

## Office Use Only

Date of Board Meeting: 2-5-08

Agenda Item No. \_\_\_\_\_

 New Grant

## Section 1: General Information:

 Continuation

Complete this side for ALL grants, including classroom grants

Grant Start/End Dates: 4/9/08 - 6/13/08 Application Deadline: 2/5/08 Grant Amt: \$5,000\*Funder's Grant Title: Weller \*Your Grant Title: Theatre Improvement

\*e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc.

\*e.g. Up, Up and Away, Exploring Our Heritage, Young Galileo's, etc

Grant Writer: Sharon Ferguson School/Dept. Venice High School Phone 488-6727 Ext 65610Grant Contact Person\* Sharon Ferguson School/Dept Venice High Phone 488-6726 Ext 65610

\*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
VHS - Performing Arts	All	All	All

\*\*Does this grant require matching funds? Yes X No If yes, what amount? \_\_\_\_\_ How will these funds be raised?Grant Description

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 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 meet the Arts Goal:

A. By the year 2008, 85% of all students will participate in arts education. Schools will demonstrate annual progress toward this goal.

B. By the year 2008, 85% or more of students enrolled in arts courses will demonstrate proficiency in arts literacy. Schools will demonstrate annual progress toward this goal.

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

Purchase improvements for the Black Box Performance/Lecture area. These improvements will include the purchase of Curtains, and possibly chairs if funds permit.

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.)

Material &amp; supplies: Draperies to improve the acoustics of the Performance areas; Hardware for hanging Draperies.

Equipment: Additional seating to increase the capacity of the theatre.

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

The room will be made available to all VHS organizations for meetings and/or performances.

Print Name of Cost Center Head

Signature of Cost Center Head

Date

Send this completed form and 1 copy of your grant to RAE (Grants Office)

Please Type or Print in Ink

**GAF: Grant Approval Form**

**Section Two: Summary for grants over \$2,000.**

(These grants require School Board approval. GAF must be submitted by the School Board meeting prior to relevant School Board meeting.)

Fiscal Management will be done by: <input type="checkbox"/> District Finance Office <input type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): Education Foundation	<input type="checkbox"/> Entitlement/Flowthrough <input type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Continuation	Fund Source: <input type="checkbox"/> Federal (indirect cost \$ _____) <input type="checkbox"/> State <input type="checkbox"/> Local Foundation <input type="checkbox"/> Other:
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Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount



**\*NOTE: If TECHNOLOGY is part of this grant:**

A memo, signed by the Cost Center Head must accompany this form. The memo must state that:

- a. The school technology personnel has reviewed the physical capabilities of the area involved and that no additional wiring or electrical will be needed to implement the grant beyond what is provided through grant funds.
- b. The memo must be cosigned by Brad Schuette (927-9000 ext 31351 FAX 927-4015). Please call, tell him about your project, then FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF.



**\*NOTE: If FACILITY CONSTRUCTION or RETROFIT are part of this grant:**

- c. The memo must be co-signed by Paul Pitcher, (361-6311; fax 361-6318). Please call, tell him about your project, then, if the project is acceptable, FAX your memo to him for signature. He will FAX the memo back to you for inclusion with the GAF.

Thank you. Please call ext 927-9000 ext 32172 with questions.

**RAE OFFICE USE ONLY**

**Section Three: Signatures**

RAE personnel will obtain all signatures in this section

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

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

SERVICES

RESEARCH, ASSESSMENT & EVALUATION (RAE)

\_\_\_\_\_  
DIRECTOR OF BUDGET

\_\_\_\_\_  
\*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

\_\_\_\_\_  
ASSOCIATE SUPERINTENDENT

\_\_\_\_\_  
SUPERINTENDENT



\*Signatures needed only if applicable.

**SEND THIS COMPLETED FORM AND 1 COPY OF YOUR GRANT TO RAE (GRANTS OFFICE)**