

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: 9/09-12/09 Application Deadline: _____ Grant Amt: \$4,675.00

Funder's Grant Title: Nova Scotia Corporation Your Grant Title: Guitar Artist Residency

e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. Cindy Balistreri e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc
Fine Arts Program 927-9000 34107

Grant Writer: _____ School/Dept. **Specialist- Curriculum and Instruction** Phone _____ Ext _____

Grant Contact Person* Angela Hartvigsen School/Dept **Fine Arts Program** Phone 927-9000 Ext 34107
Specialist- Curriculum and Instruction

*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
Gulf Gate, Alta Vista, Fruitville, Tuttle, Brentwood Elementary Schools	5	125	

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)

4th grade students experience 5 sessions with a guitar artist addressing the science of sound and learning to play a guitar they build themselves. The science of sound is addressed in the 4th grade science textbook and in the scope of this project numerous music objectives (playing music, reading music, learning about string instruments and learning about cultural connections) will take place. Students get to know a working musician/artist and investigate his musical career track. Students will also learn to play and the stories behind songs from the folk, rock and pop genres. Students will get to keep their Amigo (self-made, one-string guitar) at the end of the residency.

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

- Students will build their own one-string guitar (called an Amigo) using a cookie tin, wood and a guitar string.
- Students will investigate the science of sound as they study the affect shortening the string has on pitch.
- Students will make a booklet which includes information about the guitar and other members of the string family as well as a number of songs students can play.
- Students will learn to play a number of folk, rock and pop songs.
- Students will view, hear and interact with a working musician as he performs and teaches.

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.)

There will be 5 residencies (1 classroom of 25 fourth grade students). Each residency includes the following:

5 class periods taught by the Artist-in-Residence @ \$75	\$375
5 preparatory periods for each class @ \$25	\$125
15 hours to build 25 Amigo necks @ \$20/hr	\$300
Parts for Amigos (students provide the tin)	\$105
25 notebooks for students @ \$ 1.25	\$30
	\$935
5 Residencies at \$935	\$4,675

(Note: \$75 includes teaching/presenting a one-hour class, making copies, buying supplies, preparing songs, adding to the notebook, and converting songs to musical notation.)

<u>Nancy Roberts</u> Print Name of Cost Center Head	<u>Nancy Roberts</u> Signature of Cost Center Head	<u>8/11/2009</u> Date
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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
Nova Scotia Corporation	James D. Raymond Shirley E. Scullion	3051326 Nova Scotia Corp. 1 Place Ville-Marie Suite 2020 Montreal, Quebec, Canada H3B 2C4	(514)281-0481	\$4,675



**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.

von file
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

von file von file - construction
*DIRECTOR OF FACILITIES SERVICES

[Signature]
RESEARCH, ASSESSMENT & EVALUATION (RAE)

von file
DIRECTOR OF BUDGET

von 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