

FOR GRANT APPLICATIONS \$2,000 OR MORE

OFFICE USE ONLY

Date of Board Meeting: _____

Agenda Item No. _____

 New Grant

Section 1: General Information

 Continuation

Date Submitted to RAE: _____

Grant Start/End Dates: 3-7-2008/5-28-2008 Grant Application Deadline: _____ Grant Amt: \$2,000.00Funder's Grant Title: GAMMA-RHO FOUNDATION Your Grant Title: GUITAR RESIDENCY
e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etcGrant Writer: CINDY BALISTRERI School/Dept. CURRICULUM K-12 Phone 927-9000 Ext 34100Grant Contact Person* CINDY BALISTRERI School/Dept CURRICULUM K-12 Phone 927-9000 Ext 34100

*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
FRUITVILLE ELEMENTARY	2	48	48+

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 FUND THE CREATION AND PILOT PROGRAM FOR A "GUITAR ARTIST RESIDENCY." THE PROGRAM WILL INCREASE STUDENT LEARNING AND ACHIEVEMENT IN MUSIC WITH CONNECTIONS TO SOCIAL STUDIES AND SCIENCE.

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

1. HIRE GUITAR ARTIST TO DEVELOP CURRICULUM, LESSON PLANS, AND LESSON ACTIVITIES.
2. ARTIST WILL ASSIST WITH PURCHASE OF MATERIALS TO MAKE ONE-STRING GUITARS.
3. ARTIST WILL IMPLEMENT 6 LESSONS IN TWO CLASSROOMS AT FRUITVILLE ELEMENTARY AS A PILOT PROGRAM.

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.)

GUITAR ARTIST \$1,600.00
MATERIALS 400.00

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

THE GAMMA-RHO FOUNDATION HAS INDICATED A DESIRE TO FUND THIS PROGRAM IN SCHOOLS IN 2008-09.

JENNIFER SMITH

Print Name of Cost Center Head



Signature of Cost Center Head

3/11/08

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): ED. FOUNDATION AND CURRICULUM DEPT.

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: NEW PROGRAM

Fund Source:

- Federal (indirect cost \$) _____
- State
- Local Foundation
- Other: FAMILY FOUNDATION

Name of Primary Fund Source <u>GAMMA-RHO FOUNDATION</u>	Funder's Contact Name <u>JAMES RAYMOND</u>	Funder's Address <u>3051326 NOVA SCOTIA CORP. 1 PLACE VILLE-MARIE, SUITE 2020 MONTREAL, QUEBEC, CANADA H3B 2C4</u>	Phone Number <u>SARASOTA 387-6297 CANADA-OFFICE 514-281-0027</u>
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If you will purchase software or hardware:

Your school technology support personnel must approve your request to be sure it can be successfully implemented using existing systems and capabilities at your site.

Technology Support Staff
Approved: YES NO

GRANTS OFFICE USE ONLY

Section Three: Signatures

Grants Office personnel will obtain applicable signatures in this section.

District Director of Technology Information Services
APPROVED: Yes No

Natalie Beca 3/14/08
Research, Assessment, & Evaluation (RAE)

Director of Construction Services
APPROVED: Yes No

Director of Facilities Services
APPROVED: Yes No

Reviewed: _____
Executive Director of Elementary, Middle, or High Schools

Director of Budget
APPROVED: Yes No

Reviewed: _____
Associate Superintendent

APPROVED: _____ DATE: _____
Superintendent of Schools

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