Please Type or Print in Ink	GAF: Grant Appro	val Form	RAE# 08-028
FOR GRANT	APPLICATIONS	5 \$2,000 OR MORE	
Date of Board Meeting: 2-5-08	Office Use Only		Agenda Item No.
X New Grant	Section 1: General In	formation:	Continuation
Grant Start/End Dates:	Application Dead	line: 2/05/08	Grant Amt:
Funder's Grant Title: Weller Grant	Your Grant	Title: "Singing our way	to Reading Success "
e.g. Weller Teacher Mini-Grant, Building Blocks for Succe		l Away, Exploring Our Heritage	
Grant Writer: Sharon Woerner School	ol/Dept. Alta Vista	Phone	361-6400 51565
Grant Contact Person*	School/DeptAlta	a Vista Phone	361-6400 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
Alta Vista Elementary	20	100	100 sets of parents
Does this grant require matching funds?	Ves V No If w	as what amount?	How will
these funds be raised?	_ Ies_A_NO II yo	es, what amount:	How will
	Grant Description	1	
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Please fill in all blanks. Do not re	efer to attachments in yo	our summaries.	o not attack asparate anostar
Please fill in all blanks.Do not reBriefly summarize the overall purpose/objective goals of your School Improvement Plan and/or D	e of the grant and indic	ate how this grant will cont	
Briefly summarize the overall purpose/objective goals of your School Improvement Plan and/or D	e of the grant and indic istrict Plan. (Not gram	ate how this grant will cont t activities)	tribute to the needs and
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Fiscal Management will be done by: District Finance Office School Internal Account Other (name):		<ul> <li>Entitlement/Flowthrough</li> <li>Competitive/Discretionary</li> <li>Continuation</li> <li>Other:</li> </ul>		<ul> <li>b) Board Agenda by Grants Office staff.)</li> <li>Fund Source: <ul> <li>Federal (indirect cost \$)</li> <li>State</li> <li>Local Foundation</li> <li>Other:</li> </ul> </li> </ul>		
Name of Primary Fund Source	Funder's Co Name		Funder's Addres	S	Phone Number	\$ Amount
The Leslie and Margaret Weller Arts Education Program _Community Foundation of Sarasota County			2.O. Box 49587 arasota, FL 49587	(	941) 955-3000	\$5000
that no additional	(does) nology support pe l wiring or electric	not include o ersonnel mus cal work, bey	CHNOLOGY is part cameras, DVD playe st review the physical yond what is provided logy support staff mer	ers, etc.) capabilit l through	ies of the area inv the grant, will be	needed to
Please call Jody	Dumas to discus	lves CONST is your proje	chnology Support Stat TRUCTION or requ ect and receive appr	<mark>ires RET</mark> oval to g	o forward with y	our proposal.
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