

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:

Agenda Item No.

New Grant

Section 1: General Information:

Continuation

Grant Start/End Dates: Aug 2009 - May 2010 Application Deadline: Jan 31, 2009 Grant Amt: \$3,250

Funder's Grant Title: Airborne Teacher Trust Fund Your Grant Title: String Study for Everyone

e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. *Up, Up and Away, Exploring Our Heritage, Young Galileos, etc*

Grant Writer: Karen Johns School/Dept. Lakeview Elementary Sch. Phone 361-6571 Ext 51259

Grant Contact Person* Karen Johns School/Dept Lakeview Phone 361-6571 Ext 51259

*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
Lakeview Violin Ensemble	one	ten	twenty

Does this grant require matching funds? ___ Yes X 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)

To purchase violins for students who cannot afford to purchase or rent their own

To pay for aftercare services for students whose parents cannot pick them up after violin rehearsal

Promotes access and equity in music study

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

Purchase ten violins in student sizes

Pay for aftercare services for five students one day per week all year long

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.)

10 violins @ \$75 each \$ 750

5 aftercare services 2,500

Total \$3,250

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

Violins will continue to belong to the school so that future students can borrow them. Students demonstrating need for aftercare services related to violin ensemble will utilize those funds. If we have students with the same need next year, I will pursue other grants to help them.

Joan M. Bower

Print Name of Cost Center Head

Joan M. Bower

Signature of Cost Center Head

12-1-08

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"/> Entitlement/Flowthrough	Fund Source: <input type="checkbox"/> Federal (indirect cost \$) _____ <input type="checkbox"/> State <input type="checkbox"/> Local Foundation <input checked="" type="checkbox"/> Other:
	<input type="checkbox"/> Competitive/Discretionary	
	<input type="checkbox"/> Continuation	
	<input type="checkbox"/> Other: _____	

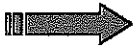
Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Airborne Teacher Trust Fund	Airborne Techer Trust Fund	http://www.airbornetrust.com/contactus.aspx	Online No ph # given	\$3,250



**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

Non file.

*DISTRICT DIRECTOR OF TECHNOLOGY
INFORMATION SERVICES

Non file

*DIRECTOR OF FACILITIES SERVICES

Non file - construction

Theresa Calhoun

RESEARCH, ASSESSMENT & EVALUATION (RAE)

Non file

DIRECTOR OF BUDGET

Non file

*EXECUTIVE DIRECTOR OF ELEMENTARY,
MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

Garrett M. White

SUPERINTENDENT

*Signatures needed only if applicable.

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