## Please Type or Print in Ink

RAE#	

## GAF: Grant Approval Form FOR GRANT APPLICATIONS \$2,000 OR MORE

		Office Use Only	,					
Date of Board Meeting:				A	lgenda Item No	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM		
X New Grant	Section 1: General Information:				Continuation			
Grant Start/End Dates:  Funder's Grant Title:  January, Operating		Application Dead Your Grant	Om 242 #		Grant Amt:	S19,550 r Sarasota, Inc.		
e.g. Weller Teacher Mini-Grant, Building	Riocks for Success etc		l Away, Exploring	Our Havitaga	Vouna Galilans, a	uta		
, T	School/De	DAR	i Away, Laptoring (	~	927-9000 E			
Grant Contact Person* Peggy V *This is the school/district-based person who		School/Dept Aca	demic Interv.	- Phone	927-9000 E	Ext 31113		
Schools/Programs to be served	by this grant # 0	f staff impacted	# of students	mpacted	# of parents	impacted		
Infinity Middle School	4		30		60			
Does this grant require matching funds?Yes _XNo If yes, what amount? How will these funds be raised?								
		<b>Grant Description</b>						
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 allow the District to work with Man Up at AMI Kids Infinity. The expected outcomes will include improved behavior, attendance, student participation, and parent involvement.								
Briefly list grant program activit	ies (what is going to	be done with the	grant funds):					
Provide afterschool academic tutoring at AMI Kids Infinity in Reading, Math, and Science and bring in mentor volunteers and guest speakers.								
Please provide a <b>brief</b> explanation of pertinent <b>budget items</b> 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.)  Contracted Services, program operational expenses, motivational incentives for students, instructional materials, and supplies.								
How will grant activities be continued after the end of grant period?								
Long-term sustainability will be enhanced with the hire of an effective development and marketing person. This will								
greatly enhance Man Up's effecti	veness to raise fun	ds.						
Peggy Wiggins	Vegas				11/11/09			
Print Name of Cost Center Head	0 0	tere of Cost Center			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:  District Finance Office  School Internal Account Other (name):  Project number, if known:		☐ Entitlement/Flowthrough ☐X Competitive/Discretionary ☐ Continuation ☐ Other:		Fund Source:  Federal: Indirect cost \$  CFDA #  State  Local Foundation					
1 Toject number, ir knov	viii			Other:					
Name of Primary Fund Source	Funder's Co Name	ntact	tact Funder's Address Phone Numb		Phone Number	\$ Amount			
Gulf Coast Community Foundation of Venice	Julie Miller		601 Tamiami Trail South Venice, FL 34285		941-486-4600	\$19,550			
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.									
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.									
	9		S OFFICE USE ONL	Y	*				
•	Grants Office ners		on Three: Signatures	fures	in this section				
Grants Office personnel will obtain applicable signatures in this section									
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION  *DIRECTOR OF FACILITIES SERVICES  *DIRECTOR OF FACILITIES SERVICES  *DIRECTOR OF BUDGET  *DIRECTOR OF BUDGET									
*EXECUTIVE DIRECTOR SE	OF ELEMENTARY CONDARY	, Middli	E, OR AS	SSOCI	ATE SUPERINTENDE	NT			
Low m. While									
SUPERINTENDENT									
*Signatures needed only if applicable.									
Send this completed form	n and 1 copy of yo	ur grant to	the Grants Office, Resea	arch, 🏻	Assessment, and Evalu	ation-Landings			