Please	Type	or	Print	in	Ink
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GAF: Grant Approval Form

RAE#

	LICATIONS \$2.000 OR MORE

Date of Board Meeting:	Office Use Only		Agenda Item No.
	Section 1: General In		Continuation
Grant Start/End Dates: 31609-33	4	7	
			ZEATIVITY CONTEST
e.g. Weller Teacher Mini-Grant, Building Blocks for Succe Grant Writer: 4551CA 576A Schol			
Grant Contact Person* JESSICA STEASSIVE *This is the school/district-based person who is in charge of the	_	WISTAGR. Phone	9 <u>41-361-64</u> 082 51462
Schools/Programs to be served by this grant	# of staff impacted	# of students impacted	
ALTA VISTA ELEMENTARY	1 (myself)	16 (my class)	32 0000
Does this grant require matching funds?these funds be raised?	_Yes \(\sum_No \) If yes,		How will
these funds be raised:		NAT	7.3 23.3
	Grant Description		
<u>Please fill in all blanks</u> . Do not re	fer to attachments in yo	our summaries. De	o not attach separate sheets.
Briefly summarize the overall purpose/objective goals of your School Improvement Plan and/or D	istrict Plan. (Not grant	activities)	
THIS ARTISTIC, EDUCATIONAL, STUDENTS TO DESIGN A N THEIR DESIGN IS CHOSEN, A PRIZE, \$1000 IN ART SUF IN KETCHUP FOR THE SC	STUDENT W	THEIR SCHOOL,	ALLOWS HEINZ. IF BIODO CASH AND BIOCO
Briefly list grant program activities (what is got IF A STUDENT IN MY (ng to be done with the	grant funds):	S- THEILE) 11
RECEIVE \$ 1000, CASH. THE \$1000 IN PART SUPPLIE KETCHUP.	E SCHOOL	WILL ALSO	RÉCEIVE
Please provide a brief explanation of pertinent bu used for new/old staff position, contracted services, travel, m	dget items that will be	funded through this grant.	(Please indicate if funds will be
ART SUPPLIES AND M			,
How will grant activities be continued after the en $N/A - Contest$ is		e a year	2 .
DR. BARBARA SHIPLEY BOU	have Stud	X1	2-19-8
	Signature of Cost Center	Head)	Date
Send this completed form and 1 copy of your gr	ant to the Grants Offic	ce, Research, Assessment,	and Evaluation-Landings

Please Type or Print in In	ık G	AF: Grant	Approval Form			1
(These grants r	Section Tw require School Board appro		ary for grants ov be placed on the Schoo			staff.)
Fiscal Management will be done by: District Finance Office School Internal Account Other (name):		☐ Entitlement/Flowthrough ☐ Competitive/Discretionary ☐ Continuation ☐ Other:		Fund Source: Grederal (indirect cost \$) State Local Foundation Other: HJ Heinz Co.		
Name of Primary Fund Source	Funder's Conta Name	act	Funder's Addres		Phone Number	\$ Amount
bHeinzco.	Heinz Ketchup Creativit Conte	ty po	nzketchup ireativity Con guest Fote Bex 12366 tsburgh PA	-	www. ketchup creativity 3 com	#3000.00
that no additiona	nnology support perso ll wiring or electrical ject. Please have you	onnel must re work, beyon	nd what is provided	capabi throug	lities of the area invo th the grant, will be a	needed to
						i
		Techno	ology Support Staf	f		
Please call Jody He can be reache	your project involved Dumas to discuss you and at 361-6311 ext. 68 Included with your GA	s CONSTRI our project 3824. If appi AF.	UCTION or requi and receive appro roved, you will nee	ires RI oval to ed to cr	go forward with yo eate a memo for his	ur proposal.
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