FOR GRANT APPLICATIONS \$2,000 OR MORE

	Office Use Only					
Date of Board Meeting:		Agenda Item No				
New Grant	Section 1: General Information:		X Continuation			
Grant Start/End Dates 07/01/11-08/31/12	Application Dead	07/01/11	Grant Amt: \$128,000			
Funder's Grant Title: FL DOE SEDNET Project	Your Grant	Title: FL DOE SEDNET	Project			
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: Shelia Zelonis School/Dept. SEDNET/PSS-ESE Phone 374-3799 Ext						
Grant Contact Person* Shelia Zelonis School/Dept SEDNET/PSS-ESE Phone 374-3799 Ext *This is the school/district-based person who is in charge of the grant.						
Schools/Programs to be served by this grant		# of students impacted	# of parents impacted			
Sarasota, Manatee, and Desoto Counties	ESE and support staff in 3 counties	EBD and at-risk students in 3 counties	Parents of EBD and at-risk students in 3 counties			
Does this grant require matching funds? Yes X No If yes, what amount? How will						
these funds be raised?						
Count Description						
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 SED Network has been established to im						
disabled (EBD) and at-risk students. The mis						
health, and residential services. The Sarasota County School District is the fiscal/administrative agent for the project serving Sarasota, Manatee, and Desoto Counties. The project addresses Standards of Excellence #7, 8, 9 & 10.						
Briefly list grant program activities (what is going to be done with the grant funds):						
The SED Network will work with staff from Sarasota, Manatee, and Desoto County School Districts, the Department of						
Children and Families, the Department of Juvenile Justice, and community service providers to 1) increase the number of EBD and at-risk students who receive school-based mental health services, 2) increase the number of EBD and at-						
risk students who receive transitional services, and 3) increase the number of families of EBD and at-risk students who						
receive education, support, and/or advocacy.						
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.)						
The SEDNET Project Manager's salary and benefits will continue to be funded by this grant. Contracted services will fund direct services for EBD and at-risk students and their families. Other funds will be used for required travel and						
operational expenses.						
How will grant activities be continued after the end of grant period?						
To be determined.		-				
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Sonia Figaredo-Alberts Sonia Figaredo - Albert Print Name of Cost Center Head Signature of Cost Center Head Date						
Print Name of Cost Center Head Sand this completed form and 1 capy of your			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: 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 b	be done by:	ement/Flowthrough Fund Source:					
District Finance Off		petitive/Discretionary	☑ Federal: Indirect of	☐ Federal: Indirect cost \$N/A			
☐ School Internal Acco		ntinuation	CFDA #				
other (name).		r:	State Local Foundation				
Project number, if known:			Local Foundation Other:				
Name of Primary	Funder's Contact	Funder's Address		\$ Amount			
Fund Source	Name			o ranount			
IDEA Part B Discretionary	Cathy Bishop	Florida Department of Education	on 850-245-0478	\$128,000.00			
Funds/General Revenue	SEDNET Project Contact	325 W. Gaines Street, Suite 602		\$120,000.00			
	FL DOE/BEESS	Tallaassee, FL 32399-0400					
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.							
	7	Cechnology Support Staf	Ŧ				
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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. Thenk your Please cell out 927 0000 out 22172 with questions							
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							
V OVI III							
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES							
SERVICES							
Vonfile							
RESEARCH, ASSESSMENT & EVALUATION (RAE) DIRECTOR OF BUDGET							
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR ASSOCIATE SUPERINTENDENT SECONDARY							
i_{ℓ}							
Non White							
SUPERINTENDENT							
	*Signatures	needed only if applica	able.				
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Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings							