

**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: 1/9/12- Spring 2012 Application Deadline: Rolling Grant Amt: 4,000

Funder's Grant Title: Fuel Up to Play 60 Your Grant Title: Fuel Up to Play 60

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: Barbara Forgeur School/Dept. Alta Vista Elementary Phone 361-6400 Ext \_\_\_\_\_

Grant Contact Person\* Barbara Shirley School/Dept Alta Vista Elem./Principal Phone 361-6404 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
Entire school will be impacted	All staff may be impacted	School-wide	0

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)*

**This grant focuses on school nutrition and physical activity which support the goals of our District's Wellness Policy. The funds from this grant will help to promote healthier eating and allow for the incorporation of increased physical activity opportunities both during and after school hours.**

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

**Grant funds will help pay for healthy snack samplings, improvements to the cafeteria environment, prizes and awards for student participation in physical exercise activities, nutrition education material, developments of student clubs, physical activity equipment, and school-wide promotions.**

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.)*

**Materials/supplies**

**Educational materials**

**Food for sampling and demonstrations**

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

**Funds will be used to purchase items which will last beyond the grant period. The grant will again be applied for in the next school year to continue the activities which have been started.**

Dr. Barbara Shirley  
Print Name of Cost Center Head

Dr. Barbara Shirley  
Signature of Cost Center Head

4-9-12  
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): \_\_\_\_\_

Project number, if known: \_\_\_\_\_

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: \_\_\_\_\_

Fund Source:

- Federal: Indirect cost \$ \_\_\_\_\_  
CFDA # \_\_\_\_\_
- State
- Local Foundation
- Other:

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
National Dairy Council National Football Federation	Allison Ducey	166 Lookout Place, Suite 100   Maitland, FL   32751	Phone: 800.516.4443 ext. 1111	<b>\$4000</b>



**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 - construction  
\*DIRECTOR OF FACILITIES SERVICES

[Signature]  
RESEARCH, ASSESSMENT & EVALUATION (RAE)

on file  
DIRECTOR OF BUDGET

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