

Office Use Only

Date of Board Meeting:

Agenda Item No.

 New Grant

Section 1: General Information:

 Continuation**Complete this side for ALL grants, including classroom grants**Grant Start/End Dates: 1/1/08 – 6/30/10 Application Deadline: 11/30/07 Grant Amt: \$75,000*Funder's Grant Title: Employee Wellness Program *Your Grant Title: Passport to Wellness

*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. Pupil Support Services Phone 927-9000 Ext 34765Grant Contact Person* Jo Anne Townsend School/Dept Human Resources Phone 927-9000 Ext 34736

*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 Worksites	5760		

Does this grant require matching funds? Yes No If yes, what amount? \$3,750How will these funds be raised? In-KindGrant 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)

An effective Employee Wellness Program at the School Board of Sarasota County (SBSC), the largest employer in the county, will enhance the health and well-being of thousands in Sarasota County beginning with employees and spreading to reach everyone they touch: students, parents, families and the community. Partnerships have been developed with the Sarasota County Health Department and other members of the Sarasota Wellness Coalition.

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

The wellness program will provide Health Risk Assessments and Employee Interest Surveys to gather data to design and implement intervention strategies that reduce risk factors for chronic disease, especially heart disease and stroke. Activities will be based on the results of this data. Outcomes in the SBSC workforce include increased productivity, job satisfaction, reduced absenteeism and high cost insurance claims.

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.)

A full-time Wellness Grant Coordinator will be hired as part of the Human Resources Employee Retention program.

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

To be determined

Jo Anne Townsend

Print Name of Cost Center Head



Signature of Cost Center Head

12-10-07

Date

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

FRONT

OVER

Rev. 06/20/2007

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:
[X] District Finance Office
[] School Internal Account
[] Other (name): Education Foundation

[] Entitlement/Flowthrough
[X] Competitive/Discretionary
[] Continuation

Fund Source:
[] Federal (indirect cost \$)
[X] State
[] Local Foundation
[] Other:

Table with 5 columns: Name of Primary Fund Source, Funder's Contact Name, Funder's Address, Phone Number, \$ Amount. Row 1: Florida Department of Health, Deborah Glotzbach, 4052 Bald Cypress Way Tallahassee, FL 32399, \$75,000

*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

Handwritten signature: Amy Donner

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)