

**FOR GRANT APPLICATIONS \$2,000 OR MORE**

Office Use Only

Date of Board Meeting:

Agenda Item No.

New Grant

Section 1: General Information:

Continuation

Grant Start/End Dates: 2/1/09 - 3/6/09 Application Deadline: 3/6/09 Grant Amt: \$5,500

Funder's Grant Title: Unicef / Pier 1 Contest Your Grant Title: Joy To The World

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: JESSICA STRASSNER School/Dept. ALTA VISTA gr. 4 Phone 941-361-6400 Ext 51462

Grant Contact Person\* JESSICA STRASSNER School/Dept. ALTA VISTA gr. 4 Phone 941-361-6400 Ext 51462

\*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
ALTA VISTA ELEMENTARY	1 (myself)	16 (my class)	32

Does this grant require matching funds? \_\_\_ Yes  No If yes, what amount? \_\_\_\_\_ How will these funds be raised?

Grant Description

MAR 2 2009

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)

THIS CONTEST SELECTS A CHILD'S GREETING CARD WHICH IS TURNED INTO AN OFFICIAL UNICEF GREETING CARD THAT WILL BE SOLD EXCLUSIVELY AT PIER 1 IMPORTS STORES THROUGHOUT THE U.S. DURING THE 2009 HOLIDAY SEASON.

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

IN ADDITION TO HAVING THEIR DESIGN TURNED INTO A GREETING CARD, THE WINNER OF THE CONTEST WILL RECEIVE A \$5000 SCHOLARSHIP. THE SCHOOL WILL RECEIVE \$500 IN ART SUPPLIES.

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.)

STUDENT RECEIVES A \$5000 SCHOLARSHIP.  
SCHOOL RECEIVES \$500 IN ART SUPPLIES.

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

N/A - Contest is only once a year.

DR. BARBARA SHIRLEY

*Barbara Shirley*

2-19-09

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

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:

- District Finance Office
- School Internal Account
- Other (name):

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: \_\_\_\_\_

Fund Source:

- Federal (indirect cost \$) \_\_\_\_\_
- State
- Local Foundation
- Other: *US Fund for Unicef / Pier 1 Imports*

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
<i>US Fund for Unicef</i>	<i>Sponsored by US Fund for Unicef and Pier 1 Imports</i>	<i>PO BOX 961020 FORT WORTH, TX 76161-0020</i>	<i>www.unicefusa.org/news/releases/us-fund-for-unicef.html</i>	<i>\$5,500</i>

**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

*Don file*  
\_\_\_\_\_  
\*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

*Don file*      *Don file - Construction*  
\_\_\_\_\_  
\*DIRECTOR OF FACILITIES SERVICES

*[Signature]*  
\_\_\_\_\_  
RESEARCH, ASSESSMENT & EVALUATION (RAE)

*Don file*  
\_\_\_\_\_  
DIRECTOR OF BUDGET

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

\_\_\_\_\_  
ASSOCIATE SUPERINTENDENT

*[Signature]*  
\_\_\_\_\_  
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