and the second	GAF: Grant Appro	val Form I \$ \$2,000 OR MORE	RAE# 08-030
	Office Use Only		
Date of Board Meeting: 2-19-08			Agenda Item No.
New Grant	Section 1: General In	formation:	Continuation
Grant Start/End Dates: Oct 2007-May2	Mos Application Dead	line:	Grant Amt: 2500
Funder's Grant Title: Jordan Fundam			
e.g. Weller Teacher Mini-Grant, Building Blocks for Succe			
Grant Writer: Jen Nzeza Scho	ol/Dept. Booker/	GAP Phone 3	59-5824 Ext 60954
Grant Contact Person* Jen Nzeza	School/Dept		
*This is the school/district-based person who is in charge of the		H - C - to down to to a set of	H of a superior to a set of
Schools/Programs to be served by this grant	# of staff impacted	# of students impacted	# of parents impacted
AP Team		40 to start	
Does this grant require matching funds? _ these funds be raised?	_Yes _No If yes.	, what amount?	How will
	Grant Description	•	
Please fill in all blanks. Do not re	efer to attachments in yo	our summaries. Do	o not attach separate sheets.
Briefly summarize the overall purpose/objective			ribute to the needs and
goals of your School Improvement Plan and/or D The Purpose is to enhage			, speaking
skills in a fun and c	reative wa	ay through a	ndrashno Tha
grant contributes to o	ur SIBGoo	is of increa	sing conting
and reading.			
Briefly list grant program activities (what is go			CERTIFICATION OF
Program activities	include le	arning podcas	ting software;
writing, neutring, an			
and Reporting; and 1		A CONTRACT OF A	
Please provide a brief explanation of pertinent be used for new/old staff position, contracted services, travel, n	naterials/supplies, equipmen	furniture, facilities, and other a	applicable items.)
e-Podcast Producer soft	vare progr	ams(3); 10	professional
andenser muriching.	a 5 audio	NICE Tour	portable
e-Podcast Producer soft condenser microphone; recorders; 2 Pro headsets	5.	Mine track	
How will grant activities be continued after the e	The second se	6	
In subsequent yay	continue	using this e	guipment
100000000000000000000000000000000000000	83 -1		
Print Name of Cost Center Head	Signature of Cost Center	Head	Date
Send this completed form and 1 copy of your g	4	· ·····	
PAGE 1 of 2		in the second fill,	Rev. 11/01/07
		Participanti Parti	

	K GAF:	Grant Approv	arrorm			
(These grants re	Section Two: quire School Board approval	Summary for and must be placed	grants over on the School	er \$2,0 I Board A	00. genda by Grants Offic	e 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 S) ——— State Local Foundation Other: Jordan Fundamente		
Name of Primary Fund Source	Funder's Contact Name	Funder	r's Addres	s	Phone Number	\$ Amount
Jordan Fundamentals	Jordan Fundamen	ta jf@ co	mpass- msult.or	rg	1-800-673- 5723	\$2500
	nology support personne	clude cameras, l el must review th	DVD playe ne physical	ers, etc. capabil) ities of the area inv	
	wiring or electrical wo ect. Please have your to					
		Technology S	upport Staf	f		
	our project involves C Dumas to discuss your					
Please call Jody He can be reached	Dumas to discuss your d at 361-6311 ext. 6882 heluded with your GAF. Thank you. Plea <u>GRAN</u>	r project and red 4. If approved, y ase call ext 927-9 NTS OFFICE 1	ceive approviou will nee 2000 ext. 32 USE ONL	oval to ed to cro 2172 wi	go forward with y eate a memo for his	our proposal.
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