

Type or Print in Ink

GAF: Grant Approval Form

RAE# _____

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only

Meeting:

Agenda Item No.

New Grant

Section 1: General Information:

Continuation

Grant Start/End Dates: Sept. 2009 thru April 2010 Application Deadline: Feb/6/2009 Grant Amt: \$5,000.00

Funder's Grant Title: Weller Grant Your Grant Title: Making Art History

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: Alma L. Vega School/Dept. Fruitville Elementary Phone 361-6200 Ext 50746

Grant Contact Person* Alma L. Vega School/Dept Fruitville Elem. Phone 361-6200 Ext 50746

*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 |
|---|---------------------|-------------------------------------|---|
| Art and Technology programs | 2 | 647students including ESE and ESOL. | All parents will be informed and invited. |

Does this grant require matching funds? ___ Yes x 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) Students will make connections between content areas; integrating reading, writing, computers to the visual arts process. Through this project students will learn to research sites in the computer, how to make a power point for a presentation. They will learn different techniques for painting and how to use the acrylic paint. They will learn how to use their hand made sketchbooks to record information and sketch ideas. Overall students will be engaged in learning new concepts and activating prior knowledge in order to accomplish the grant objectives.

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

Students will

- make sketchbooks, design and embellish to keep record of their research using writing and sketches.
- research art history selected sites in the computer class
- select a time period and make an acrylic painting of their own.
- take pictures to include in the power point.
- make a power point and burn a CD with a reflection of the whole project process

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.)


Most of the budget will be spend in consumable needed items. The cameras will be for students use, to record the process of making the painting in order to include their work in the power point. Ink for the color copies will be made throughout the research and for the final copies of their sketch books. CD's will be burned Canvases or canvas paper, and other art supplies will be used for students to paint like an artist and to assemble and decorate sketchbooks made in class.

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

By integrating computer technology through this grant students will be able to continue and do part of the project. The visual art component will be modified to fit the school budget. in order to continue with this activity.

Dr. Laura Kingsley

Print Name of Cost Center Head


Signature of Cost Center Head

2/20/09

Date

Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings

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: <input type="checkbox"/> District Finance Office <input checked="" type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): _____ | <input checked="" type="checkbox"/> Entitlement/Flowthrough <input checked="" type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Continuation <input type="checkbox"/> Other: _____ | Fund Source: <input type="checkbox"/> Federal (indirect cost \$) _____ <input type="checkbox"/> State <input checked="" type="checkbox"/> Local Foundation <input type="checkbox"/> Other: _____ |
|---|--|--|

| Name of Primary Fund Source | Funder's Contact Name | Funder's Address | Phone Number | \$ Amount |
|---|---|--|--------------|------------|
| Leslie and Margaret Weller Arts Education Program | Community Foundation of Sarasota County | 2635 Fruitville Rd. Sarasota, FL 34237 | 941 955-3000 | \$4,997.00 |

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

| | |
|--|--|
| <p><u>Jon file</u> *DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES</p> <p><u>[Signature]</u> RESEARCH, ASSESSMENT & EVALUATION (RAE)</p> <p><u>Jon file</u> *EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY</p> | <p><u>Jon file</u> <u>Jon file - Construction</u> *DIRECTOR OF FACILITIES SERVICES</p> <p><u>Jon file</u> DIRECTOR OF BUDGET</p> <p>_____ ASSOCIATE SUPERINTENDENT</p> <p><u>Leri M. White</u> SUPERINTENDENT</p> <p style="text-align: center;">*Signatures needed only if applicable.</p> |
|--|--|

Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings