

Please Type or Print in Ink

GAF: Grant Approval Form

RAE# \_\_\_\_\_

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only

Date of Board Meeting:

New Grant

Section 1: General Information:

Agenda Item No.

Continuation

Grant Start/End Dates: 8/08 - 5/09

Application Deadline: ongoing

Grant Amt: \$5000

Funder's Grant Title: Airborne Teacher Trust  
e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc.

Your Grant Title: Chorus/Violin Teacher  
e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc.

Grant Writer: Leland Theriot

School/Dept: Phillippi Shores IB World School

Phone 361-6424 Ext

Grant Contact Person\* Leland Theriot

School/Dept MUSIC

Phone 361-6424 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
Phillippi Shores IB World School	1	~100	~200

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 purpose of this grant is to hire a music teacher (independent contract) to teach the already established violin and chorus programs at Phillippi Shores IB World School. Reading music for study and performance correlates to our SIP in reading for the school and county.

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

The grant funds will be used to purchase music books and music lessons for beginning, intermediate and advanced music students in violin and chorus.

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.)

\$500 for books. \$4500 for stipend pay for teacher.

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

Candace Dearing

Print Name of Cost Center Head

Signature of Cost Center Head

*Candace Dearing*

Date 2/20/08

Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings

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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 type="checkbox"/> Local Foundation <input checked="" type="checkbox"/> Other: Airborne Teacher Trust Fund
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Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Airborne Teacher Trust Fund	—	online application: www.airborne-trust.com.	—	\$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

*Natalie Roca 2/25/08*  
RESEARCH, ASSESSMENT & EVALUATION (RAE)

\*DIRECTOR OF FACILITIES SERVICES

*[Signature]*  
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