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GAF: Grant Approval Form RAE#\_\_\_\_

	Office Use Only							
Date of Board Meeting:			genda Item No					
New Grant	Section 1: General Inf	formation:	<b>☒</b> Continuation					
Grant Start/End Dates: Aug. 2012- July, 2013	Application Deadl	ine: N/A	Grant Amt: \$191,400					
Funder's Grant Title: Community Foundation Prog	rams Your Grant	Title: Starbooks Readin	ng Progr./ Teach 21					
e.g. Weller Teacher Mini-Grant, Building Blocks for Success		Away, Exploring Our Heritage						
Grant Writer: Page Dettmann School/Dept. Exec. Dir., Middle Schools Phone 927-9000 Ext 31143								
Grant Contact Person* Page Dettmann  *This is the school/district-based person who is in charge of the	School/Dept	Phone	Ext					
Schools/Programs to be served by this grant	# of staff impacted	# of students impacted	# of parents impacted					
All district middle schools	6,7,8 grade Language Arts teachers	All 6,7,8 middle school students						
Does this grant require matching funds?Yes _XNo If yes, what amount? How will these funds be raised?								
	Grant Description	ĺ						
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)  Goals:  1. Improve student reading and literacy skills and to motivate students to read.  2. Implement cutting-edge lesson design (GRR)								
Briefly list grant program activities (what is going to be done with the grant funds):  Each participating middle school student will receive a personal copy of the shared reading book which teachers will read aloud while modeling critical thinking skills. Students will be invited to read books selected for the Choice Book Collection, where they participate in book talks in the Media Center's Literacy Corner. Teach 21 will extend training on the Gradual Release of Responsibility (GRR) model and further develop an internal cadre of GRR peer coaches.								
Please provide a <b>brief</b> explanation of pertinent <b>budget items</b> 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.)								
Grant money will be used for consultants to provide professional development, substitute teachers, student copies of books, supplements for program coordinators, developers, trainers, and attendees, and other expenses such as student transportation, facility fees and teacher resources.								
How will grant activities be continued after the end of grant period?								
The grant includes funds to maintain the Literacy Corner, and teachers will continue to use the new knowledge gained from the workshops long after they are over. If the Community Foundation does not renew funding, other activities will end.								
Page Dettmann	eCHS		5/1/1a					
Print Name of Cost Center Head	Signature of Cost Cente	er Head	Date					
Send this completed form and 1 copy of your g	9							

Please Type or Print in Inl	k	GAF: G	rant Approval Form			
590.72	Section	Two: Su	mmary for grants ov	er \$2,000.		
(These grants re			must be placed on the Schoo		ts Office staff.)	
Fiscal Management will b	be done by:	☐ Entit	lement/Flowthrough	Fund Source:		
District Finance Off			petitive/Discretionary	☐ Federal: Indire	ct cost \$	
School Internal Acco	ount		inuation	CFDA #		
☐ Other (name):		☐ Othe	r:	State		
Project number, if know	/n			Local Foundation Other:		
Name of Primary	Funder's Co	ontact	Funder's Addres		mber \$ Amount	
Fund Source	Name	PER ANTICO (1907) 1-10-10-10-10-10-10-10-10-10-10-10-10-10		1970 CASSAN Mineral COLONIA COLONIA SANCE COLONIA COLO	0.00 € 0	
Community Foundation of	ommunity Foundation of John Annis		2635 Fruitville Rd.	941-556-715	52 \$191,400	
Sarasota County	VP Community Inv	estment	Sarasota, FL 34237	711 230 712	.2	
	NOTE: If N	AJOR T	ECHNOLOGY is part	of this grant:		
	(does	not includ	de cameras, DVD playe	ers, etc.)		
			nust review the physical			
			beyond what is provided			
complete the pro	ject. Please nave	your techi	nology support staff me	nber sign off on you	ir project here.	
2		7	Γechnology Support Sta	ff		
			ISTRUCTION or requ			
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signature, to be in			If approved, you will ne	ed to create a memo	for his approval and	
Signature, to be i	article and the factors of the first first from the first first first first first from the first		call ext 927-9000 ext. 3	2172 with questions		
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