Please Type or Print in Ink GAF: Grant Approval Form RAE#____ FOR GRANT APPLICATIONS \$2,000 OR MORE

Date of Board Meeting: 2-19-08 Section 1: General Information: Continuation	TOR GREEN TO	Office Use Only	DE,OUG OIL MEDILE						
Grant Start/End Dates: Approx. June 1, 2008 – June 2, APIC Grant Start/End Dates: Funder's Grant Title: Grant Chargen Techn.& Find is the school/Dept. Book Chira School/Dept. Book This is the school/district based person who is in charge of the grant. School/Dept. Book This grant trequire matching funds? Yes_X_No If yes, what amount? 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 this grant is to "improve the preparation of students, particularly women and minorities, in science, technology, engineering and mathematics (STEM) through curriculum development and other activities related to transportation," and to create an awareness and interest in pursting a career in this area. This grant will contribute to all of Riverview High School's School Improvement Plan goals by providing an extended curriculum which will advance the students' shillites in Reading, Mathematics, Writing, Science, and the Next Generation approach to Career and Technical connections, thereby leading to an improvement in the graduation rate. Briefly list grant program where students will be an opposed to be done with the grant finals; It will be	Date of Board Meeting: 2-19-08			Agenda Item No.					
Funder's Grant Title: Grant Charles Grant Title: Grant Charles Grant Funder is Grant Fundamental Engineering to get the Charles of the Char	X New Grant	Section 1: General Information:							
e.g. Weller Teacher Mini-Grant Building Blocks for Success, etc. Grant Writer: Hove Clary School/Dept. Riverview HS Phone 923-1484 Ext Phone Pho	Funder's Grant Title: Garrett A. Morgan Techn.&	Vour Grant	r ı · · · · ·	Grant Amt:					
Grant Contact Person* Hove Clary School/Dept Riverview HS Phone 223-1484 Ext	Transportation Educatiogra			Young Galileos etc					
Schools/Programs to be served by this grant # of staff impacted # of students impacted # of parents impacted Engineering classes Does this grant require matching funds? Yes X No If yes, what amount? How will these funds be raised? Please fill in all blanks	Hoyo Clary	Riverview H	IS.	023 1494					
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Engineering classes 2 So-100/semester O	*This is the school/district-based person who is in charge of the	grant.							
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	Linda Nook Lin	lo K. no	rok	2/4/08					

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Rev. 02/01/08

Please Type or Print in In	Section Two	o: Sur	rant Approval Form mmary for grants ov must be placed on the Scho			fice staff.)		
☐ District Finance Office ☐ Con☐ Con☐ Con☐ Con☐ Con☐ Con☐ Con☐ Co		Conti	mpetitive/Discretionary Continuation cr:		Fund Source: The Federal (indirect cost \$)———— State Local Foundation Other:			
Name of Primary Fund Source	Funder's Conta Name	ct	Funder's Addres	S	Phone Number	\$ Amount		
US Dept. of Transportation Federal Highway Admin.	Andre Sheppard 1200 New Jersey Ave., SE, S E65-101 Washington, DC 20590			ite	(202) 493-2402	\$200,000.00		
IMPORTANT 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. N/A Technology Support Staff NOTE: If your project involves CONSTRUCTION or requires RETROFITTING space: Please call Director of Construction Services at 361-6680 or Director of Facilities Services at 316-8143 to discuss your project and receive approval to go forward with your proposal. 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 (Needs Approval Yes No) Director of Construction Services Director of Facilities Services (Needs Approval Yes No) Research, Assessment, & Evaluation (RAE) Director of Construction Services (Needs Approval Yes No) Director of Facilities Services (Needs Approval Yes No) Director of Budget								
Executive Director of Elementary, Middle, or Secondary Schools (Needs Approval Tyes TNo) (Needs Approval Tyes TNo) Superintendent Superintendent								

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

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