Please Type or Print in Ink	GAF: Grant Approv	RAE#							
FOR GRANT A		\$2,000 OR MORE							
Data of Parad Manifest	Office Use Only		town to them No.						
Date of Board Meeting:	Section 1: General Inf		Agenda Item No						
A new Grant	Section 1. General Im	or mation.	Continuation						
Grant Start/End Dates:	Application Dead	ine: March 14, 2008	Grant Amt: \$2,000						
Funder's Grant Title: The Sylvia Charp Award	Your Grant Title:								
e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. c.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc.									
Grant Writer: <u>Amy Donner &amp; Scott</u> School/Dept. <u>Professional Technol.</u> Phone <u>927-9000</u> Ext <u>31394</u>									
Grant Contact Person* Mike Horan	Aike Horan School/Dept Phone 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						
Shared Professional Technology	5	NA	NA						
Does this grant require matching funds? Yes X No If yes, what amount? How will									
these funds be raised?									
	Count Description								
	Grant Description								
Please fill in all blanks. Do not re	fer to attachments in yo	ur summaries. D	o not attach separate sheets.						
Briefly summarize the overall purpose/objective	of the grant and indica	ate how this grant will cont	tribute to the needs and						
goals of your School Improvement Plan and/or D									
From the award literature: "This award will identify and recognize a school district that has shown effectiveness and innovation in the application of technology district-wide. The award has two focuses: district-wide implementation and innovation." The award will recognize our district's commitment to <i>People</i> , <i>Quality</i> , <i>Services</i> and <i>Resources</i> with our district-wide ActivBoard installation.									
Briefly list grant program activities (what is go	ing to be done with the	grant funds):							
There will be no new programs as a result of this award. It recognizes activities and programs already completed. We hope to be recognized for our district-wide installation and use of ActivBoards.									
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 provide \$2,000 to go toward regist. Conference in June 2008 for two representativ presented with its award.									
How will grant activities be continued after the e	nd of grant period?								
NA									
	1.1~	1							
	ALA	/							
Mike Horan	2045/5/5 .3/17/08								
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									
PAGE 1 of 2 Rev. 11/01/07									

			The	Syl	via CharpAwar	d	
Please Type or Print in Ir			Srant Approval Form Summary for grants				
(These gran					ard Agenda by Grants Office sta	ſſ.)	
X District Finance Office X Co   School Internal Account Cor		DX Con □ Cont	mpetitive/Discretionary		und Source: Federal (indirect cost \$) State Local Foundation Other: <i>T.H.E. Journal</i> and ISTE		
Name of Primary	of Primary Funder's Contact		Funder's Address		Phone Number \$ Amount		
Fund Source	Name						
<i>T.H.E. Journal</i> and the International Society for Technology in Education (ISTE)	Geoff Fletcher	NA			Email: gfletcher@1105media.com		
			R TECHNOLOGY is p				
Your school tech			clude cameras, DVD pl		, etc.) bilities of the area involved	and acree that	
no additional wi	ring or electrical	work, bey		ough	the grant, will be needed to		
			Technology Support	Staff			
NOTE:	If your project in	nvolves C	ONSTRUCTION or re	quire	s RETROFITTING space	2:	
	1-6311 ext. 6882 our GAF.	4. If appr	oved, you will need to c	reate a	to go forward with your p memo for his approval and		
	Папк		se call ext 927-9000 ext NTS OFFICE USE O		2 with questions.		
		Se	ction Three: Signature	S			
	Grants Office	personnel	will obtain applicable si	gnatu	res in this section		
	CTOR OF TECHN		*D	MREC	FOR OF FACILITIES SERVI	CES	
RESEARCH, ASSESSM	AENT & EVALUA	<u>8  0 8</u> TION (RA	E)	DIRECTOR OF BUDGET			
*EXECUTIVE DIRECTO	DR OF ELEMENT	Z	SUPERINTENDENT ures needed only if app	ar 41.	DCIATE SUPERINTENDENT $\frac{4}{0702}$		
Sand this somelated	form and 1 agents	fugue	nt to the Creants Office 1	00000	ah Assassment and Fusie	tion Londings	
PAGE 2 of 2	torm and I copy o	a your gra	ne to the Grants Office, I	<b>Coca</b> r	ch, Assessment, and Evaluat	ev 11/01/07	