

Please Type or Print in Ink

GAF: Grant Approval Form

RAE# _____

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

JUN 2 2009

Grant Start/End Dates: 8/1/09-6/30/2010 Application Deadline: On going Grant Amt: **\$2,500.00**

*Funder's Grant Title: Teaching Tolerance *Your Grant Title: **Healing the Multicultural Divide**

*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: Dr. Deri Ronis School/Dept. Independent Consultant Phone 312-4755 Ext _____

Grant Contact Person* Jennifer Mainey School/Dept Pupil Support Svcs Phone 927-9000 Ext 34753

*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
Sarasota High School	20-25	2,000	

**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)

This grant will fund training for teachers in diversity, character and communication, and will create a positive multicultural school climate. This will contribute to improvement of the attendance, behavior and graduation goals creating a more positive and safe campus and building connections between students and teachers.

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

The grant will fund teacher training to work with the diverse student populations to reduce conflict in the classroom along with creating student workshops to allow interaction among youth and between adults and teens on campus.

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.)

1. Training materials and supplies
2. Training fees to pay expert in the field of diversity
3. Transportation and facility rental for off campus location

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

Unity Days will continue along with ongoing Study Circles facilitated by school staff.

Sherri T. Reynolds

Print Name of Cost Center Head

Sherri T. Reynolds

Signature of Cost Center Head

5.29.09

Date

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

FRONT

OVER

Rev. 06/01/2005

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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
Teaching Tolerance Southern Poverty Law Center	Rhonda Thomason	400 Washington Ave. Montgomery, AL 36104	334-956-8381	\$2,500.00



***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 32254 with questions.

RAE OFFICE USE ONLY

Section Three: Signatures

RAE personnel will obtain all signatures in this section

[Signature]
 *DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Jon file Jon file - Construction
 *DIRECTOR OF FACILITIES SERVICES

[Signature]
 RESEARCH, ASSESSMENT & EVALUATION (RAE)

Jon file
 DIRECTOR OF BUDGET

Jon file
 *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 RAE (GRANTS OFFICE)