

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: Aug. 1, 2011 – July 31, 2012 Application Deadline: N/A Grant Amt: \$200,160

Funder's Grant Title: Early Head Start Your Grant Title: Early Head Start
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: Hope Kinney School/Dept. Children First Phone _____ Ext _____

Grant Contact Person* Stephen Cantees School/Dept High Schools Phone 927-9000 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
Pre-K programs in North and South County	Approx. 10	64	Approx. 64

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)*

To provide Early Head Start services for children and families in the areas of early childhood education, family partnerships, health, mental health, nutrition, and parent involvement.

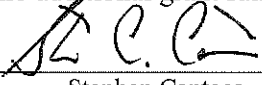
Briefly list **grant program activities** *(what is going to be done with the grant funds):*

Working with the school district, Children First will provide management services for the Early Childhood Center, supervision of the Family Service and Community Partnership, courses for families enrolled in Cysis, referral and services for children with suspected disabilities, summer services for families, and other services for families with young children.

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.)*

Classroom materials and supplies, training and extra days for teachers

How will grant activities be continued after the end of grant period?
If no additional grant funds are awarded, the program will end.


Stephen Cantees
STEPHEN C. CANTEES
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 \$ _____
CFDA # _____
- State
- Local Foundation
- Other: Children First

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Children First	Hope Kinney	Children First 1723 N. Orange Ave. Sarasota, FL 34234	941-953-3877	\$200,160



**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

✓ on file

***DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES**

✓ on file *✓ on file - construction*

***DIRECTOR OF FACILITIES SERVICES**

[Signature]

RESEARCH, ASSESSMENT & EVALUATION (RAE)

✓ on file

DIRECTOR OF BUDGET

[Signature]

***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 the Grants Office, Research, Assessment, and Evaluation-Landings