

**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: 5/5/08 Application Deadline: 3/5/08 Grant Amt: \$8,000.00

Funder's Grant Title: 2008 Sun Shade Structure Program Your Grant Title: 2008 Sun Shade Structure Program

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: Robyn Sadlo School/Dept. Oak Park Phone 361-6428 Ext \_\_\_\_\_

Grant Contact Person\* Daniel Parrett School/Dept Oak Park Phone \_\_\_\_\_ 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
ESE	All	All	

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)*

**To acquire a sun shade for our existing playground.**

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

**Putting up a sunshade.**

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.)*

**Sun Shade and Installation.**

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

Sun shade will remain up after grant period is over.



Daniel Parrett

Print Name of Cost Center Head

[Signature]

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: AAD

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
AAD	AAD	American Academy of Dermatology Shade Structure Program Attn: Shade Structure Program Review Committee 930 E. Woodfield Rd. Schaumburg, IL 60173		\$8,000.00



**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

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

*Natalie Boca 3/6/08*

RESEARCH, ASSESSMENT & EVALUATION (RAE)

\_\_\_\_\_  
\*DIRECTOR OF FACILITIES SERVICES

DIRECTOR OF BUDGET

\_\_\_\_\_  
\*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