

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: 7/1/10 – 6/30/11 Application Deadline: 08/02/10 Grant Amt: \$649,171

Funder's Grant Title: Adults with Disabilities/Senior Learners Your Grant Title: Adults with Disabilities/Senior Learners

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: Amy Donner School/Dept. RAE Phone 927-9000 Ext 32172

Grant Contact Person* S. Cantees School/Dept CTE/Adult Ed Phone 927-9000 Ext _____

*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
Adult programs at SCTI & ACE and in Manatee Co.	5+	Approx. 650	N/A

Does this grant require matching funds? Yes X No 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)*

This is a continuation grant to provide adults with disabilities and senior citizens the opportunity for enhanced skills that are appropriate and consistent with their abilities and needs. The grant covers a two-county region and represents a collaborative effort between school boards and community based organizations to provide enhanced educational opportunities to the target populations. The program continues in spite of 25% funding cut in the last few years.

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

Senior citizens: Delivery of instruction in self-sufficiency, recreational, and technology education to enhance the quality of life.

Disables adults: Provide training to promote life skills, self-sufficiency, and independent living

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 and benefits, materials and supplies, in-county travel, software and external evaluator for the Adults with Disabilities and Senior Learners Program Instructional Delivery Model. Programs are ongoing, funding is for the continuation of services which have been in operation for many years.

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

This is Vocational Rehabilitation funding. Should funding be cut, programs will be re-evaluated and scaled down.

	_____	_____
Print Name of Cost Center Head	Signature of Cost Center Head	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
Florida Department of Education Division of Vocational Rehabilitation	Virginia Rhoden	Adults with Disabilities Grant Program 2002 Old Saint Augustine Rd, Bldg. A Tallahassee, FL 32301	850-245-3318	\$649,171



**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 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

***DISTRICT DIRECTOR OF TECHNOLOGY
INFORMATION SERVICES**

***DIRECTOR OF FACILITIES SERVICES**

RESEARCH, ASSESSMENT & EVALUATION (RAE)

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 the Grants Office, Research, Assessment, and Evaluation-Landings