

**DUVAL COUNTY DRIVER EDUCATION SAFETY TRUST FUND
2009/10 Application for Funding (Part 1)**

REQUEST IS FOR () ONE TIME () FIRST TIME or (X) RENEWAL FUNDING (check one)

School Type: (X) Public () Non-Public (check one)

Please indicate enrollment amounts as applicable below for each School applying for Funding.

	SCHOOL	Total Students enrolled 20th School day FY 08/09	Number of years a Driver Education Program Administered	Total Number of Students Taking Driver Education Program During FY 2007/08	Total Number of Students completing Driver Education Program During FY 2007/08
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
	TOTAL				

Legal Name of Organization _____

Non Profit ___ For Profit ___ Other (specify) _____

Federal Tax Identification Number _____ Last Date of School Fiscal Year _____

Mailing Address (for checks) _____

E-Mail Address (if any) _____ Website _____

Telephone # _____ Fax # _____

Contact Person: Name/ Title _____

Program Name _____

Program Location _____

Submittal Authority

Printed Name

Witness

Printed Name

Signature

Witness

Signature

Date Application Submitted: _____

A. Describe your program (100 words or less)

B. Describe how often and for how long participants will be involved in the program or receive services.

C. What are the dates and hours at each location where the program will be in operation?

D. What are your proposed start and end dates of the program?

E. List all Licensures or Certificates / Accreditation and effective dates for each School's Driver Education Instructor.

	School	Instructor	Licenses or Certificates (List All)	Effective Dates of License or Certificate		Accreditation Status (List all Accreditations)	Effective Date(s) of Accreditation	
				To	From		To	From
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
12								
13								
14								
15								
16								
17								
18								
19								
20								

F. Who will staff the program (paid and volunteer) and what are their qualifications?

G. What are the goals for this program?

H. What are the program’s desired measurable outcomes? (Example s: 90% of enrolled Driver Education students will have a passing grade at the end of each school semester; 90% of enrollees will score at 80% or above on their post test; 80% of the students who successfully complete Driver Education training will receive their Florida Driver’s License; 50% of the students who successfully complete Driver Education training will have no moving violations during the first year of licensure)

1. _____
2. _____
3. _____
4. _____
5. _____

I. How do you plan to measure and document your progress toward meeting these outcomes?

J. If this is an established program, please describe its past performance and achievements during the past two years).

K. What other sources of revenue does your organization have to support this program? **List the amount or value of each revenue source.** Other sources may include client fees, grants, and donations of cash or “in kind” goods or services.

L. Identify which of the above revenues will be used to provide any required match (actual dollars or “in kind” goods or services)?

M. How will you track revenue and expenses for this program?

N. In the space provided, include any additional pertinent information which you feel is needed in order to make a funding decision for this request.

CERTIFICATION

I do hereby certify that all facts, figures and representations made in the application are true and correct. Furthermore, all applicable statutes, regulations and procedures for program compliance and fiscal control will be implemented to ensure proper accountability of funds. I certify that the funds requested in this application will not supplant funds that would otherwise be used for the purposes set forth in this project. I also certify that teachers participating in this program have received all relevant state certifications and have passed applicable criminal background checks.

The Applicant has authorized the filing of this application and I have been duly authorized to act as the representative of the contractor in connection with this application.

Authorized Official's Signature Date

Type/ Print Authorized Official's Name and Title

Name of School District

Telephone Number

Applications are required to be returned by 4 pm on Friday March 13, 2009 to the attention of Nancy Kirts, Department of Recreation and Community Services, 117 W. Duval Street, Suite 210, Jacksonville, FL 32202. An electronic version of the Application may be requested by emailing Nancy Kirts at the following address: nkirts@coj.net .

Once the number of qualified High Schools has been determined, each qualified High School will be required to complete Part 2 of the application which will include a complete budget for expenses authorized under the eligibility Requirements of the Trust Fund. The City Council upon recommendation by the Mayor shall make final approval of grant awards.

Application Due Date: Friday, March 13, 2009 by 4pm