


Please Type or Print in Ink

GAF: Grant Approval Form

RAE# \_\_\_\_\_

**FOR GRANT APPLICATIONS \$2,000 OR MORE**

Office Use Only			
Date of Board Meeting:	Section 1: General Information:		Agenda Item No.
<input checked="" type="checkbox"/> New Grant			<input type="checkbox"/> Continuation
Grant Start/End Dates: <u>January 1, 2010 – June 30, 2011</u>	Application Deadline: <u>11/25/09</u>	Grant Amt: <u>25000</u> <span style="float: right;">(49)</span>	
Funder's Grant Title: <u>Workforce Services for Out-of-School Youths 18-21</u>	Your Grant Title: <u>Sarasota Adult Vocational Education (SAVE)</u>		
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: <u>Laurel Chase</u>	School/Dept: <u>SCTI</u>	Phone: <u>924-1365</u>	Ext: _____
Grant Contact Person* <u>Bill Maher</u>	School/Dept: <u>SCTI</u>	Phone: <u>924-1365</u>	Ext: _____
<small>*This is the school/district-based person who is in charge of the grant.</small>			
Schools/Programs to be served by this grant	# of staff impacted	# of students impacted	# of parents impacted
SCTI	2	30	N/A
Does this grant require matching funds? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> 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 recruit and serve at-risk, out-of-school, economically disadvantaged youth from ages 18 through 21 who are eligible under the Workforce Investment Act (WIA) and American Recovery and Reinvestment Act (ARRA).			
Briefly list grant program activities (what is going to be done with the grant funds):			
Funds will be used for assessment, comprehensive guidance and counseling, alternative secondary school services, academic remediation for GED attainment, tutoring to improve TABE scores, occupational skills training leading to recognized credential, work experience, adult mentoring and job placement.			
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.)			
Counseling and mentoring services from Jewish Children and Family Services, SCTI tuition, part-time instructional staff, extra duty days or over-time for SCTI staff, bus passes, TABE testing fees, child care fees, student incentives, equipment, food for students, salary time for program administration.			
How will grant activities be continued after the end of grant period?			
Additional funds for successful program will be sought, or parts of the program will be included in existing SCTI programs.			
<u>Tessa Boster</u>			<u>12/16/2009</u>
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

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**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: Suncoast Workforce Board, Inc.

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Suncoast Workforce Board, Inc.	Leslie Loveless, Chief Operating Officer	3660 N. Washington Blvd. Sarasota, FL 34234	Fax: 941-358-4085	<del>225,000</del> 225,000 (47)



**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

Don file  
\*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Don file      Don file - Construction Svcs.  
\*DIRECTOR OF FACILITIES SERVICES

Helen Callery  
RESEARCH, ASSESSMENT & EVALUATION (RAE)

Don file  
DIRECTOR OF BUDGET

\*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

Lori M. White  
SUPERINTENDENT

\*Signatures needed only if applicable.

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