

Please Type or Print in Ink

GAF: Grant Approval Form

RAE# _____

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only

Agenda Item No. _____

Date of Board Meeting: _____

New Grant

Section I: General Information:

Continuation

Grant Start/End Dates: 9/2009 - 5/2010 Application Deadline: _____ Grant Amt: 4,973.00

Funder's Grant Title: Weller Arts Ed. Prog. Your Grant Title: Violin Enrichment puts the Plus in
e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc. Basics Plus

Grant Writer: Kim Miles School/Dept. Bay Haven - Music Phone 359-5800 Ext _____

Grant Contact Person* Kim Miles School/Dept. Bay Haven - Music Phone 780-4211 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
<u>Bay Haven - Violin Program</u>	<u>1</u>	<u>200 +</u>	<u>200 +</u>

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)

- provide additional violins and instruction for 5th grade students who were introduced to playing the violin last year
- Standards 1.2d, 1.2.3, 1.2.6, 1.2.7 - learning and performing on a violin with appropriate technique and musical skills

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

- purchase additional violins for students
- provide enrichment club for violin students with a violinist
- visit a Sarasota Orchestra Performance with an opportunity to meet with some of the musicians

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.)

- purchase 12 additional violins
- pay contracted services: violin instructor
- cost of field trip to watch/hear/speak with Sarasota Orchestra

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

- with the additional violins, more students each year will have the opportunity to participate in the violin club

BETSY ASHEIM DEAN

Betsy Ashheim Dean

5/29/09

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

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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):

- 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
Leslie and Margaret Weller Arts Ed. Program				\$4,973.00

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

[Signature]
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

von file *von file*
*DIRECTOR OF FACILITIES SERVICES *Unstr*

[Signature]
RESEARCH, ASSESSMENT & EVALUATION (RAE)

von file
DIRECTOR OF BUDGET

von 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