RAE# 11-022

GAF: Grant Approval Form FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only Date of Board Meeting: Agenda Item No						
	Section 1: General Information:					
Grant Start/End Dates: 08/16/2011 – 06/06/2012		02/24/2011	X Continuation Grant Amt: \$19,982.00			
Funder's Grant Title: Adult Literacy Grant	Your Grant		xill 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* Amy Kern School/Dept SCTI, accounting 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	5	90	0			
Does this grant require matching funds?x_YesNo 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 continue to support 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 continue to refer students, based upon a diagnosis of their individual test results, for						
group instruction in targeted skill areas. The instruction will be provided at the Suncoast Workforce Career Center,						
with which SCTI has an ongoing memorandum of understanding to provide GED classes, and at the SCTI main						
campus.						
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, \$19,032, would cover part-time instructor hours. In addition, the request includes \$650 for						
instructional materials and \$300 for classroom supplies.						
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.						
//	TA A					
Tono Buston	Jul 2		3/28/11			
Print Name of Cost Center Head	Signature of Cost Cent		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: GI	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 be done by: Entitlement		lement/Flowthrough	Fund Source:				
		petitive/Discretionary	☐ Federal: Indirect cost \$				
☐ School Internal Acco	unt Cont.	inuation r:	□ State CFDA #				
Other (name): Project number, if known:		Local Foundation					
Troject namber, ir known.			Cother: Dollar General Stores				
Name of Primary	Funder's Contact	Funder's Address	Phone Number	\$ Amount			
Fund Source	Name						
Dollar General Stores	Dollar General Literacy Foundation	100 Mission Ridge Goodlettsville, TN 37072	(615) 855-5201	\$19,982			
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.							
	1	Sechnology Support Staf	I				
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.							
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 Von File							
Vonf	ile						
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES							
SERVICES							
RESEARCH, ASSESSMENT & EVALUATION (RAE)			DIRECTOR OF BUDGET				
St. C. C.							
	OF ELEMENTARY, MIDDL CONDARY	E, OR A	ASSOCIATE SUPERINTENDENT				
Jon m White							
SUPERINTENDENT							
*Signatures needed only if applicable.							
A CONTRACTOR OF THE PROPERTY O							
Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings							