Please Type or Print in I

k GAF: Grant Approval Form RAE#______
FOR GRANT APPLICATIONS \$2,000 OR MORE

		Office Use Only	7					
Date of Board Meeting: New Grant			Agenda Item No.					
A New Grant		Section 1: General Information:			☐ Continuation			
Grant Start/End Dates: _	Jan. 2010 – June 2011	Application Dead	line:	Nov. 17, 2009	Grant Amt:	\$100,000		
Tunder 8 Grant Title.	Transition Program for Adul into Postsecondary Education	Your Grant	Title:	Sarasota Achieves	hieves Transition Success			
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: Chase	School	ol/Dept. SCTI		Phone	924-1365	Ext		
Grant Contact Person* _	Mike Lehner	School/Dept <u>SC</u>	ΓI	Phone	924-1365	Ext		
*This is the school/district-based p								
Schools/Programs to be	served by this grant	# of staff impacted	# of stı	idents impacted	# of paren	ts impacted		
SCTI		10	100		N/A			
Does this grant require these funds be raised?	matching funds?	Yes X_No If ye	es, what	amount?		How will		
		Grant Description						
7.1								
<u>Please fill in all blanks.</u> Do not refer to attachments in your summaries. Do not attach separate sheets.								
goals of your School Improvement Plan and/or District Plan. (Not grant activities) Grant will support a transition program to support adults enrolled in Adult Basic Education, English as a Second Language and/or General Educational Development instruction to successfully enter and complete post-secondary education. This supports the district's goal of improving student achievement.								
Briefly list grant program	activities (what is going	ng to be done with the	grant fur	nds):				
Transition coach will work with adult learners to guide them through the application process and coach them during the initial period of adjustment to post-secondary programs. Transition trainers will work with adult education and post-secondary providers to develop enhanced curricula to ensure successful transitions for ABE, GED, ASE and ESOL students.								
Please provide a brief explanation used for new/old staff position, co	anation of pertinent but ontracted services, travel, mo	dget items that will be aterials/supplies, equipment	funded t	through this grant. facilities, and other ap	(Please indicate oplicable items.)	if funds will be		
Salaries and benefits for Transition Coach and instructors, professional services, travel, other purchased services, consumable supplies, materials, computers, indirect costs.								
How will grant activities be The grant will support a der additional, outside funding	nonstration project that		sion of th	he grant period. H	owever, staff	will seek		
Mellissa Morrow Print Name of Cost Center He	ead S	Ilessa Mo ignature of Cost Center	Mead	ri e	11 \ Date	09		
Send this completed form	`	•		rch. Assessment. 2	-			

Please Type or Print in In	k	GAF: G	rant Approval Form							
	Section	Two: Su	mmary for grants ov	er \$2	2.000.					
	equire School Board a	approval and	must be placed on the Schoo	l Board	d Agenda by Grants Office	e staff.)				
Fiscal Management will be done by:					Fund Source:					
District Finance Office		☐ Competitive/Discretionary			☐ Federal: Indirect cost \$					
School Internal Account Other (name)			inuation	CFDA#						
Guilli (manie).		Other:		State Local Foundation						
Project number, if known:				Other:						
Name of Primary Fund Source	Funder's Co Name		Funder's Address Phone Number S		\$ Amount					
Florida Department of	Ken Plummer	Tallahasse, FL			950 245 0047	0100 000				
Education	Kell Fluitiller		Tallallasse, FL		850-245-9047	\$100,000				
	NOTE: If M	IAJOR T	ECHNOLOGY is part	of th	is orant:					
			le cameras, DVD playe							
Your school tech	nology support pe	ersonnel m	ust review the physical	capab	oilities of the area invo	olved and agree				
that no additional	l wiring or electric	eal work, b	beyond what is provided	tĥrou	igh the grant, will be i	needed to				
complete the proj	ect. Please have	your techn	ology support staff men	nber s	sign off on your projec	ct here.				
		т	echnology Support Staf							
		1	echnology support star	1						
NOTE: If v	our project ipvo	lves CON	STRUCTION or requi	ires R	ETROFITTING ene	ace.				
	Dumas to discus	s vour pro	piect and receive appro	ival to	o on forward with vo	our proposal				
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	ı. Please c	all ext 927-9000 ext. 32	172 v	vith questions.					
	9	GRANTS	OFFICE USE ONL	\mathbf{Y}						
		Sectio	n Three: Signatures							
1 0	Grants Office pers	onnel will	obtain applicable signa	tures	in this section					
\mathcal{L}_{0} \mathcal{L}_{0}										
0111										
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES										
/ 11/ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\										
- / V X	Uh_		. V	ov'	1 tile					
RESEARCH, ASSESSM	ENT & EVALUAT	ION (RAE	<u> </u>	DIR	ECTOR OF BUDGET					
*ENERGISTIS DESCRIPTION		. 70 45								
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE SECONDARY			, OR AS	ASSOCIATE SUPERINTENDENT						
SEC.	VNUAKY									
	ن									
Lan m. While										
SUPERINTENDENT										
	*Si	gnatures 1	needed only if applica	ble.		j				
		·	- I I							
Send this completed forn	and 1 copy of you	ır grant to	the Grants Office, Resea	rch, A	Assessment, and Evalu	ation-Landings				

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