

Please Type or Print in Ink

GAF: Grant Approval Form

RAE# _____

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only

Date of Board Meeting:

Agenda Item No.

New Grant

Section 1: General Information:

FEB 10 2009

Continuation

Grant Start/End Dates: 09/09 - ongoing Application Deadline: Feb. 6, 2009 Grant Amt: \$4895.00

Funder's Grant Title: Weller Arts Education Grants Your Grant Title: The How-To's of Arts Administration & Management

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: Scott Keys School/Dept. Booker HS VPA Theatre Phone 355-2967 Ext 65043

Grant Contact Person* Scott Keys School/Dept Booker HS VPA Phone 355-2967 Ext 65043

*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
Booker High School Visual & Performing Arts	15	500/year	N/A

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)

The objective of this grant is to start a Production Coordinator Internship for students to learn skills related to the arts that go beyond the usual performance aspect. We want students to learn business skills and management skills to see that there are many arts-related careers out there. The district is strongly pushing for students to learn more about careers, so this would fit in with the district plan.

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

One student in each discipline (music, visual art, TV/film, theatre, and dance) will be an intern for a semester. They will be the "project manager" for the events that will be happening in their department, and work on marketing, media relations, ticket sales, etc. At the end of the semester, they will have created a portfolio consisting of the different activities they have done to manage the event.

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.)

Although we have most of the items we need in order for this project to be successful, we need a color copier to create programs, posters, mailings, and other promotional items. The grant would fund the purchase of a color copier for \$4895.00.

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

This internship will continue every semester, and students will take the skills they've learned with them for life.

Constance White-Davis



2-6-09

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):

- 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
WELLER ARTS GRANT	COMMUNITY FOUNDATION OF SARASOTA	PO BOX 49587 SARASOTA, FL 34230	(941) 955-3000	\$4895.00



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.

Katy Houn
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

Don file
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES
[Signature]
RESEARCH, ASSESSMENT & EVALUATION (RAE)

Don file Don file
*DIRECTOR OF FACILITIES SERVICES *Construction*
Don file
DIRECTOR OF BUDGET

Don file
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

Gen M. White
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