

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: 07/01/09-06/30-10 Application Deadline: June 5, 2009 Grant Amt: ~~\$100,000~~
~~\$75,000~~
\$75,000

Funder's Grant Title: Adult Ed/Family Literacy-Corrections Your Grant Title: Transition
 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: Michael Lehner School/Dept. SCTI Phone 861-4777 Ext _____

Grant Contact Person* Amy Fast School/Dept SCTI-Accounting Phone 924-1365 Ext 62309

*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
ADTI: ABE;/GED/Corrections Education	4	875	N/A

Does this grant require matching funds? ___Yes XNo 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)

Provide instructors, materials, technology and supplies to improve academic skills of criminal offenders.
 Place inmates in jail and offenders in drug treatment in jobs, job training or other post-secondary programs.
 Pay transportation costs to and from GED Exams for indigent students.

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

Provide adult basic education (literacy) and GED preparation.
 Provide Job/Post-Secondary School counseling and placement assistance.
 Sarasota County Jail Transition Services for inmates leaving jail.

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.)

Salaries (current positions)
 Staff Development and Travel
 Materials and Supplies (capitalized and non)
 Brochures, handouts and bus tickets
 Contracted services

How will grant activities be continued after the end of grant period?
 This grant funds a supplementary instruction program. If the grant ends, the services will not be continued at the end of the grant period.

Todd Bowden

Print Name of Cost Center Head

Todd Bowden
 Signature of Cost Center Head

4/27/2009

Date

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

Please Type or Print in Ink

GAF: Grant Approval Form

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): _____

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: _____

Fund Source:

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

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Adult Education and Family Literacy Act	Ken Plummer	Florida Department of Education Bureau of Grants Management 325 W. Gaines St., Rm 325B Tallahassee, FL 32399-0400	850-245-9047	\$75,000 \$100,000 75,000

**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.

Webbie Macon
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

von file
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

von file von file - construction
*DIRECTOR OF FACILITIES SERVICES

[Signature]
RESEARCH, ASSESSMENT & EVALUATION (RAE)

von file
DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

[Signature]
SUPERINTENDENT

*Signatures needed only if applicable.

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