

Please Type or Print in Ink

GAF: Grant Approval Form

RAE# _____

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only

Date of Board Meeting: 2-5-08

Agenda Item No. _____

New Grant

Section 1: General Information:

Continuation

Grant Start/End Dates: August 2008-December 2008 Application Deadline: 02-05-08 Grant Amt: \$5,000

Funder's Grant Title: Weller Arts Education Program Your Grant Title: Building Friendships: Fostering Acceptance and Understanding of Others Through the Arts

Grant Writer: Marjorie Williams, M.Ed. School/Dept: Fruitville Elementary Phone: 361-6200 Ext: _____

Grant Contact Person*: Amy Donner School/Dept: Grant Specialist Phone: _____ Ext: _____

* 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
100% of Autism Students Pre-K to 5 th Grade and equal number of their regular education peers	14 Autism and 7 regular education or gifted staff	Minimum of 80 with potential of school-wide	Minimum of 80 with a potential exposure school-wide.

Does this grant require matching funds? Yes No If yes, what amount? _____ How will these funds be raised? _____

Grant Description

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 grant objective is to engage students of various developmental levels, throughout the school, in creating three art projects in accordance with Sarasota School Board Standards. This project will incorporate partnerships within Autism, regular education and gifted populations to foster acceptance and understanding of various student abilities. The team art projects will introduce students to multiple painting genres within the educational setting while demonstrating each student's collective talents and modeling personal growth in accepting differences. The art project process will be recorded in student memory books and journals that aid autistic students in overcoming episodic memory challenges. Regular education and gifted students will work on the writing criteria. This hands-on project will support fine motor development and sensory growth in all students. The completion of the individualized two-student projects, of various mediums, will be shared school-wide. The memory books and journals being developed will offer teachers and families a resource to continually review with students.

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

The grant program activities will provide an educational setting, instructed by contracted community artists, pairing a regular education or gifted student with an Autistic peer to build and develop various art projects together over a 9-week period. Parents, teachers and students will engage in the photography and journaling at each session to record memory and personal development of each student. Students will develop and experience fine motor skills, social interaction, accepting differences, writing skills, and 3 different art activities including papier-mache, various painting techniques and mediums, and sculpting.

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.)

() Scrapbooks and supplies \$1,800 (2) Digital Camera, Batteries and Film Processing \$600 (3) Journal books \$800 (4) Contracted Professional Artist fees for 9 weeks of instruction for 4 classes \$1800.

How will grant activities be continued after the end of grant period? The grant activities will be displayed for parent, student and community enjoyment and education. The school can transfer the developed projects into memorabilia for funding additional projects. Teachers within the educational setting can continue to develop the art skills initiated through this grant.

Laura Kingsley

Laura Kingsley

1/23/07

Print Name of Cost Center Head

Signature of Cost Center Head

Date

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

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Section Two: Summary for grants over \$2,000.
(These grants require School Board approval and must be placed on the School Board Agenda by Grants Office staff.)

Fiscal Management will be done by: <input type="checkbox"/> District Finance Office <input checked="" type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): _____	<input type="checkbox"/> Entitlement/Flowthrough <input checked="" type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Continuation <input type="checkbox"/> Other: _____	Fund Source: <input type="checkbox"/> Federal (indirect cost \$) _____ <input type="checkbox"/> State <input checked="" 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
Leslie & Margaret Weller Arts Education Program of the Community Foundation of Sarasota	Wendy Hopkins	Fruitville Rd Sarasota	955-3000	\$5000.00

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.

Technology Support Staff

NOTE: If your project involves CONSTRUCTION or requires RETROFITTING space:
Please call Jody Dumas to discuss your project and receive approval to go forward with your proposal. He can be reached at 361-6311 ext. 68824. 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

<p>*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Amy Donner</i></p> <p style="text-align: center;">RESEARCH, ASSESSMENT & EVALUATION (RAE)</p>	<p>*DIRECTOR OF FACILITIES SERVICES</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">DIRECTOR OF BUDGET</p>
<p>*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY</p> <p style="text-align: center;">_____</p>	<p>ASSOCIATE SUPERINTENDENT</p> <p style="text-align: center;">_____</p>

SUPERINTENDENT

*Signatures needed only if applicable.



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