Sheridan School District 48J

435 South Bridge Street Sheridan, Oregon 97378

A.J. Grauer, Superintendent



Phone (503) 843-2433 Fax (503) 843-3505

www.sheridan.k12.or.us

GRANT APPLICATION COVER SHEET

1. Project Title: Safety and Security of Students in Sheridan School District			
2.	Project Director(s): A.J Grown / MANT Hofenbudde P	hone:	
	Funding Agency: Spirit wt.		
4.	Submission Due Date: 1/4/13	Postmark	Receipt 📗
5.	Submission Address:		
6.	Project Operation Dates: 3 4 13 - 12 20 13		
7.	Requested Amount: 48,000 District Match Amount (if any): 6/0,000 - 945,000		
8. Project Description (for public communications): To install and upgrade security 3456ms			
with our school, unduly alassroom door locks, additional security Exmercs,			
approve building DVR's, office monitors of Front doors, and Front door brogg in backs,			
enstall + fix fencing.			
9. SIGNATURES:			
a	a) Project Director:	Date:/-	4-13
b	b) Supervisor (of Director):	Date:	
C	c) Superintendent:	Date:	
d	d) Business Manager:	Date:	
	Board Situation/Resolution Required for	Board M	eeting

NOTE: Submit all copies and complete ORIGINAL grant application with signatures 9a) and 9b) to the District Business Office at least one week prior to the grant submission due date. Additional time may be necessary if school board signatures are required.

SIGNED COPY DISTRIBUTION: Business Office, Supervisor of application, Applicant

Grauer, AJ

From: Spirit Mountain Community Fund [mail@grantapplication.com]

Sent: Thursday, January 03, 2013 11:25 AM

To: Grauer, AJ

Subject: Your Application Submission

Thank you for your submission. Your application has been successfully received.

You will be receiving more information on the status of your application shortly, as well as any questions we may have about your application materials. For your records, here is a copy of the contents of your application. Be sure to keep the electronic version of your Word and Excel documents in case we need you to make any changes and resubmit them.

If you are the primary contact for your organization's grant request and will not be in the office for the two weeks after submission, please email our staff with another contact person in case we have any questions or concerns with your application while it is being reviewed.

You have completed our online system, any future documents will need to be directly emailed to our staff. Please do not send in anything that we have not requested.

Organizational Information

CAUTION: Clicking the red X in the corner will close the browser without saving and all of your work will be lost. Be sure to click "SAVE AND FINISH LATER" to save your work if you will be returning to finish it at a later time.

Organization Name

This is the legal name of your organization.

Sheridan School District 48J

Also Known As Name

This is the name that you use as your DBA (Doing Business As)

Date Organization was Founded

Please use a format of mm/dd/yyyy.

08/25/1906

Address

435 S. Bridge Street

City

Sheridan

State

OR

Postal Code

97378

WWW Address

www.sheridan.k12.or.us

Office Main Phone

Please use the format of xxx/xxx/xxxx

503/843/2433

Office Main Fax

Please use the format of xxx/xxx/xxxx

503/843/3505

Agency Background

Please provide us with a brief description of your organization. Please limit your response to 250 words or less.

Sheridan School District is nestled in a small rural community with a population of 6,180. The Sheridan community is made up of long-term residents with strong ties to local businesses, farms, schools and the timber industry, as well as a growing transitory group living in the community a short time often characterized by significant risk factors. The major employers are Sheridan School District, Spirit Mountain Casino and Sheridan Federal Correctional Institute (FCI).

The prison contributes to the transitory nature of the community in two ways. First, corrections personnel from the prison affirm what school district staff know, that a significant number of single-parent families move to Sheridan in order to be close to husbands and fathers incarcerated at the FCI. Second, the interstate movements of prison employees who are relocated with promotions, typically every 3-5 years, increase the mobility of students.

Sheridan School District reports 68% of our students qualify for the Free and Reduced lunch program. That equates to 68% of our families live at or below the poverty level, which adds additional stress to our families and community. In the past two years local news has reported a significant increase in violent crimes within the community. As a district we have reported more incidents of families in turmoil and crises, to the point of filing no trespassing orders against individuals.

The Safety Committee feels, that the wide variety of citizens, necessitates the urgency to address the safety and security challenges within our school buildings.

Mission Statement

50 words maximum

Each student will be engaged today, and inspired for the future, ready for the next set of challenge, and accountable for their learning.

Fiscal Year End

Please use the format of mm/dd (i.e. 06/30 or 12/31)

June 30, 2013

Annual Operating Budget

Greater than \$250,000

Grant Primary Contact Person's Information

Prefix

Mr., Mrs., Ms., Dr.

Mrs.

First Name

A.J.

Last Name

Grauer

Title

Superintendent

Office Address

435 S. Bridge Street

Office City

Sheridan

Office State

OR

Office Postal Code

97378

Office Phone

Please use the format of xxx/xxx/xxxx

503/843/2433

Extension

Office Fax

Please use the format of xxx/xxx/xxxx

503/843/3505

E-mail

aj.grauer@sheridan.k12.or.us

Program Description

Please provide us with information specific to the project for which you are requesting funding.

Project Title

Please limit your title to 10 words or less

Safety and Security of Students in Sheridan School District

Program Area

Please choose ONE specific program area that best describes your project

Education

Geographic Area Served

Choose ONE--the primary county to be served by the project

Yamhill

Request Amount

Program requests may NOT exceed \$50,000; Capital requests may NOT exceed \$100,000. No request may exceed 50% of the total project budget.

\$48,000

Total Project Budget

93,000

When completing your project description, please include the following information. There are a total of 5 specific questions: Describe how this project is linked to one or more of your organizations goals or objectives. Specifically identify the number and demographics of individuals who will be served by this project. What is the geographical location of the individuals to be served? What are the specific goals and measurable outcomes of the proposed project? Describe the project in terms of inputs and activities that will be undertaken during the project period to achieve the desired outcome(s) of the project.

Project Description

Limit is 250 words

Upon review of our safety and security systems the Safety Committee proposed the installation and upgrade of our security systems within our school buildings. This includes additional security cameras, security monitors in all main offices, DVR upgrades to support the additional cameras, the installation of new security locked buzz in doors at main entrances, changing of classroom door locks (to lock from inside the classroom) and the addition and repair of school yard fencing.

Project Start Date

Your project start date needs to begin within 90 days of our response date.

03/04/2013

Project End Date

Do not exceed 12 months from the anticipated project start date.

12/20/2013

If your project will serve at least 50% Native Americans, please check this box.

No

If your project will serve at least 50% Communities of Color, please check this box.

SMCF's "Communities of Color" definition: A community or target population whose majority membership (51% or more) is comprised of persons of color (non-white).

No

Fundraising Plan

Please provide us with information on all funding approved/pending/in-kind for THIS PROJECT only.

Approved Funding

Please list the total amount of other approved sources of funding--enter 0 if no sources approved. Itemize the list of approved funding--e.g. Meyer \$5,000, Juan Young Trust \$5,000, etc.

Facility & Maintenance \$5,000 Technology Fund \$5,000

Pending Funding

Please list the total amount of other pending sources of funding--enter 0 if no sources pending. Itemize the list of pending funding--e.g. Meyer \$5,000, Juan Young Trust \$5,000, etc.

\$35,000 -- subject to budget committee and board approval

In-kind Contributions

Please list the total amount of other in-kind sources of funding--enter 0 if no sources pending.

Attachments

Before submitting your application, you must submit your project budget on the required project budget template. Any other project budget submitted will not be accepted and may result in a decline of your letter of inquiry.

Attaching the project budget is just like attaching a document in your email system. Click this link

http://www.thecommunityfund.com/applicationdocuments to access the template. The template is in an Excel format. Do not modify the template other than adding rows. Complete the template in its entirety and save the file to your documents on your computer. Be sure to check the template for accuracy. Close the template window and click the browse button below and attach the file. Complete by clicking upload. Your template will then be attached.

Project Budget

Please make sure you are using the SMCF required template that is provided.

LOI Project Budget-Security.xls

Click "REVIEW" to review your Letter of Inquiry. If it is complete and your project budget is attached, you must then click "SUBMIT" to submit your request. Failure to click submit will cause your request to not be submitted to us.

You will be notified via email if your request has been accepted or denied. Please refer to our calendar on our web site to confirm when we will respond to you. If you have not heard from us within 60 days, please call or email our office to check the status of your inquiry.