

Please Type or Print in Ink

GAF: Grant Approval Form

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

FOR GRANT APPLICATIONS UNDER \$2,000 <sup>OVER</sup>

<input checked="" type="checkbox"/> New Grant		<b>General Information</b>		<input type="checkbox"/> Continuation	
Grant Start/End Dates: <u>12/5/2012-3/29/2013</u>		Application Deadline: <u>9/7/2012</u>		Grant Amt: <u>5000.00</u>	
Funder's Grant Title: <u>Explorations Collaborative Grant</u>		Your Grant Title: <u>Tackling Taxonomy In The Wild</u>			
e.g. Weiler Teacher Mini-Grant, Building Blocks for Success, etc.		e.g. Up, Up and Away: Exploring Our Heritage, Flying Gullies, etc.			
Grant Writer: <u>Barbara Stella</u>		School/Dept. <u>Laurel Nokomis</u>		Phone <u>486-2171</u> Ext _____	
Grant Contact Person* <u>Barbara Stella</u>		School/Dept <u>Laurel Nokomis</u>		Phone <u>486-2171</u> 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
Laurel Nokomis School	7	150	250

Does this grant require matching funds? Yes X 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 will allow students hands-on activities in Sarasota Bay to learn about taxonomy and classification of organisms.

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

- Dissect squid and determine the taxonomy of various ocean animals.
- Dip-net in Sarasota Bay to collect specimens and classify both plant and animal samples collected.

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.)*

Transportation-1000.00  
 Dissection-1450.00  
 Dip-Net Activity- 2550.00

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

Future funding for identical trip will be sought.

<u>Debbie Cohen AP</u>	<u>Debbie Cohen</u>	<u>9/6/12</u>
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

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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:

- District Finance Office
- School Internal Account
- Other (name): \_\_\_\_\_

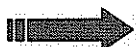
Project number, if known: \_\_\_\_\_

- 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
Exploration Collaborative Grant	Education Foundation	1960 Landings Blvd. Sarasota, FL 34231	(941) - 927-0965	5,000



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

Non file  
\*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Dr. U. Catalano  
RESEARCH, ASSESSMENT & EVALUATION (RAE)

Non file Non file - constr. sves.  
\*DIRECTOR OF FACILITIES SERVICES

Non file  
DIRECTOR OF BUDGET

Non file  
\*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

Hatchie Boca  
ASSOCIATE SUPERINTENDENT  
Executive Director, IIS

Geri White  
SUPERINTENDENT

\*Signatures needed only if applicable.

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