

Office Use Only

Date of Board Meeting:

Agenda Item No.

New Grant

Section 1: General Information:

Continuation

Grant Start/End Dates: 7-1-09/9-30-11 Application Deadline: NA Grant Amt: 4,891,415.00

Funder's Grant Title: American Recovery & Reinvestment Act of 2009 (ARRA) Your Grant Title: Sarasota ARRA-IDEA
 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: Sonia Figaredo-Alberts School/Dept. Pupil Support Services Phone 941-927-9000 Ext 31124

Grant Contact Person* Sonia Figaredo-Alberts School/Dept Pupil Support Services Phone 941-927-9000 Ext 31124

*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
<u>All schools</u>	<u>all staff</u>	<u>all students</u>	<u>N/A</u>

Does this grant require matching funds? ___ Yes ___ 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)*

The ARRA grant is based on the stimulus dollars that the district is entitled to based on SWD to ensure that all SWD ages 3-21 have access to a free appropriate public education design.

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

Provide intervention teachers at K-5 schools to assist with the process of aligning educational intervention to students who are at-risk, provide behavior intervention teachers at middle and high schools and provide staff development opportunities aligned to instructional needs of students.

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.)*

Funding will be used to support positions aligned to services for students and staff development opportunities.

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

N/A

Sonia Figaredo-Alberts
Print Name of Cost Center Head

Sonia Figaredo-Alberts
Signature of Cost Center Head

5-7-09
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 DOE	Bureau of Grants Mgmt	Room 325, Turlington Building 325 W. Gaines Street Tallahassee, FL 32399-0400	850-245-0496	4,891,415.



**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

Don file
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

[Signature]
RESEARCH, ASSESSMENT & EVALUATION (RAE)

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

Don file Don file - Construction
*DIRECTOR OF FACILITIES SERVICES

Don file
DIRECTOR OF BUDGET

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