

**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: 10/1/2010 to 9/30/2012 Application Deadline: 2/22/10 Grant Amt: \$399,912

Funder's Grant Title: Grants for the Integration of Schools and Mental Health Systems Your Grant Title: Connections 4 Healthy Students  
 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: Reynolds/Donner School/Dept. Pupil Support Services Phone 927-9000 Ext 34765

Grant 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, especially middle and high schools	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)

*Connections 4 Healthy Students* is a collaborative project led by the School Board of Sarasota County in partnership with Coastal Behavioral Healthcare and the Department of Juvenile Justice to address mental health needs of students and link community services. Objectives: 1) Conduct a comprehensive assessment of needs, mechanisms and gaps in the current system's capacity to address student mental health needs by formally soliciting input and participation of students, families, school personnel, DJJ, mental health professional and other key community stakeholders; and 2) Develop linkage protocols with social service and mental health agencies.

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

- o Provide a Mental Health Summit for stakeholders to identify gaps and establish open dialog
- o Contract with a Mental Health Liaison and Juvenile Justice Liaison to work in schools to improve and establish protocols and provide training to school-based personnel in identifying mental health needs and providing appropriate referrals
- o Contract with an External Evaluator to provide ongoing feedback and evaluation regarding project implementation and outcomes

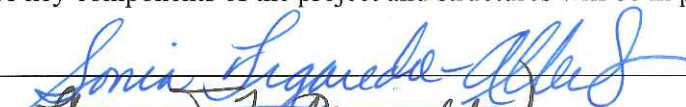
Please provide a brief explanation of pertinent budget items that will be funded through this grant. (Please indicate if funds will be used for new/old staff position, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items.)

Partial salaries for Project Director, Project Coordinator, contracts for Mental Health Liaison and Juvenile Justice Liaison, External Evaluator, travel, fringe benefits, indirect costs.

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

Sustainability and capacity building are key components of the project and structures will be in place to last beyond the grant period.

  
 Sherri T. Reynolds

  
 Signature of Cost Center Head

2.22.10  
 Date

Print Name of Cost Center Head

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 \$ 18,093\_\_  
CFDA # 84.215M\_\_
- State
- Local Foundation
- Other:

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
U.S. Department of Education	Sarah Allen	Washington, DC 20202	202-245-7875	\$399,912



**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

*Von Jelle*

\_\_\_\_\_  
\*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

*Von file*

*Von file construction*

\_\_\_\_\_  
\*DIRECTOR OF FACILITIES SERVICES

*[Signature]*

\_\_\_\_\_  
RESEARCH, ASSESSMENT & EVALUATION (RAE)

*Von Jelle*

\_\_\_\_\_  
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