

**FOR GRANT APPLICATIONS \$2,000 OR MORE**

Office Use Only

Date of Board Meeting:

Agenda Item No.

New Grant

Section 1: General Information:

Continuation

Grant Start/End Dates: 6/08 to 5/09 Application Deadline: 3/11/08 Grant Amt: \$10,000.00

Funder's Grant Title: Tampa Bay Lightning Your Grant Title: Tampa Bay Lightning Foundation Grant

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: Deanna Nicholas School/Dept. LNS/Business Coordinator Phone 486-2171 Ext 91917

Grant Contact Person\* Nancy Dubin School/Dept LNS/ Principal Phone 486-2171 Ext 91910

\*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
Laurel Nokomis School/ Autistic Program	12	20	20+

Does this grant require matching funds? Yes  No  If yes, what amount? \_\_\_\_\_ How will these funds be raised? \_\_\_\_\_

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)

The vision of Laurel Nokomis School is to prepare our students to be life long learners, and independent, responsible citizens. The materials purchased by this grant will help the Autistic students fulfill this mission to the best of their ability. Improvement in sensory integration increases the child's ability to function in his/her school, home, and community.

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

Grant funds will be used to buy sensory, motor integration equipment for the sensory motor room.

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 budget has exclusively included materials needed to furnish the sensory motor room.

Stationary swing	\$ 2,000	Infrared Music Maker Plus	\$ 200
Weighted blankets/lap pads	1-3,000	Transition Kits	2,000
Ocean Light	1,000	Massage mat/equipment	200
Cloud Nine Motor Delight	400		



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

The sensory motor room materials will provide therapeutic activities for future students for years to come.

Nancy Dubin

Print Name of Cost Center Head

Nancy Dubin

Signature of Cost Center Head

3-4-08

Date

Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings

**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:  
 District Finance Office  
 School Internal Account  
 Other (name):

Entitlement/Flowthrough  
 Competitive/Discretionary  
 Continuation  
 Other: \_\_\_\_\_

Fund Source:  
 Federal (indirect cost \$) \_\_\_\_\_  
 State  
 Local Foundation  
 Other:

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Tampa Bay Lightning	Nancy Crane, Executive Director	401 Channelside Drive Tampa, FL 33602	813 301-6590	\$10,000.00



**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.

\_\_\_\_\_  
 Technology Support Staff



**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

\_\_\_\_\_  
 \*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

*Marta Boca 3/6/08*  
 RESEARCH, ASSESSMENT & EVALUATION (RAE)

\_\_\_\_\_  
 \*DIRECTOR OF FACILITIES SERVICES

\_\_\_\_\_  
 DIRECTOR OF BUDGET

\_\_\_\_\_  
 \*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

\_\_\_\_\_  
 ASSOCIATE SUPERINTENDENT

*[Signature]*  
 SUPERINTENDENT

\*Signatures needed only if applicable.

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