

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: July 1, 2011 – June 30, 2014 Application Deadline: Feb. 15, 2011 Grant Amt: \$52,000/yrFunder's Grant Title: Chinese Guest Teacher Program Your Grant Title: Chinese Guest Teacher - Brooksidee.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etcGrant Writer: Candi Dearing School/Dept. _____ Phone _____ Ext _____Grant Contact Person* Sue Meckler School/Dept Curriculum Phone 927-9000 Ext 34511

*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
Brookside Middle School, Sarasota Middle School, Phillippi Shores Elementary, Riverview HS and Suncoast Polytech HS	25	1,000	2,000

Does this grant require matching funds? ___ Yes X 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)*

Brookside Middle School's IB Program. Sarasota Middle School's Full-time Gifted Program, Phillippi Shores IB Program, Riverview HS and Suncoast Polytechnical HS plan to provide Mandarin Chinese as part of their goals to provide high quality educational programs. With China becoming an increasingly important world economy, speaking Chinese and understanding the culture are becoming more important to a 21st Century education.

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

The Chinese Guest Teacher Program is designed to help U.S. schools develop Chinese language and culture study programs and to promote international exchange between the United States and China. The Program provides an experienced language teacher from China for the host school or district for a period of one to three years. This will bring an innovative international program to Brookside MS, Sarasota MS, Phillippi Shores Elementary, Riverview HS and SPSHS. The agreement is for one year, with the possibility of renewing it for another two years, if mutually acceptable.

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.)*

The Program pays \$13,000 of each teacher's annual salary and health benefits. The district will be responsible for paying the rest of the teacher's salary, according to the district's pay scale. By supplementing positions already budgeted, this will save the district money. One teacher will be invited to teach at the targeted middle and elementary schools, with an additional teacher to provide instruction at both Riverview HS and SPSHS. The proposal requests four Chinese teachers.

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

If offering the Chinese language is found to be beneficial, the school will continue the program with regular operating funds.

Nancy Roberts

Print Name of Cost Center Head



Signature of Cost Center Head

1-31-11

Date

Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings

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: <input checked="" type="checkbox"/> District Finance Office <input type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): _____ Project number, if known: _____		<input type="checkbox"/> Entitlement/Flowthrough <input checked="" type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Continuation <input type="checkbox"/> Other: _____	Fund Source: <input type="checkbox"/> Federal: Indirect cost \$ _____ CFDA # _____ <input type="checkbox"/> State <input type="checkbox"/> Local Foundation <input checked="" type="checkbox"/> Other: College Board	
Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
College Board Chinese Guest Teacher Program	Email: guestteacher@collegeboard.org	Chinese Guest Teacher Program The College Board 45 Columbus Avenue New York, New York 10023		\$52,000/ yr



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

*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

[Handwritten Signature]

RESEARCH, ASSESSMENT & EVALUATION (RAE)

*DIRECTOR OF FACILITIES SERVICES

DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

[Handwritten Signature]

SUPERINTENDENT

ASSOCIATE SUPERINTENDENT

Exec. Dir. of High Schools.

[Handwritten Signature]

Signature on file
Exec. Dir. Middle Schools.

*Signatures needed only if applicable.

Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings