutoring in math, reading, and writing as well as provide enrichment activities in science, visual and performing arts, technology, and recreation. They will also provide service learning opportunities, and character education programs. These are afterschool and summer programs.									
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.) Contracted personnel: Project management, site facilitation, teachers and help. Required transportation Materials and supplies Specified staff will be required by the state to attend two state conferences and one national workshop.									
How will grant activities be continued after the end of grant period? Continuation funds will be sought through other grants and external sources.									
Peggy Wiggins	200	Mar		4/11/08					
Print Name of Cost Center	Head	Signature of Cost Center	r Head	Date					
Send this completed form and I cany 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: Federal (indirect cost S) ———— State Local Foundation Other:					
Name of Primary Fund Source	Funder's Co Name	ntact	Funder's Address		Phone Number	\$ Amount			
Department of Education Bureau of Family and Community Outreach	Lani Lingo Director of the 21 st CCLC Program		325 West Gaines Street, Room 325 Tallahassee, FL 32399-0400		(850) 245-0852	\$416,000			
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 ONL	Y					
Section Three: Signatures Grants Office personnel will obtain applicable signatures in this section									
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES SERVICES									
RESEARCH, ASSESSMENT & EVALUATION (RAE) DIRECTOR OF BUDGET									
Zin m. White									
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY ASSOCIATE SUPERINTENDENT 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