

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: Sept. 1, 2008-June 30, 2009 Application Deadline: June 20, 2008 Grant Amt: \$3,000

Funder's Grant Title: Sharing the Dream Your Grant Title: The Eagle's Nest Volunteer Center

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: Amy Donner School/Dept. RAE Phone 927-9000 Ext 32172

Grant Contact Person* Dr. Barbara Shirley School/Dept Alta Vista El. Phone 361-6246 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	4	All Identified At-Risk Students	All

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 goals of the new Eagle's Nest Volunteer Center will be threefold in meeting the SIP goals in Reading and Math:

- 1) Provide individualized intensive instruction in reading and math to at-risk students grades K-5.
- 2) Develop meaningful opportunities for parents to get involved in their child's education by providing them with training and curriculum resources in a positive learning environment.
- 3) Engage community members in a collegial positive environment that promotes student achievement through instruction and mentoring of at-risk students.

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

The Eagle's Nest Volunteer Center will allow Alta Vista to recruit, train and place parent and community volunteers a with at-risk students who require tutoring and mentoring. Volunteers will be provided with curricular materials, lessons, and student materials so that they are able to immediately and effectively work one-on-one with students who need intensive, individualized instruction to improve academic achievement.

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.)

These funds will allow for the purchase of curricular materials, training materials, food for training meetings, and copies to create student notebooks and lessons.

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

The grant will provide materials that can continue to be used after the conclusion of the grant.

Barbara Shirley _____ 6/18/08
 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: MetLife Foundation

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
MetLife Foundation	Margaret Evans	Not provided	(703) 518-6281	\$3,000



**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

*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

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