

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: 10/1/08 Application Deadline: 5/31/08 Grant Amt: 2500

Funder's Grant Title: Target Your Grant Title: Dancing to Our Own Beat-A music program for students with special needs
 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: Mary Lisa Millbourn School/Dept. Oak Park School Phone 361-6428 Ext _____

Grant Contact Person* Mary Lisa Millbourn School/Dept Oak Park School Phone 361-6428 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
Oak Park School	50	Approximately 350	Parents of 350 students impacted indirectly

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)*
 This grant will expose students with special needs to dance and music and in a fun creative, interactive way. While this grant will foster learning the in the area of the arts, it will have the added benefit of providing growth for our students in critical areas such as social skills development team building, physical education, research and literacy. This project will contribute to the School Improvement Plan in the area of literacy.

Briefly list **grant program activities** *(what is going to be done with the grant funds):*
 1. Dance Instruction—Students will have the benefit of learning identified dances quarterly
 2. Research/Reading/Art—Students will research the selected dance including it's time in history, dance crazes and fads of the time, popular clothes and phrases.
 3. Quarterly Dances—Dances will be held once a quarter where students will practice their newly learned dance skills and practice social skills.

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.)*
 Disc Jockey—for quarterly dances
 Art Supplies—to make collages, etc to decorate dances
 Drinks/cups—for dance
 Dance CD's—to practice learned skills in PE, Physical therapy, in the classroom
 Dance Instruction—to teach students new skills

How will grant activities be continued after the end of grant period?
 CD's will be used with students in the future to continue practice of dances. Other dances might be held in the future through the PTSO.

DANIEL PARRETT  6/05/08
 Daniel Parrett PARRETT 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.)

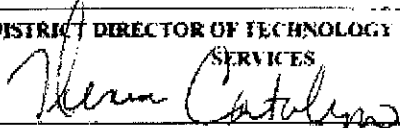
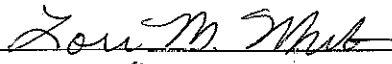
Fiscal Management will be done by: <input type="checkbox"/> District Finance Office <input checked="" type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): _____		<input type="checkbox"/> Entitlement/Flowthrough <input type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Continuation <input type="checkbox"/> Other: _____		Fund Source: <input type="checkbox"/> Federal (indirect cost \$) _____ <input type="checkbox"/> State <input type="checkbox"/> Local Foundation <input checked="" type="checkbox"/> Other: Target Foundation	
Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount	
Target	No name or phone provided via online application Communityrelations@target.com	N/A	N/A	\$2,500	

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