

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only

Date of Board Meeting: _____

Agenda Item No. _____

New Grant

Section 1: General Information:

Continuation

OCT - 9 2009

Grant Start/End Dates: FY 2009-10 Application Deadline: 8/30/09 Grant Amt: \$459,593

Funder's Grant Title: School Improvement Initiative (Regular and ARRA) Your Grant Title: School Improvement Initiative - Sarasota

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: Jane Mahler School/Dept. Academic Intervention Phone 927-9000 Ext 34641

Grant Contact Person* Jane Mahler School/Dept Academic Interv Phone 927-9000 Ext 34641

*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
Alta Vista, Tuttle, Gocio, Wilkinson, Glenallen, Emma E. Booker	All	All	All

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)*

Funds are provided to improve student academic achievement at Schools in Need of Improvement (SINI).

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

Grant funds will be used for intensive instruction in targeted areas to low-achieving students, for after school tutoring to students, and to provide professional development opportunities to teachers. Parent involvement activities also will be provided, including Family Literacy Nights and Parent Leadership Development seminars.

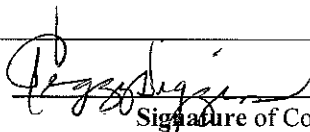
Please provide a **brief explanation of pertinent budget items** that will be funded through this grant. *(Please indicate if funds will be used for new/old staff position, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items.)*

Funds will cover part-time temporary personnel, benefits, supplies, substitutes, books, site licenses for professional development training, and purchased professional and technical services for family leadership development, parent involvement activities, and teacher training. Funds also will pay for facility usage and transportation for students in after-school tutoring programs.

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

Activities will continue only until funds are fully spent.

Peggy Wiggins



10/8/09

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

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): _____

Project number, if known: _____

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: _____

Fund Source:

- Federal: Indirect cost \$ 12,069 CFDA # _____
- State
- Local Foundation
- Other:

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Florida Department of Education		Office of Grants Management Room 332 Turlington Bldg. 325 West Gaines Street Tallahassee, FL 32399-0400	850-245-0496	\$459,593



**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

Non file
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Non file Non file - Construction
*DIRECTOR OF FACILITIES SERVICES

Maria Catalano
RESEARCH, ASSESSMENT & EVALUATION (RAE)

Non file
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