

Office Use Only

Date of Board Meeting: _____

Agenda Item No. _____

New Grant

Section 1: General Information:

Continuation

Applied Amt: 13273.32

Grant Start/End Dates: 11/07/2008-5/01/2009 Application Deadline: 5/01/2009 Grant Amt: \$2,549.76

Funder's Grant Title: Splash! Mini-Grant Your Grant Title: Garden of Hope

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: Anita Wexler School/Dept. Art Phone 955-0181 Ext 64927

Grant Contact Person* Anita Wexler School/Dept Art Phone 955-0181 Ext 64927

*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
Sarasota High School	225	2400	5000

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 Garden of Hope and Inspiration will create both a decorative, educational and functional place that is visible to anyone who attends, works or visits Sarasota High School.

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

The garden will feature Florida native plants. The garden will teach the students about water conservation through the use of a rain barrel. In addition, I am offering time working in the garden as a reward for hard work accomplished in the classroom.

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 funds Florida natural plants, trees, rocks, a rain barrel, mulch and other necessary elements for a garden.

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

The activities of maintaining the garden, as well as, enjoying it's decorative quality will continue. The garden has the potential to grow and expand over time. The garden could still be used for Science or Art classes for a means of study.

J. Hoagell
Print Name of Cost Center Head

[Signature]
Signature of Cost Center Head

11/17
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: <input type="checkbox"/> District Finance Office <input checked="" type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): _____	<input type="checkbox"/> Entitlement/Flowthrough <input checked="" type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Continuation <input type="checkbox"/> Other: _____	Fund Source: <input type="checkbox"/> Federal (indirect cost \$) _____ <input type="checkbox"/> State <input checked="" type="checkbox"/> Local Foundation <input type="checkbox"/> Other: _____
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Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
SWFWMD	Mary Torrusio Mary.Torrusio@WaterMatters.org	SWFWMD 2379 Broad Street Brooksville, FL 34604-6899	1-800-423-1476 ext. 4773	\$2,549.76



**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

[Signature]

RESEARCH, ASSESSMENT & EVALUATION (RAE)

on file

DIRECTOR OF BUDGET *Construction*

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