Please Type or Print in I	nk			RAE# 08-036
27 S			5 \$2,000 OR MORE	
Date of Board Meeting:	3-4-08	Office Use Only		Agenda Item No.
x New Grant		Section 1: General In	formation:	Continuation
Grant Start/End Dates: _	08/08-06/09	Application Dead		Grant Amt: \$5000.00
Funder's Grant Title:	Weller -Grant	Your Grant		Across the Curriculum
e.g. Weller Teacher Mini-Grant Grant Writer: <u>Colleen</u>			Away, Exploring Our Heritage dle VPA Phone Phone	<i>Young Galileos, etc</i> <u>359-5824</u> Ext <u>6093</u>
Grant Contact Person*	Colleen Glenney person who is in charge of the	grant.	ker Middle Phone	359-5824 Ext 6093
Schools/Programs to be	served by this grant	# of staff impacted	# of students impacted	# of parents impacted
Booker Middle School	12	50	800-900	0
How will these funds b		funds	s, what amount? _\$44.9	
		Grant Description	1	
Please fill in all blanks.	Donotr	efer to attachments in yo	D	o not attach separate sheet:
goals of your School Impr This grant will allow us to can integrate the arts act our school is excited to d resources to do so. We have sure we are teaching the	rovement Plan and/or E to give the professions ross the curriculum. T lelve into arts integrat ave a large percentag m in ways that are re	District Plan. (Not grand al development and re The arts have been pro tion, but we have not l e of students who are	ate how this grant will cont t activities) sources to core content at oven to positively affect st been able to give the teach from a low socioeconomic order to boost their inter	rea teachers so that they tudent achievement, and ters the training and c status and we need to b
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Send this completed form :	and 1 copy of your grant to	the Grants Office, Res	earch, Assessment, and Ev	0			
PAGE 1 of 2				Rev. 11/01/07			
Please Type or Print in Ink	GAF: G	rant 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.)							
District Finance Office		lement/Flowthrough petitive/Discretionary inuation r:	Fund Source: Federal (indirect cost \$) State Local Foundation Other:				
Name of Primary Fund Source	Funder's Contact Name	Funder's Addres	s Phone Number	\$ Amount			
The Community Foundation of Sarasota County		PO Box 49587 Sarasota, FL 34230	941-955-3000	\$5000.00			
		ECHNOLOGY is part					
that no additional	(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.						
		Fechnology Support Stat					
Please call Jody He can be reached	our project involves CON Dumas to discuss your pr d at 361-6311 ext. 68824. H cluded with your GAF. Thank you, Please	oject and receive appr	oval to go forward with y ed to create a memo for his	our proposal.			
		S OFFICE USE ONL	X				
Section Three: Signatures Grants Office personnel will obtain applicable signatures in this section							
*DISTRICT DIRECTOR O	WID by PAE FTECHNOLOGY INFORMA ERVICES		Reviewed by R ECTOR OF FACILITIES SE				
RESEARCH, ASSESSMENT & EVALUATION (RAE) DIRECTOR OF BUDGET							
*EXECUTIVE DIRECTO	LWLD by RAE R OF ELEMENTARY, MIDE ECONDARY	NALE, A	1A REVIEWED by SSOCIATE SUPERINTEND	RAE			
	*Signatures	PERINTENDENT needed only if applic	2/13/2008 able.	3			
Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings							