

Office Use Only

Date of Board Meeting: 2-5-08

Agenda Item No.

New Grant

Section 1: General Information:

Continuation

Complete this side for ALL grants, including classroom grants

Grant Start/End Dates: 7-1-08 / 6-30-11 (3 Years) Application Deadline: 2-19-08 Grant Amt: \$1,050,000.00

*Funder's Grant Title: USCOE/Office of Safe & Drug-Free Schools *Your Grant Title: SMART-Sarasota Mobilizes Alcohol Reduction In Teens

*e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. *e.g. Up, Up and Away, Exploring Our Heritage, Young Galileo's, etc

Grant Writer: Sherri T. Reynolds School/Dept. PSS/Health Student Services Phone 927-9000 Ext 34765

Grant Contact Person* Sherri T. Reynolds School/Dept PSS 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
Middle/High Schools Grades 8-12			

**Does this grant require matching funds? Yes No If yes, what amount? _____ How will these funds be raised?

Grant Description

Please type or print neatly in ink. Do not attach separate sheets. Please fill in all blanks. Do not refer to attachments in your summaries.

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)

The objective of this grant is the reduction of alcohol abuse among teens throughout the district in grades 8-12. The reduction in alcohol abuse and usage will contribute to both the safety and academic achievement components of the district plan.

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

The grant program will implement a multi-school alcohol abuse reduction plan in conjunction with the Sarasota Coalition for Substance Abuse (SCOSA) that is fashioned after the Communities Mobilizing for Change on Alcohol (CMCA), a research based approach that was developed in Minnesota and has been proven effective under the guidelines of the USDE Safe and Drug Free Schools Program Office.

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.)

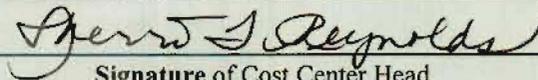
The grant will fund a Safe Schools Liaison position for the School Board, three Outreach Coordinators for SCOSA, as well as materials and supplies necessary for awareness and training programs in both the schools and the community.

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

Grant activities will be continued under SCOSA as outreach and multi-agency activities.

Sherri T. Reynolds

Print Name of Cost Center Head



Signature of Cost Center Head

1-23-2008

Date

Send this completed form and 1 copy of your grant to RAE (Grants Office)

Please Type or Print in Ink

GAF: Grant Approval Form

Section Two: Summary for grants over \$2,000.

(These grants require School Board approval. GAF must be submitted by the School Board meeting prior to relevant School Board meeting.)

Fiscal Management will be done by:

- District Finance Office
- School Internal Account
- Other (name): Education Foundation

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation

Fund Source:

- Federal (indirect cost \$ _____)
- State
- Local Foundation
- Other:

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Florida Department of Health	Deborah Glotzbach	4052 Bald Cypress Way Tallahassee, FL 32399		\$1,050,000.00



***NOTE: If TECHNOLOGY is part of this grant:**

A memo, signed by the Cost Center Head must accompany this form. The memo must state that:

- a. The school technology personnel has reviewed the physical capabilities of the area involved and that no additional wiring or electrical will be needed to implement the grant beyond what is provided through grant funds.
- b. The memo must be cosigned by Brad Schuette (927-9000 ext 31351 FAX 927-4015). Please call, tell him about your project, then FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF.



***NOTE: If FACILITY CONSTRUCTION or RETROFIT are part of this grant:**

- c. The memo must be co-signed by Paul Pitcher, (361-6311; fax 361-6318). Please call, tell him about your project, then, if the project is acceptable, FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF.

Thank you. Please call ext 927-9000 ext 32172 with questions.

RAE OFFICE USE ONLY

Section Three: Signatures

RAE personnel will obtain all signatures in this section

*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Amy Dinner
RESEARCH, ASSESSMENT & EVALUATION (RAE)

*DIRECTOR OF FACILITIES SERVICES

DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

SUPERINTENDENT

*Signatures needed only if applicable.

SEND THIS COMPLETED FORM AND 1 COPY OF YOUR GRANT TO RAE (GRANTS OFFICE)