

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only

Date of Board Meeting:

Agenda Item No.

 New Grant

Section 1: General Information:

 ContinuationGrant Start/End Dates: 7/2008 – 6/30/2008 Application Deadline: 5/12/2008 Grant Amt: \$30,000Funder's Grant Title: Strategic Grantmaking in Education Your Grant Title: strategic Grantmaking in Education-VHS

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: Stephen Waite School/Dept. Venice High School Phone 488-6726 Ext 65622Grant Contact Person* Stephen Waite School/Dept Venice High School Phone 488-6726 Ext 65622

*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
Venice High School			

Does this grant require matching funds? Yes X No If yes, what amount? _____ How will these funds be raised?Grant DescriptionPlease 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 SGE grant has allowed VHS to further develop and refine the student advisement program within the context of Smaller Learning Communities. Continuation of the grant will allow refinement of the process and add components designed to increase student participation, with topics relevant to the student body and the school in general. This grant will allow Venice High School to expand the Cornerstone Freshmen transition advisement program as well as student-led conferences and incorporate other advisement activities designed to support student involvement in Smaller Learning Communities.

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

Summer curriculum development (mapping) relevant to meeting the District goal of 30 minute advisement per week
 Increased number of 9th and 10th grade students participating in student-led parent conferences (teacher facilitation)
 Increased number of students participating in peer mentor/advisor program

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.)*

20% utilized for production and printing of materials relevant to advisement activities and other allowable expenses relevant to guidance activities

80% utilized for staff stipends and substitute teachers

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

The curriculum will have been developed using grant funds and the programs can continue utilizing VHS general funds.

Candace Millington

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
The Gulf Coast Community Foundation of Venice		601 Tamiami Trail South, Venice, FL 34285	941.486.4600	\$30,000

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

Melinda Poce 5/6/08
RESEARCH, ASSESSMENT & EVALUATION (RAE)

*DIRECTOR OF FACILITIES SERVICES

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