| Ples te Type or Print in Ink | GAF: Grant Approv | val Form | RAE# 0x -008 | | | | | |
|--|--|--|--------------------------------------|--|--|--|--|--|
| 15 0 07 | Office Use Only | | | | | | | |
| Date of Board Meeting: 10-2-07 | | | Agenda Item No. | | | | | |
| [] New Grant | Section 1: General Information: Continuation | | | | | | | |
| | de for ALL grants, incl | uding classroom grants | | | | | | |
| Gra it Start/End Dates: September 17, 2007 | Application Dead | (/X) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Grant Amt: \$4,998.00 | | | | | |
| *Fu ider's Grant Title: SWFWMD Splash! Mini-C | *Your Gran | t Title: "Rain barrels to] | EarthDoxes" | | | | | |
| *e.g Weller Teacher Mini-Grant, Building Blocks for Su | | nd Away, Exploring Our Herita | | | | | | |
| | ool/Dept. Bay Haven/ | | 359-5900 Ext | | | | | |
| Great Contact Person* Caren Walsh | School/Dept _Bay | Haven/Science Phone | 359-5800 Ext | | | | | |
| *Th: is the school/district-based person who is in charge of t | he grant. | | | | | | | |
| Sc tools/Programs to be served by this grant | # of staff impacted | # of students impacted | # of parents impacted | | | | | |
| Bay Haven School of Basics Plus | 29 | 588 | 200 | | | | | |
| ** loes this grant require matching fund | s? Yes x No If | ves, what amount? | How will | | | | | |
| these funds be raised? | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Grant Description | | | | | | | | |
| l lease type or print neatly in ink. Do not attach separate sheets. Please fill in all blanks. Do not refer to attachments in your summaries. | | | | | | | | |
| Br efly summarize the overall nurnose/objecti | ve of the grant and indica | ate how this grant will con | tribute to the needs and | | | | | |
| Br efly summarize the overall purpose/objective of the grant and indicate how this grant will contribute to the needs and go do of your School Improvement Plan and/or District Plan. (Not grant activities) | | | | | | | | |
| | | | | | | | | |
| "Rain barrels to Earthboxes: Harvesting Water to Grow Organic Food" is a hands-on, school-wide, | | | | | | | | |
| yearlong project coordinated by the science teacher (and supported by volunteers in the school | | | | | | | | |
| garden project) during weekly science lab classes to reconnect students with the water ecology of | | | | | | | | |
| sustainable farming practices. | | | | | | | | |
| De offer list amount annuary autimities (sub-stire | naive to be described the | and for day. | | | | | | |
| By effy list grant program activities (what is g | | * * . | Mante in anymouth | | | | | |
| K. 5 students will: 1. Study water quality, water conservation and natural systems. 2. Work in cooperative | | | | | | | | |
| groups to germinate seeds in Earthboxes; test, measure and harvest rain from rain barrels; harvest and eat | | | | | | | | |
| vegetables: maintain a grade appropriate logbook. 3. Transform the school Beautification Day into an | | | | | | | | |
| er ucational event by using their scientif | ic research to teach t | the community about w | oter conservation | | | | | |
| P ase provide a brief explanation of pertinent | budget items that will be | e funded through this grant | t. (Please indicate if funds will be | | | | | |
| us d for new/old staff position, contracted services, travel | | | | | | | | |
| 3 - 275 gallon rain barrels w/plumbing = | : \$780 | Earthboxes and organic | planting kits =\$1430 | | | | | |
| watering systems = \$318 5 - water test kits=\$180 | | | | | | | | |
| 3 - Classroom Education Resource Kits= \$1250 1- field trip to organic farm= \$250 | | | | | | | | |
| ir stallation, paint supplies for rain barrels = \$725 1-photo processing =\$65 | | | | | | | | |
| 4 How will grant activities be continued after | r the end of grant period | ? | | | | | | |
| The second secon | | | *5 | | | | | |
| A aterials will be used by the on-going So | chool Garden Project, | coordinated by volunte | eers in the school PTO. | | | | | |
| Co- Control (R- | 7 / 1 / | | 9/1.10 | | | | | |
| STEPSY ASHOW DEAN | Signature of Cost Center Head Date | | | | | | | |
| Frint Name of Cost Center Head | | | Date | | | | | |
| Send this completed for | | grant to RAE (Grants | | | | | | |
| RONT | OVER | | Rev. 06/01/2005 | | | | | |

Rev 06/01/2005

| lease Type or Print in In | | | pproval Form | | | | | |
|---|----------------------------------|--|--|----------------------------------|-------------------------------------|--------------------|--|--|
| (These grants require Scho | Section ool Board approval. G | AF must be | immary for grants ov submitted by the School Boar | er \$2,0 rd meetin | 000. ng prior to relevant School | ol Board meeting.) | | |
| ☐ District Finance Office ☐ Com | | tlement/Flowthrough petitive/discretionary tinuation | G Fe | | | | | |
| Name of Primary Fund Source | | | Funder's Address | | Phone Number | \$ Amount | | |
| SWEWMD | Raine O'Noil | | rains.oneil@water matters.org | | 1-800-423-1472 Ext. 4774 | \$4,998.00 | | |
| 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 Brad Schuette (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 Paul Pitcher, (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 32254 with questions. RAE OFFICE USE ONLY Section Three: Signatures RAE personnel will obtain all signatures in this section | | | | | | | | |
| *DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES | | | ATION *DIR | *DIRECTOR OF FACILITIES SERVICES | | | | |
| RESEARCH, ASSESS | MENT & EVALUA | TION (RA | E) | DIR | ECTOR OF BUDGET | 0. 3000 | | |
| *EXECUTIVE DIRECTOR | R OF ELEMENTAR | fli | SUPERINTENDENT | ASSOCIA | ate Superintende | ENT | | |
| • | ** | Signature | s needed only if applic | able. | | | | |
| SEND THIS COM | PLETED FORM | M AND 1 | COPY OF YOUR GR | ANT T | O RAE (GRANI | S OFFICE) | | |

BACK