

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only

Date of Board Meeting: _____ *Agenda Item No.* _____

New Grant **Section 1: General Information:** Continuation

Grant Start/End Dates: 08/16/10 – 06/30/11 Application Deadline: 02/25/10 Grant Amt: \$19,600

Funder's Grant Title: Adult Literacy Grant Your Grant Title: Dollar General Skill Improvement Program

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: Laurel Chase School/Dept. SCTI, adult education Phone 924-1365 Ext 62458

Grant Contact Person* William Maher School/Dept SCTI Phone 924-1365 Ext 62233

*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
SCTI's adult basic education (ABE) and GED preparation programs	4	80	0

Does this grant require matching funds? X Yes No If yes, what amount? 50% How will these funds be raised? State workforce education funds and other recurring state adult education grants

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 will increase part-time instructional hours and enable group instruction in math and writing for adult students, aged 16 and above, who are preparing for a GED exam.

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

Existing ABE/GED teachers will refer students, based upon a diagnosis of their individual test results, for group instruction in targeted skill areas. The instruction will be provided in a classroom portable at SCTI by part-time instructors.

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 majority of the budget, \$16,380, would cover part-time instructor hours. In addition the request includes include \$720 for instructor training at the district in-service rate, \$800 for instructional materials, \$500 for classroom supplies, and \$1200 for a laptop computer.

How will grant activities be continued after the end of grant period?
This is a supplementary instructional program. Should the grant not be funded again at the end of the grant period, the additional services it supports will be discontinued.

Todd Bowden, Director _____ 2/24/2010
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