

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: Aug. 2012 – June 2013 Application Deadline: _____ Grant Amt: \$3850.00

Funder's Grant Title: Weller Arts Ed. Program of Community Foundation Your Grant Title: The Met: HD Live in Schools

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: Kim Miles School/Dept. Bay Haven School of Basics Plus Phone 359-5800 Ext _____

Grant Contact Person* Kim Miles School/Dept Bay Haven Phone 359-5800 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
Bay Haven 5 th Grade	6 +	90	10 +

Does this grant require matching funds? X Yes ___ No If yes, what amount? _____ How will these funds be raised? School Funds or PTO

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)

Bring Met: HD Live Opera as a "text" for learning with integration of music, art, Language Arts, math, science, and social studies.

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

- Teacher training and preparation for lessons
- Thematic teaching in classrooms
- Field trip to attend a special showing of Met: HD Live rescreening at the Hollywood 20 Theatres in Sarasota

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.)

- Professional development for teachers
- Bus transportation costs
- Planning and administration
- Editing of final documentation

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

Continue integrating arts into our core curriculum and making those connections in the arts as well

Betsy Asheim
 Print Name of Cost Center Head _____
 Signature of Cost Center Head Betsy Asheim
 Date 6/5/12

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): _____

Project number, if known: _____

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: _____

Fund Source:

- Federal: Indirect cost \$ _____
CFDA # _____
- State
- Local Foundation
- Other: Bay Haven School

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
The Leslie and Margaret Weller Arts Education Program	Patricia Martin	2635 Fruitville Road Sarasota, FL 34237 (Community Foundation)	(941) 955-3000	\$3850.00



**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

von file
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

von file von constr. svcs.
*DIRECTOR OF FACILITIES SERVICES

[Signature]
RESEARCH, ASSESSMENT & EVALUATION (RAE)

von file
DIRECTOR OF BUDGET

von file
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

[Signature] 6/8/12
ASSOCIATE SUPERINTENDENT
Exec. Dir., IIS

[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