

Please Type or Print in Ink

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

RAE# \_\_\_\_\_

Office Use Only

Date of Board Meeting:

Agenda Item No.

**New Grant**

**Section 1: General Information:**

**Continuation**

Grant Start/End Dates: **10/12/08** Application Deadline: **2/15/09** Grant Amt: **\$100,000.00**

Funder's Grant Title: **Lowes Toolbox Grant** Your Grant Title: **Large Toolbox Grant-Autistic/ESE**  
**-Specialized Playground**

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: **Deanna Nicholas** School/Dept. **Laurel Nokomis School** Phone **486-2171** Ext

Grant Contact Person\* **Nancy Dubin** School/Dept **Laurel Nokomis School** Phone **486-2171** 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
Autistic/ESE and Kind-2 <sup>nd</sup> grades	25	280	

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 purpose of the grant is to build a specialized playground for Autistic/ESE including Kindergarten through 2<sup>nd</sup> grade. The playground will provide a safe and secure environment for our students while continuing to provide sensory and motor therapy for our autistic students.

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

Grant funds will provide playground equipment, ground cover, secure fencing along with a sun protection shade.

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.)

**Specialized Playground Equipment - \$36,000.00**

**Pour in Place Ground Cover - \$28,000.00**

**Installation/labor - \$24,000.00**

**Sun/Shade/Hurricane Safe Cover - \$10,000.00**

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

NANCY DUBIN  
 Print Name of Cost Center Head

Nancy Dubin  
 Signature of Cost Center Head

2-10-09  
 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: <input checked="" type="checkbox"/> District Finance Office <input checked="" type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name):		<input 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 type="checkbox"/> Local Foundation <input checked="" type="checkbox"/> Other: <u>Lowes Toolbox</u>	
Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
<u>Lowes Foundation</u>				<u>\$100,000.00.</u>

Per Budget Dept.

for Education

**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

**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.

**GRANTS OFFICE USE ONLY**

**Section Three: Signatures**

Grants Office personnel will obtain applicable signatures in this section

✓ on file  
\*DISTRICT DIRECTOR OF TECHNOLOGY  
INFORMATION SERVICES

✓ on file ✓ on file  
\*DIRECTOR OF FACILITIES SERVICES

Construction  
Services.

[Signature]  
RESEARCH, ASSESSMENT & EVALUATION  
(RAE)

✓ on file  
DIRECTOR OF BUDGET

✓ on file  
\*EXECUTIVE DIRECTOR OF ELEMENTARY,  
MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

[Signature]  
SUPERINTENDENT

\*Signatures needed only if applicable.

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