

Please Type or Print in Ink

GAF: Grant Approval Form

RAE# _____

Office Use Only

Date of Board Meeting: _____

Agenda Item No. _____

New Grant

Section 1: General Information:

Continuation

Complete this side for ALL grants, including classroom grants

Grant Start/End Dates: 7/1/10 – 6/30/12 Application Deadline: _____ Grant Amt: \$150,000

*Funder's Grant Title: Employee Wellness Program *Your Grant Title: Passport to Wellness

*e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc.

*e.g. Up, Up and Away, Exploring Our Heritage, Young Galileo's, etc

Grant Writer: Sherri T. Reynolds School/Dept. Pupil Support Services Phone 927-9000 Ext 34765

Grant Contact Person* Jo Anne Townsend School/Dept Human Resources Phone 927-9000 Ext 31218

*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
All Worksites	5200		

**Does this grant require matching funds? X Yes No If yes, what amount? \$3,750

How will these funds be raised? In-Kind

Grant Description

Please type or print neatly in ink. Do not attach separate sheets. Please fill in all blanks. Do not refer to attachments in your summaries.

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)

An effective Employee Wellness Program at the School Board of Sarasota County (SBSC), the largest employer in the county, enhances the health and well-being of thousands in Sarasota County beginning with employees and spreading to reach everyone they touch: students, parents, families and the community. Partnerships have been developed with the Sarasota County Health Department, the Sarasota Wellness Coalition, and other health-related organizations throughout the District.

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

The wellness program will continue to provide Health Risk Assessments and Employee Interest Surveys to gather data to design and implement intervention strategies that reduce risk factors for chronic disease, especially heart disease and stroke. Activities will be based on the results of this data. Outcomes in the SBSC workforce include increased productivity, job satisfaction, reduced absenteeism and high cost insurance claims.

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.)

A full-time Wellness Grant Coordinator will remain as part of the Human Resources Employee Retention program.

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

To be determined

Jo Anne Townsend

Print Name of Cost Center Head


Signature of Cost Center Head

04-21-10
Date

Send this completed form and 1 copy of your grant to RAE (Grants Office)

FRONT

OVER

Rev. 04/20/2010

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Section Two: Summary for grants over \$2,000.

(These grants require School Board approval. GAF must be submitted by the School Board meeting prior to relevant School Board meeting.)

Fiscal Management will be done by:

- District Finance Office
- School Internal Account
- Other (name): Education Foundation

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation

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 Department of Health	Carol Vickers, RN	4052 Bald Cypress Way, BIN A18 Tallahassee, FL 32399	850-245-4444 ext. 2794	\$150,000



***NOTE: If TECHNOLOGY is part of this grant:**

A memo, signed by the Cost Center Head must accompany this form. The memo must state that:

- a. The school technology personnel has reviewed the physical capabilities of the area involved and that no additional wiring or electrical will be needed to implement the grant beyond what is provided through grant funds.
- b. The memo must be cosigned by Leona Collesano (927-9000 ext 31350 FAX 927-4015). Please call, tell her about your project, then FAX your memo to her for signature. She will FAX the memo back to you for inclusion with the GAF.



***NOTE: If FACILITY CONSTRUCTION or RETROFIT are part of this grant:**

- c. The memo must be co-signed by Jody Dumas, (316-8143; fax 361-6318). Please call, tell him about your project, then, if the project is acceptable, FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF.

Thank you. Please call ext 927-9000 ext 31363 with questions.

RAE OFFICE USE ONLY

Section Three: Signatures

RAE personnel will obtain all signatures in this section

NA per L. Collesano

***DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES**

RESEARCH, ASSESSMENT & EVALUATION (RAE)

NA per J. Dumas

***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 RAE (GRANTS OFFICE)