K GAF: Grant Approval Form RAE#______ FOR GRANT APPLICATIONS \$2,000 OR MORE

	Office Use Only					
Date of Board Meeting:		1	Agenda Item No.			
New Grant	Section 1: General Information:		X Continuation			
Grant Start/End Dates: 8/01/10 – 7/31/11	Application Deadl	ine: July 1, 2010	Grant Amt: \$332,800			
Funder's Grant Title: 21st Century Community Lea	Your Grant	Title: 21st Century Commun	ity Learning Center - South			
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: Peggy Wiggins School/Dept. Academic Interventions Phone 927-9000 Ext 31139						
Grant Contact Person* Peggy Wiggins School/Dept Academic Interv. Phone 927-9000 Ext 31139						
*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			
Englewood, Glenallen, Toledo Blade, Heron Creek MS, Atwater	40	1,000	2,000			
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) This grant provides funding for after school and summer remediation and enrichment programs for students and their families in Title I eligible schools in south Sarasota County. This is the fourth year of a five-year grant which touches on all five pillars of NeXt Generation Learning: People, Quality, Service, Resources, Safety						
Briefly list grant program activities (what is going to be done with the grant funds): The school district, in partnership with several community based organizations, will provide mentoring and tutoring in math, reading, and writing as well as provide enrichment activities in science, visual and performing arts, technology, and recreation. They will also provide service learning opportunities and character education programs. These are afterschool and summer programs.						
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.) Contracted personnel: Project management, site facilitation, and program teachers.						
Student transportation Materials and supplies						
Specified staff will be required by the state to attend grant workshops.						
How will grant activities be continued after the end of grant period?						
Continuation funds will be sought through other grants and external sources.						
Peggy Wiggins	and rahim	-	6/4/10			
Print Name of Cost Center Head	Signature of Cost Center	r 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 Inl	GAF: G	rant Approval Form				
	Section Two: Sur	mmary for grants ov	er \$2,000.			
(These grants re	equire School Board approval and	must be placed on the Schoo	Board Agenda by Grants (Office staff.)		
☐ District Finance Office ☐ Com		lement/Flowthrough petitive/Discretionary ntinuation	Fund Source: ☐ Federal (indirect cost \$) ——— ☐ State			
		r:	ENTERONE CONTRACTOR CO			
Name of Primary Fund Source	Funder's Contact Name	Funder's Addres	Funder's Address Phone Number			
		325 West Gaines Street, Room Tallahassee, FL 32399-0400	325 (850) 245-0852	\$332,800		
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.						
complete the project. I lease have your technology support start member sign on 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						
	ncluded with your GAF.	If approved, you will ne	ed to create a memo to	or his approval and		
signature, to be i		call ext 927-9000 ext. 3	2172 with questions.			
GRANTS OFFICE USE ONLY						
Section Three: Signatures						
Grants Office personnel will obtain applicable signatures in this section						
		- LDvp	reman or E. en mun	a Capturana		
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES SERVICES						
RESEARCH, ASSESSMENT & EVALUATION (RAE		E)	DIRECTOR OF BUDGET			
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLI SECONDARY		E, OR	ASSOCIATE SUPERINTENDENT			
Cyppply						
SUPERINTENDENT *G'						
*Signatures needed only if applicable.						
Send this completed for	rm and 1 copy of your grant	to the Grants Office, Res	earch, Assessment, and	Evaluation-Landings		

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