

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: 7/1/08-6/30/09 Application Deadline: _____ Grant Amt: \$118,973.00*Funder's Grant Title: SDFS Entitlement Grant *Your Grant Title: Safe & Drug Free Schools

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

*c.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 34765Grant Contact Person* Sherri T. Reynolds School/Dept Pupil Support Svcs Phone 927-9000 Ext 34765

*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 Cost Centers	300	All Students, All Grades	All Parents

**Does this grant require matching funds? Yes X No If yes, what amount? _____ How will these funds be raised?

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)*

To comply with federal regulations and promote tobacco, alcohol, other drug and violence prevention as well as character education promotion.

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

Curriculum purchase and related trainings on tobacco prevention, violence prevention, conflict resolution, peer programs, character education, student assistance program and drug needs assessment survey.

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.)*

Instruction Materials/ Supplies, Equipment / Audiovisuals, SDFS Administrator .9 FTE,
Travel, Contracted Services – Staff Development, Student Trainings and Evaluation.

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

Activities would not continue or would continue minimally.

Sherri T. Reynolds

Print Name of Cost Center Head



Signature of Cost Center Head

4.18.08

Date

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

FRONT

OVER

Rev. 06/01/2005

Please Type or Print in Ink

GAF: Grant Approval Form

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: <input checked="" type="checkbox"/> District Finance Office <input type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): Education Foundation	<input checked="" type="checkbox"/> Entitlement/Flowthrough <input type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Continuation	Fund Source: <input type="checkbox"/> Federal (indirect cost \$ _____) <input checked="" type="checkbox"/> State <input type="checkbox"/> Local Foundation <input type="checkbox"/> Other:
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Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Florida Department of Education	Brooks Rumenik Safe Schools Bureau of Grants Management	Florida Department of Education 325 West Gaines Street Tallahassee, FL 32399-0400	850-245-0749	\$118,973.00

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:

- 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.
- The memo must be cosigned by Leona Campos (927-9000 ext 31351 FAX 927-4015). Please call, tell him about your project, then FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF.

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

- The memo must be co-signed by Jody Dumas, (361-6311; 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 32172 with questions.

RAE OFFICE USE ONLY

Section Three: Signatures

RAE personnel will obtain all signatures in this section

*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Rozelle Boca 4-23-08
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 RAE (GRANTS OFFICE)