Please	Type	or	Print	in	Ink

GAF: Grant Application Form

Date of Board Meeting:	Offie	Use Only	the plane is the $m{A}$	genda Item No.				
New Grant	·=	General Information:		Continuation				
Comp	lete this side for ALL s	rants, including clas	sroom grants					
Grant Start/End Dates: March – Ju	Applic	ation Deadline:	010	Grant Amt: \$4025.00				
*Funder's Grant Title:		Tour Grant Thie.	pring Art Shows					
*e.g. Weller Teacher Mini-Grant, Building Angela Hartvigsen	•	e.g. <i>Up, Up and Away, Ex</i> Curriculum and Instruction	ploring Our Heritag Phone	ee, Young Galileo's, etc 927-9000 Ext				
Grant Writer:	School/Dept.	IISTRUCTION		LAt				
Grant Contact Person* Angela Ha *This is the school/district-based person who is		Dept Curriculum an	d Phone	927-9000 Ext 34107				
Schools/Programs to be served by		impacted # of stud	ents impacted	# of parents impacted				
All schools K-12	120	4,000		4,000 plus				
**Does this grant require matching funds?Yes _X_No If yes, what amount? How will these funds be raised?								
	Grant	Descriptio <u>n</u>						
Please type or print neatly in ink. Do not attach separate sheets. Please fill in all blanks. Do not refer to attachments in your summaries.								
Briefly summarize the overall purp	ose/objective of the gra	nt and indicate how th	is grant will cont	ribute to the needs and				
goals of your School Improvement	Plan and/or District Plan	(Not grant activities)						
The purpose of the grant is to-provide funds to produce the annual county Spring Art Shows for students in visual art classes. The purpose of the art shows is to exhibit, recognize, and celebrate the achievements of students in visual art classes.								
D: G. listt program activiti	og buhat is going to ha d	me with the grant fund	de).					
Briefly list grant program activities (what is going to be done with the grant funds): 1. Memo to art teachers explaining show guidelines (for Art Center Sarasota, Venice Art Center locations) 2. Design and /or purchase of materials and supplies to support the art exhibitions								
3. Appointment of two show coordinators (art teachers) to coordinate the show openings (4) and show details.								
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.) Coordinators \$1300 Invitations, certificates, materials \$2305								
Substitutes for art show coordina		ake down dates \$ 4	20					
4. How will grant activities be co	entinued after the end of	grant period?						
The activities do not continue beyo	nd the completion of the	exhibition.						
	\mathcal{M}							
	MANAII	MADDATA		2/14/11				
Nancy Roberts		of Cost Contar Bood		Date				
Print Name of Cost Center Head	1 0 1	of Cost Center Head	an wine was size in	Areas				
to the discourse and the proof of the state	apleted form and I c	py of your grant to VER	Kar (Grants	Rev. 06/01/2005				
FRONT	C	* ****						

Please Type or Print in Ink GAF: Grant Approval Form								
(These grants rec	Section Two: Sur uire School Board approval and a	mmary for grants ov must be placed on the School	er \$2,000. I Board Agenda by Grants Office	staff.)				
Fiscal Management will be done by: District Finance Office School Internal Account Entitl Comp		ement/Flowthrough petitive/Discretionary nuation ::	wthrough Fund Source: □ Federal: Indirect cost \$ CFDA #					
Name of Primary Fund Source	Funder's Contact Name	Funder's Addres	der's Address Phone Number \$ Amou					
Education	9			\$4025.00				
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.								
Please call Jody He can be reache	rour project involves CON Dumas to discuss your pr d at 361-6311 ext. 68824.	roject and receive appi If approved, you will no	nires RETROFITTING sp coval to go forward with y eed to create a memo for his	our proposal.				
Thank you. Please call ext 927-9000 ext. 32172 with questions. GRANTS OFFICE USE ONLY								
Son (Section Sectio	on Three: Signatures Il obtain applicable sign		ile-constr.				
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES								
. 7	MENT & EVALUATION (RA	E)	DIRECTOR OF BUDGET					
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY ASSOCIATE SUPERINTENDENT								
Zon White SUPERINTENDENT								
*Signatures needed only if applicable.								
Send this completed for	m and 1 copy of your grant	to the Grants Office, Re	search, Assessment, and Eva	luation-Landings				