

Please Type or Print in Ink

GAF: Grant Approval Form

RAE# \_\_\_\_\_

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: Jan-Aug 2010

Application Deadline: Dec. 2010

Grant Amt: \$2500

Funder's Grant Title: Keep Sarasota County Beautiful

Your Grant Title: Mission Environmental Stewards

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: T. Ramsey

School/Dept.

Bay Haven Basics Plus

Phone 359.5800 Ext

Grant Contact Person\* T. Ramsey

School/Dept BHBP

Phone 359.2380 Ext

\*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
1 - BHBP	25	600	25

Does this grant require matching funds? \_\_\_ Yes X 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 goal is in educating students and the community about the benefits of reducing/reusing/recycling and the long term goals for this school to model their environmental stewardship efforts by composting.

Briefly list grant program activities (what is going to be done with the grant funds): Educate staff and students about the benefits of composting. Install a composter and related items to facilitate process in the cafeteria. Demonstrate connection of the compost to add to gardens on campus and result of less waste to landfills. Establish BHBP and Sarasota County as a leader in the nation as environmental stewards.

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 funds for this project will be directed towards the items necessary (composter/fencing/signage) and education (admin costs for hosting a specialist) of composting.

How will grant activities be continued after the end of grant period? It will of course be the choice of the school each year to continue, but the training and facilities will be in place to ease the continuation.

Betsy Ashcim-Dean

Print Name of Cost Center Head

Betsy Ashcim-Dean

Signature of Cost Center Head

1-6-10

Date

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

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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.)

<input type="checkbox"/> Fiscal Management will be done by: _____ District Finance Office <input checked="" type="checkbox"/> School Internal Account Other (name): _____ Project number, if known: _____	Entitlement/Flowthrough Competitive/Discretionary Continuation <input checked="" type="checkbox"/> Other: KSCB grant funds	Fund Source: Federal: Indirect cost \$ _____ CFDA # _____ State Local Foundation Other: _____
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Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Keep Sarasota County Beautiful				\$2500

**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. Meeting with J. Dumas and A. Sears, December 09 approved prelim. Plans and agreed to partner with the facilitation of safety fencing.

**GRANTS OFFICE USE ONLY**

**Section Three: Signatures**

Grants Office personnel will obtain applicable signatures in this section

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

\_\_\_\_\_  
*von file von file-constr.*  
 \*DIRECTOR OF FACILITIES SERVICES

\_\_\_\_\_  
 RESEARCH, ASSESSMENT & EVALUATION (RAE)

\_\_\_\_\_  
*von file*  
 DIRECTOR OF BUDGET

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

ASSOCIATE SUPERINTENDENT

SUPERINTENDENT

\*Signatures needed only if applicable.

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