

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. 1, 2012- Dec. 31, 2012 Application Deadline: Dec. 9, 2011 Grant Amt: \$100,000

Funder's Grant Title: Target/Ellen DeGeneres Your Grant Title: Envisioning our Futures

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: Barbara Shirley School/Dept. Alta Vista Phone 361-6400 Ext _____

Grant Contact Person* Barbara Shirley School/Dept Alta Vista Phone 361-6400 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
Alta Vista	All school staff	All Alta Vista students	All Alta Vista parents

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)

To begin a career exploration and service learning project.

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

Purchase materials and supplies for Envisioning our Futures. These will include iPad and other computers, instructional materials, transportation costs.

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.)

Grant funds will purchase durable, reusable equipment and materials so the program can be offered for many years to come.

How will grant activities be continued after the end of grant period?
Reusing materials purchased with grant funds will allow the program to continue.

Barbara Shirley
Dr. Barbara Shirley
Print Name of Cost Center Head

Dr. Barbara Shirley
Signature of Cost Center Head

12-12-11
Date

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

Please Type or Print in Ink

GAF: Grant Approval Form

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): _____

Project number, if known: _____

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: _____

Fund Source:

- Federal: Indirect cost \$ _____
CFDA # _____
- State
- Local Foundation
- Other:

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Target in collaboration with the Ellen DeGeneres Show				\$100,000



**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

✓ on file
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

✓ on file ✓ on file -
*DIRECTOR OF FACILITIES SERVICES *Construction*

[Signature]
RESEARCH, ASSESSMENT & EVALUATION (RAE)

✓ on file
DIRECTOR OF BUDGET

✓ on file
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

[Signature]
SUPERINTENDENT

*Signatures needed only if applicable.

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