FOR GRANT APPLICATIONS \$2,000 OR MORE

Date of Board Meeting:		Office Use Only		Aganda Ham No			
New Grant	Section 1: General Information:			Agenda Item No			
Grant Start/End Dates: Funder's Grant Title: e.g. Weller Teacher Mini-Grant Grant Writer: Beverly MS, RD Grant Contact Person*	Girard, MBA, School	YOUR Grant	Title: Nutrition in the Control of Away, Exploring Our Heritage Itrition Phone	Grant Amt: \$15,000 Classroom and Home Janag Galileos, etc 486-2199 Ext 486-2199 Ext			
*This is the school/district-based	person who is in charge of the						
Schools/Programs to be	served by this grant	# of staff impacted	# of students impacted	# of parents impacted			
Title 1 Elementary schools		Approximately 50 - 60	Approximately 730 - 980	Approximately 52			
Vista, Emma E. Booker and Gocio Does this grant require matching funds? Yes X No If yes, what amount? How will							
these funds be raised?							
		Grant Description	1				
			-				
Please fill in all blanks.		fer to attachments in yo	Marie Constitution of the	o 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) As a Food and Nutrition Services department, it is our duty to link students' understanding of basic nutrition to healthy eating. The purpose of this grant is to introduce nutrition related topics to students and merge the classroom education to their home lives. We believe that a gap exists between the information students learn at school, and the possible shopping habits of their parents. Our objective of this grant is to provide not only the students, but their families with the knowledge and understanding of proper nutrition throughout all meals. Briefly list grant program activities (what is going to be done with the grant funds): We have developed a nutrition education curriculum for Kindergarten through third grade that consists of four nutrition education lessons. The topics included will cover the importance of breakfast; healthy snacks; the importance of a balanced diet and portion control; and grocery shopping and food costs. We will visit the classrooms once a week for four weeks. In conjunction with the classroom education we will be partnering with All Faiths Food Bank to provide a parent component called Dinner A' Fare. Families from each of the four schools will meet once a week in the evening for four weeks and receive related nutrition lessons, along with three meals they will prepare and take home to serve their families. Please provide a brief explanation of pertinent budget items that will be funded through this grant. (Please indicate if funds will be used for newlold staff position, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items.) Most budget items will be materials needed for the student and parent nutrition education lessons. Food for meals in the classroom and for the evening family component.							
Manager 11 (1) The control of the co	ilot nutrition education	curriculum be successi	ful and implemented in mo xt year.	re schools next year. We			
Beverly Girard, MBA, MS, Print Name of Cost Center		erly J. Jira Signature of Cost Cente	r Head	3-6-08 Date			
Send this completed for	rm and 1 copy of your g	rant to the Grants Off	ice, Research, Assessment.	and Evaluation-Landings			

Please Type or Print in Inl	GAF: G	rant Approval Form					
(These grants re	Section Two: Sur quire School Board approval and	mmary for grants ov must be placed on the Schoo	er \$2,000. I Board Agenda by Grants Office	e staff.)			
☐ District Finance Office ☐ Comp☐ School Internal Account ☐ Conti		lement/Flowthrough petitive/Discretionary inuation er: Donation	Discretionary				
Name of Primary Fund Source	Funder's Contact Name	Funder's Addres	s Phone Number	\$ Amount			
Sweetbay Supermarket				\$15,000			
that no additional	(does not include noting support personnel make wiring or electrical work, better the Please have your technical works.)	peyond what is provided nology support staff men	ers, etc.) capabilities of the arca inv I through the grant, will be mber sign off on your proje	needed to			
Technology Support Staff							
Please call Jody He can be reache	our project involves CON Dumas to discuss your product at 361-6311 ext. 68824. Included with your GAF. Thank you. Please of	oject and receive appr	oval to go forward with yed to create a memo for his	our proposal.			
GRANTS OFFICE USE ONLY							
	Section Grants Office personnel wil	on Three: Signatures I obtain applicable signa	atures in this section				
	F TECHNOLOGY INFORMATERVICES		ECTOR OF FACILITIES SE	RVICES			
RESEARCH, ASSESSM	IENT & EVALUATION (RAI		DIRECTOR OF BUDGET				
	OF ELEMENTARY, MIDDLI CONDARY	E, OR A	ASSOCIATE SUPERINTENDENT				
	9	UPERINTENDENT					
*Signatures needed only if applicable.							
Send this completed for	m and 1 copy of your grant t	o the Grants Office, Reso	earch, Assessment, and Eval	luation-Landings			

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