RAE#	

GAF: Grant Approval Form FOR GRANT APPLICATIONS \$2,000 OR MORE

	Office Use Only		Agenda Item No.				
Date of Board Meeting: New Grant	Section 1: General Information:						
New Grant	Section 1: General information:						
Grant Start/End Dates: July 1, 2009 – June 30, 20	Application Dead	** • • • • • •	Grant Amt: \$106,202				
Funder's Grant Title: Adult Education and Famil English Literacy/Civics E		Title: English Literacy	/ Civics Education				
e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. Grant Writer: Laurel Chase School/Dept. School/Dept. e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc Sarasota County Technical Inst. Phone 924-1365 Ext 62393							
Grant Contact Person* Amy Fast	School/Dept _SCI	ΓI Phone	924-1365 Ext 62309				
*This is the school/district-based person who is in charge of the							
Schools/Programs to be served by this grant	# of staff impacted	# of students impacted	# of parents impacted				
SCTI: Adult ESOL Program	30	1,800	N/A				
Does this grant require matching funds?Yes _X_No If yes, what amount? How will these funds be raised?							
	Grant Description						
<u>Please fill in all blanks.</u> 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)							
			_				
The purpose of this grant is to enhance adult ESOL instructional services throughout the county and infuse civics education into the adult ESOL course curriculum. The target population is adults, aged 16 and over, whose native language is not English.							
Briefly list grant program activities (what is going to be done with the grant funds):							
This project will support classroom instruction and assessment at four sites throughout the county, professional							
development for teachers, and enhancement of the adult ESOL curriculum.							
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 budget includes the continuation of part-time (hourly) salaries for adult education instructors and a teaching aide, printing of information brochures, staff development, and the purchase of instructional equipment and supplies (capitalized and non-capitalized).							
How will grant activities be continued after the er	nd of grant period?	Para					
This is a supplementary instructional program. Should the grant end or not be funded, the services will not be continued at the end of the grant period.							
	<u> </u>						
Todd Bowden, Director	Willen		possbe 14				
Print Name of Cost Center Head Send this completed form and I copy of your g	Signature of Cost Center		Date and Evaluation-Landings				

Please Type or Print in Ink GAF: Grant Approval Form							
(These grants re	Section equire School Board a	Two: Su	mmary for grants ov must be placed on the Schoo	er \$2 I Board	,000. I Agenda by Grants Office s	staff.)	
Fiscal Management will be done by: District Finance Office School Internal Account		☐ Entitlement/Flowthrough ☐ Competitive/Discretionary ☐ Continuation ☐ Other:		Fund Source: Fund Source: Federal (indirect cost \$)———— Local Foundation Other:			
Name of Primary Fund Source	Funder's Contact Name		Funder's Addres	ess Phone Number		\$ Amount	
Adult Education and Family Literacy Act	y Ted Lane		-	Florida Department of Education 325 West Gaines St., Rm. 325B		\$106,202	
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. 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 in	ncluded with you Thank you	r GAF. u. Please	call ext 927-9000 ext. 32	2172 v	with questions.		
			S OFFICE USE ONL	Y			
Section Three: Signatures Grants Office personnel will obtain applicable signatures in this section Von file Von file Von file							
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES SERVICES (On file the content of the con							
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY ASSOCIATE SUPERINTENDENT						VT	
You M. Whete SUPERINTENDENT							
*Signatures needed only if applicable.							
Send this completed for	m and 1 copy of yo	our grant t	o the Grants Office, Rese	arch,	Assessment, and Evalua	ation-Landings	