

Office Use Only

Date of Board Meeting:

Agenda Item No.

 New Grant

Section 1: General Information:

 Continuation

Complete this side for ALL grants, including classroom grants

Grant Start/End Dates: 7/1/09-6/30/10 Application Deadline: _____ Grant Amt: \$100,000.00*Funder's Grant Title: FLDOE-Homeless Children & Youth *Your Grant Title: ARRA Ed for Homeless Children & Youth
Amer Recovery & Reinvestment Act

*e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. *e.g. Up, Up and Away, Exploring Our Heritage, Young Galileo's, etc

Grant Writer: Sherri T. Reynolds School/Dept. Pupil Support Services Phone 927-9000 Ext 34765Grant Contact Person* Sherri T. Reynolds School/Dept Pupil Support Svcs Phone 927-9000 Ext 34765

*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
All Cost Centers	0.8	Approximately 3,000	Approximately 1,600

Does this grant require matching funds? Yes X No If yes, what amount? _____ How will these funds be raised?Grant Description**

Please type or print neatly in ink. Do not attach separate sheets. Please fill in all blanks. Do not refer to attachments in your summaries.

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)

American Recovery and Reinvestment Act funds will enhance the current "School House Link" program with the YMCA contracted services case managers. Approximately 3,000 children will be served.

This is one year funding.

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

Contracted case managers will identify homeless youth and connect with services.

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.)

Identify and assist in enrolling homeless students in school by providing intervention and school enrollment services. The goal: Targeted students to improve school attendance.

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

This is one year funding and the position will not be continued.

Sherri T. Reynolds
Print Name of Cost Center Head

Signature of Cost Center Head

7.31.09
Date

Send this completed form and 1 copy of your grant to RAE (Grants Office)

Please Type or Print in Ink

GAF: Grant Approval Form

Section Two: Summary for grants over \$2,000.

(These grants require School Board approval. GAF must be submitted by the School Board meeting prior to relevant School Board meeting.)

Fiscal Management will be done by:

- District Finance Office
- School Internal Account
- Other (name): Education Foundation

- Entitlement/Flowthrough
- Competitive/discretionary
- Continuation

Fund Source:

- Federal (indirect cost \$ 3556.00)
- State
- Local Foundation
- Other:

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Florida Department of Education	Lorraine Allen	Bureau of Grants Management Florida Depart. Of Education 325 West Gaines Street Turlington Building, Suite 323 Tallahassee, FL 32399-0400	850-245-0709	\$78,422.00



***NOTE: If TECHNOLOGY is part of this grant:**

A memo, signed by the Cost Center Head must accompany this form. The memo must state that:

- a. The school technology personnel has reviewed the physical capabilities of the area involved and that no additional wiring or electrical will be needed to implement the grant beyond what is provided through grant funds.
- b. The memo must be cosigned by Brad Schuette (927-9000 ext 31351 FAX 927-4015). Please call, tell him about your project, then FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF.



***NOTE: If FACILITY CONSTRUCTION or RETROFIT are part of this grant:**

- c. The memo must be co-signed by Paul Pitcher, (361-6311; fax 361-6318). Please call, tell him about your project, then, if the project is acceptable, FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF.

Thank you. Please call ext 927-9000 ext 32254 with questions.

RAE OFFICE USE ONLY

Section Three: Signatures

RAE personnel will obtain all signatures in this section

Non file
 *DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Non file Non file - Construction
 *DIRECTOR OF FACILITIES SERVICES

[Signature]
 RESEARCH, ASSESSMENT & EVALUATION (RAE)

Non file
 DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

[Signature]
 SUPERINTENDENT

*Signatures needed only if applicable.

SEND THIS COMPLETED FORM AND 1 COPY OF YOUR GRANT TO RAE (GRANTS OFFICE)