

Please Type or Print in Ink

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

RAE# _____

Office Use Only

Date of Board Meeting: _____

Agenda Item No. _____

New Grant

Section 1: General Information:

Continuation

Grant Start/End Dates: May 2009 – December 2010 Application Deadline: N/A Grant Amt: \$69,788.00

Funder's Grant Title: RHS Project Lead the Way Your Grant Title: "An Investment in the Future"

Grant Writer: Education Foundation of Sarasota County Phone _____ Ext _____

Grant Contact Person* Effa Beauette School/Dept Riverview High Phone 544-5443 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
Riverview's Project Lead the Way Engineering Program (with the focus on manufacturing), available through the Edison SLC, is the primary focus. However, also served will be those students in the Cousteau SLC as students in both SLCs, as a result of this grant, will have the ability to manufacture parts for their projects.	Approximately 20	Minimally 150 students enrolled in PLTW as well as another 150 involved in the Cousteau SLC.	All the parents of the students impacted

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)

The purpose is to provide equipment so that PLTW staff can offer the course, Computer Integrated Manufacturing. This course exposes students to the fundamentals of computerized manufacturing technology.

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

Activities involve using computer modeling software to develop three dimensional objects, operating and programming CNC equipment, converting computer generated geometry into a program to drive the CNC machine tools through the use of CAM software, using robotics for materials handling and assembly operations, and facilitating teams to design manufacturing work cells and tabletop factory simulations.

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.)

The funds will be used to purchase the equipment required for PLTW staff to teach the Computer Integrated Manufacturing PLTW course. This "Basic CIM Mill Package" includes a Super proLight 1000 Machining Center, Rapid Change Tooling Package, SCORBOT-ER 4u Robotic Package, Precision Pneumatic Vise Matrix Table, Industrial Compressor & Conditioning System, and other items basic to the PLTW Computer Integrated Manufacturing course.

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

The program should become self-sustaining through FTE and student-marketed products. In addition, the community advisory committee has agreed to assist in the procurement of additional project and partnership related grants.

Linda K. Nook
Print Name of Cost Center Head

Linda K. Nook
Signature of Cost Center Head

6/1/09
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: <input checked="" type="checkbox"/> District Finance Office <input checked="" type="checkbox"/> School Internal Account <input type="checkbox"/> Other (name): _____		<input type="checkbox"/> Entitlement/Flowthrough <input checked="" type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Continuation <input type="checkbox"/> Other: _____		Fund Source: <input type="checkbox"/> Federal (indirect cost \$) _____ <input type="checkbox"/> State <input checked="" type="checkbox"/> Local Foundation <input type="checkbox"/> Other: _____
Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Education Foundation of Sarasota County	Cindy L. Kaiser, Executive Director	1960 Landings Blvd, Suite 120, Sarasota, FL 34231	941-927-0965	\$69,788.00

IMPORTANT

**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 Director of Construction Services at 361-6680 or Director of Facilities Services at 316-8143 to discuss your project and receive approval to go forward with your proposal. 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.

✓ on file

District Director of Technology Information Services
(Needs Approval Yes No)

[Signature]

Research, Assessment, & Evaluation (RAE)

[Signature]

Executive Director of Elementary, Middle, or Secondary Schools
(Needs Approval Yes No)

✓ on file on file

Director of Construction Services
 Director of Facilities Services
 (Needs Approval Yes No)

✓ on file

Director of Budget

Associate Superintendent
(Needs Approval Yes No)

[Signature]

Superintendent

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