

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: August 24, 2009 Application Deadline: June 15, 2009 Grant Amt: \$10,000

Funder's Grant Title: Saucony Run For Good Your Grant Title: Brentwood Elementary Community Run Club

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: John Weida/Racheal Chappell School/Dept. Assistant Principal/Teacher Phone 941 361-6231 Ext 51705

Grant Contact Person\* John Weida School/Dept Brentwood Elem. Phone 941 361-6231 Ext 51705

\*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
Brentwood Elementary School and Community	80+	500+	100+

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)

Sarasota County Wellness Policy

**III. Physical Activity Goals**

C. To provide opportunities for physical activity before, during and after the school day in addition to scheduled physical education and other subject area classes.

D. To encourage and assist students and staff in establishing personal fitness goals.

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

Students, staff, and community will be able to participate in the Brentwood Community Run Club. During the school day, students and staff will participate in the run/walk mileage club. They will earn toe tokens for miles walked/run. After school we will invite students, staff, and parents to participate in the run club. We will run several scheduled local races. We will fund appropriate running shoes for runners in need. We will also be traveling to Orlando to run the Circle of Life Family 5k in conjunction with the Disney Marathon weekend.

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.)

- \$1,000 Run Club Coordinator – new position
- \$2,000 Shoes
- \$1,000 Awards / Tokens
- \$1,000 Run Club Shirts
- \$1,000 Race Registration
- \$4,000 Travel

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

We have been running our Run Club for two years. We have done so with the support of our PTO and fundraising. It is our intention to continue through support of our PTO and fundraising activities, with or without grant funds.

Michelle Henderson

*Michelle Henderson*

6-9-09

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

Please Type or Print in Ink

**GAF: Grant Approval Form**

**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): \_\_\_\_\_

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: \_\_\_\_\_

Fund Source:

- Federal (indirect cost \$) \_\_\_\_\_
- State
- Local Foundation
- Other: \_\_\_\_\_

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Saucony Run For Good Foundation		191 Spring Street Mail Drop 318s Lexington, MA 02420-9191		\$10,000.00



**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

Jon file  
\*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Jon file      Jon file - construction  
\*DIRECTOR OF FACILITIES SERVICES

[Signature]  
RESEARCH, ASSESSMENT & EVALUATION (RAE)

Jon file  
DIRECTOR OF BUDGET

Jon file  
\*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

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

[Signature]  
SUPERINTENDENT

\*Signatures needed only if applicable.

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