

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

*Date of Board Meeting:* 2-5-08 **Office Use Only** *Agenda Item No.* \_\_\_\_\_

**New Grant**

**Section 1: General Information:**

**Continuation**

Grant Start/End Dates: 8/08-5/09 Application Deadline: 2/05/08 Grant Amt: \$5000

Funder's Grant Title: Weller Grant Your Grant Title: "Singing our way to Reading Success"

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: Sharon Woerner School/Dept. Alta Vista Phone 361-6400 51565  
Barbara Rannigan

Grant Contact Person\* \_\_\_\_\_ 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 Elementary	20	100	100 sets of 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)**

The goal of this project is to improve student achievement. "Tuning in to Reading" will allow struggling readers to improve sight word recognition, increase fluency, make advances in prosody and automaticity, and increase reading comprehension. These newfound skills will allow our lowest 25<sup>th</sup> quartile to experience 1+ years of reading growth in only nine weeks.

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

1. Choose the students to take part in the program.
2. Administer the pre-test.
3. Students read the lyrics of a song 3 times before they start singing
4. Students will practice singing on pitch for three, thirty minute sessions per week. After singing a song into their microphone, the program will determine the percentage of time that the student sang on pitch. The student will strive to raise their percentage of accuracy each time they sing the song.
5. Students will take a post-test at the end of the nine weeks to measure reading growth.

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.)*

This grant will fund a \$5000 site license which will allow the software required, for "Singing our way to Reading Success", to be installed on fifteen computers in the computer lab and the necessary headsets for the children to be able to record themselves as they sing. Up to ninety students will be able to access this program each nine weeks. To service more students, the program can also be used in our after school tutorial

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

This site license will allow our school to use this program year after year with struggling readers, English Language Learners and Special Education Students, to help them close the achievement gap and improve their self-esteem.

Dr. Barbara Shirley	_____	_____
Print Name of Cost Center Head	Signature of Cost Center Head	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): \_\_\_\_\_

- 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
The Leslie and Margaret Weller Arts Education Program Community Foundation of Sarasota County		P.O. Box 49587 Sarasota, FL 49587	(941) 955-3000	\$5000



**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

*Amy Donner*

RESEARCH, ASSESSMENT & EVALUATION (RAE)

\*DIRECTOR OF FACILITIES SERVICES

DIRECTOR OF BUDGET

\*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

\_\_\_\_\_  
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