

**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: Fall, 2010 Application Deadline: Feb 5, 2010 Grant Amt: \$3626.19

Funder's Grant Title: Weller Arts Your Grant Title: Integrating Science with Acoustics & Architecture  
 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: Lori Robinson School/Dept. Glenallen, Music Phone 423-8131 Ext 52331

Grant Contact Person\* Dorie Cleere School/Dept Book keeping Phone 423-8131 Ext 52325

\*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
Glenallen Science, Music, Art, ESE, ESOL	8	800	150

Does this grant require matching funds? Yes  No If yes, what amount? \_\_\_\_\_ How will these funds be raised? \_\_\_\_\_

Grant Description

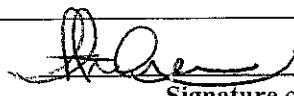
Please fill in all blanks. Do not refer to attachments in your summaries. Do not attach separate sheets.

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)  
**SIP goal is Science, and we will integrate Science of Acoustics and Architecture with Music and Art**

Briefly list grant program activities (what is going to be done with the grant funds):  
**Lego Family Night, Concert and Lecture on Acoustics, Frank Lloyd Wright Design Study**

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.)  
**Lego Student Kits, Artist in Residence, Family Night Supplies**

How will grant activities be continued after the end of grant period? Student Powerpoints can be shared for instructional continuation of simple machines, acoustics, and architecture

Amy Archer  2/5/10  
 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: \_\_\_\_\_

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount



**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

*[Signature]*  
 \*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

*[Signature]*  
 \*DIRECTOR OF FACILITIES SERVICES

*[Signature]*  
 RESEARCH, ASSESSMENT & EVALUATION (RAE)

*[Signature]*  
 DIRECTOR OF BUDGET

*[Signature]*  
 \*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