## GAF: Grant Approval Form FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only									
Date of Board Meeting:	Section 1: General Information:  Agenda Item No.  Continuation								
X New Grant	Secti	on I: General In		Continuation					
Grant Start/End Dates: 5/7/07-4/4/0	9	Application Dead	3/5/08 line:	Grant	t Amt: \$8000.00				
Funder's Grant Title:	Academy of Dermatology	Your Grant	Title: The Sh	nade Structure P	rogram				
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: Tara Ross	School/De	ept. Tatum Ridge		Phone 316-	-8188 Ext				
Grant Contact Person* Tara Ross	Tara Ross School/Dept Tatum Ridge Phone 993-7013 Ext								
*This is the school/district-based person who	1917								
Schools/Programs to be served b	y this grant # o	of staff impacted	# of students	impacted #	of parents impacted				
Entire Tatum Ridge School body, including P the After Care Program, and Mileage Club.	E classes, recess, 72+		826+	20+					
Does this grant require match	ing funds?Y	es X No If yes, v	vhat amount?		How will				
these funds be raised?									
Grant Description									
		Stant 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)									
The purpose of the grant is to purchase permanent shade structures designed to provide shad and ultraviolet (UV) ray protection for students, staff, and families in the outdoor area. This directly contributes to the safety of students while they are engage in many activities, including participation in the mandatory 150 minutes per week of physical education.									
Briefly list grant program activit	ies (what is going t	o be done with the	grant funds):						
PE (mandatory 150 minu	ites per week for o	each student)							
Mileage Club									
After Care Program									
<ul> <li>Daily organized recess</li> <li>Teacher-directed outdoor activities</li> </ul>									
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.)  The permanent budget items that will be partially funded via this grant are two shade structures. The structures will be erected over each playground area.									
How will grant activities be continued after the end of grant period?									
The structure is permanent and will be continued (maintained), if necessary, via PTO funds in conjunction with school-based funds.									
Sandra M. Russell Sandra M. Russell Print Name of Cost Center Head	Sign	M. Aust	UL_ er Head		3/4/48 Date				
Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings									

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				Tatum	Ridge				
Please Type or Print in Inl		GAF: G	rant Approval Form		0				
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: AAD					
Name of Primary Fund Source	Funder's Co Name	ntact	Funder's Addres	s Ph	Phone Number > An				
Johnson & Johnson Consumer Companies, Inc. American Academy of Dermatology	Jennifer Allyn	Allyn 930 E. Woodfield Schaumburg, IL 6		(847	7) 240-1730	\$8000.00			
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									
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES  SERVICES									
RESEARCH, ASSESSMENT & EVALUATION (RAE)  DIRECTOR OF BUDGET									
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY  ASSOCIATE SUPERINTENDENT  SUPERINTENDENT  *Signatures needed only if applicable.									

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