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

	Office Use Only					
Date of Board Meeting:			genda Item No			
X New Grant	Section 1: General Info	ormation:	Continuation			
Grant Start/End Dates: Funder's Grant Title: Jan. 2010 – Dec. 2010 Operating Grant - Gulface	Application Dead		Grant Amt: \$68,000			
e.g. Weller Teacher Mini-Grant, Building Blocks for Succe	FVenice ss. etc. e.g. Up. Up and.	Away, Exploring Our Heritage,	Young Galileos, etc.			
Kimberly Stocker	Сошшинса	tions/Ed	361-6355			
Grant Writer: Scho	ool/Dept. Channel	Phone	Ext			
Grant Contact Person* Leanne McIntire	School/Dept d ch	nmunications/E annel Phone	361-6355 Ext			
*This is the school/district-based person who is in charge of the						
Schools/Programs to be served by this grant	# of staff impacted	# of students impacted	# of parents impacted			
Operating budget of The Education Channel	7	We impact all schools				
Does this grant require matching funds?Y be raised?	esx_No If yes, what	amount?	How will these funds			
	Grant Description		A A A A A A A A A A A A A A A A A A A			
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 will allow the channel to continue to deliver on its mission of "Strengthening community bonds in the quest for student achievement." However, personnel have been cut and in turn services and programming have been cut. If the economy is slow to recover then The Education Channel is looking at more personnel cuts for 2010-2011 — not a position to be moving into a brand new facility as described below. The requested sums will allow the channel to recover some, but not all, of the budget cuts it has sustained for the last couple of years, as well as implement a marketing and sponsor program in order to sustain the ability to serve the community. The money is to build up the organization and make it more effective in running current and future operations. It is going to be accomplished by investing in people. Briefly list grant program activities (what is going to be done with the grant funds): Hire interns to provide real world job responsibilities and accountability; hire development/marketing person to attract sponsors; producer to work on referendum messages and expanding our presence on the web and on demand; pay for person to work with professional development and tape teacher training;						
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.) Producer; effects person; videographer/editor; on camera talent; interns; ; marketing and development person- the grant is for operating dollars only so this would not totally supplant the operating dollars cut from our budget the past three years.						
How will grant activities be continued after the en The development person hired will successfully ra SCTI funding and Workforce Development funding channel forward.	nise the funds needed for					
Print Name of Cost Center Head	Signature of Cost Center		10/28/09 Date			
Send this completed form and 1 copy of your o	rant to the Crants Offic	a Racagrah Accasement	and Evolution Landings			

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(These grants re			mmary for grants ov must be placed on the Schoo			staff.)		
☐ School Internal Account ☐ Continuous Comp		npetitive/Discretionary tinuation er:		Fund Source: Federal: Indirect cost \$ CFDA # State X Local Foundation Other:				
Name of Primary Fund Source	Funder's Co Name			S	Phone Number	\$ Amount		
Gulf Coast Community Foundation of Venice					941.486.4600	\$68,000		
that no additional complete the proj	nology support pel wiring or electric ect. Please have	ersonnel metal work, by your technology	the cameras, DVD player nust review the physical beyond what is provided nology support staff mer rechnology Support Staff STRUCTION or requirements.	capab I throunder s mber s	ilities of the area involgh the grant, will be a ign off on your projection.	needed to ct here.		
He can be reache signature, to be in	d at 361-6311 ext acluded with your	68824.] GAF.	oject and receive approses If approved, you will need call ext 927-9000 ext. 32	ed to c	create a memo for his	approval and		
	á		S OFFICE USE ONL	Y				
*DISTRICT DIRECTOR O	F TECHNOLOGY I	informa		CII ECTO	in this section C VON F R OF FACILITIES SEF C C ECTOR OF BUDGET	-17e-umstruction		
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR ASSOCIATE SUPERINTENDENT SECONDARY								
Lev M. White								
	***************************************	S	UPERINTENDENT					
*Signatures needed only if applicable.								
Send this completed form	n and 1 copy of yo	ur grant t	o the Grants Office, Rese	arch,	Assessment, and Evalu	ation-Landings		