Please Type or Print in Ink   **GAF: Grant Approval Form**   RAE# _____

Date of Board Meeting: 10-16-07	**Office Use Only**

☒ **New Grant**	**Section 1: General Information:** ☒ **Continuation**

Complete this side for ALL grants, including classroom grants

Grant Start/End Dates: **n/a**	Application Deadline: **Nov. 1, 2007**	Grant Amt: **$10,000**

*Funder's Grant Title: **Andrus Legacy Award for Innovation**   *Your Grant Title: **Executive Internship Program**

*e.   Weller Teacher Mini-Grant, Building Blocks for Success, etc.   *e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc

Grant Writer: **Judy Meksraitis/Effa Beanette** _____ School/Dept. **Riverview** ____ Phone **923-1484** Ext **64040**

Grant Contact Person*   **Judy Meksraitis**   School/Dept **Riverview**   Phone **923-1484** Ext **64040**

*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
Riverview			n/a

** Does this grant require matching funds? ___Yes _x_ No If yes, what amount? _____ How will these funds be raised?

Grant Description

Please type or print neatly in ink.   Do not attach separate sheets.   Please fill in all blanks.   Do not refer to attachments in your summaries.

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 award will recognize Riverview High School's Executive Internship Program. The award recognizes a program that has enhanced student achievement or contributed to an improved environment for the students, the school, or the community served by the school.

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

This program is ongoing at Riverview H.S. and the award serves to recognize its significance and success in our community.

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.)*

Award will fund ongoing activities for this program.

How will grant activities be continued after the end of grant period?
With regular funds budgeted for the program.

Linda K. Nook	*Linda K. Nook*	9/27/07
Print Name of Cost Center Head	Signature of Cost Center Head	Date

Send this completed form and 1 copy of your grant to RAE (Grants Office)

FRONT   OVER   Rev. 09/4/2007

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Section Two: Summary for grants over $2,000.

(These grants require School Board approval. GAF must be submitted by the School Board meeting prior to relevant School Board meeting.)

Fiscal Management will be done by:	Entitlement/Flowthrough	Fund Source:
☐ District Finance Office	☒ Competitive/Discretionary	☐ Federal (indirect cost $_____)
☒ School Internal Account	☐ Continuation	☐ State
☐ Other (name): Education Foundation		☐ Local Foundation
		☒ Other:

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	$ Amount
AARP c/o The Ethel Percy Andrus Legacy Award for Innovation	n/a	601 E. Street, N.W. Washington, DC 20049	1-866-213-9669	-$10,000

➡️ ***NOTE: If TECHNOLOGY is part of this grant:**

A memo, signed by the Cost Center Head must accompany this form. The **memo must state** that:

  a. The school technology personnel has reviewed the physical capabilities of the area involved and that no additional wiring or electrical will be needed to implement the grant beyond what is provided through grant funds.

  b. The **memo must be cosigned by Leona Campos** (927-9000 ext 31351 FAX 927-4015). Please call, tell him about your project, then FAX your memo to him for signature. He will FAX the memo back to you **for inclusion with the GAF.**

➡️ ***NOTE: If FACILITY CONSTRUCTION or RETROFIT are part of this grant:**

  c. The **memo must be co-signed by Jody Dumas,** (361-6311; fax 361-6318). Please call, tell him about your project, then, if the project is acceptable, FAX your memo to him for signature. He will FAX the memo back to you for **inclusion with the GAF.**

Thank you. Please call ext 927-9000 ext 32172 with questions.

RAE OFFICE USE ONLY
Section Three: Signatures
RAE personnel will obtain all signatures in this section

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*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

[signature]

RESEARCH, ASSESSMENT & EVALUATION (RAE)

*DIRECTOR OF FACILITIES SERVICES

DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

[signature] 10/01/07

SUPERINTENDENT

ASSOCIATE SUPERINTENDENT

*Signatures needed only if applicable.

SEND THIS COMPLETED FORM AND 1 COPY OF YOUR GRANT TO RAE (GRANTS OFFICE)

BACK   Rev 09/4/2007