Please Type or Print in Ink

GAF: Grant Approval Form

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Date of Board Meeting:   Section 1: General Information:   Continuation	r -	FOR GRANT A	APPLICATIONS	\$2,000 OR MO	<u>KE</u>		
Section 1: General Information:   Continuation			Office Use Only				
Grant Start/End Dates:  Frunder's Grant Title:  ### Pro Today Parent Group of the Your Your Grant Title:  ### School/Dept.  ### Ostaff impacted  ### of staff impacted  ## of staff impacted  ### of parents impacted  ### of parents impacted  ### of parents impacted  ### of staff impacted  #### of staff impacted  #### of staff impacted  #### of parents impacted  #### of parents impacted  #### of parents impacted  #### of parents impacted  ##### of parents impacted  ###################################	Date of Board Meeting:		Section 1: Concret Inf	armation:			
Grant Start/End Dates: FUNDER'S Grant Title:  We be completed from the start separate of the start of the sta	x New Grant	ì	Section 1: General Year				
Funder's Grant Totle:  "One Notes Teacher Ministrant, Building Blocks for Success etc. Grant Writer:  Mary Lisa Millibourn  School/Dept  School/Dept  One Park School  Phone  361-6428  Ext  56065  This is the subsolidirisch-based person who is in charge of the grant  Schools/Frograms to be served by this grant  Schools/Frograms to be served by this grant  # of staff impacted # of students impacted # of parents impacted Oak Park School  Does this grant require matching funds?  Yes _x No If yes, what amount?  # on 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 froper of project category. The objective of applying for this award was to continue increased disability awareness and raised funds for our school. We have submitted Sammy's Run in the "Outstanding Job on a Completed Project" category. The objective of applying for this award was to continue increasing disability awareness and to get additional funds for our school to supply needed therapy and education supplies  Briefly list grant program activities (what is going to be done with the grant funds):  Our students require specialized equipment that can be costly. Grant funds will be used to purchases switches and adaptive equipment needed to work with students with disabilities. It will fund conference registration for several teacher to attend an assistive technology conference to learn about advances in this area and share that information with school personnel. One titem in the award is a Direct TV system to be used as a donation that can be used to gathe additional funds for the next school year.  Please provide a brief explanation of pertinent budget items that will be funded through this grant. (Please indicate Iffands will be additional funds for the next school year.  Please provide a brief explanation of pertinent budget items that will be funded through this grant. (Please indicate Iffands wi	Grant Start/End Dates:	9/09 to 6/10	9/09 to 6/10 Application Deadline: 6/1/09				
Weller Truether Marty Lisa Millbourn School/Dept.  School/	Funder's Grant Title:	PTO Today Parent Group of	TOM CHARLE	, icio.			
Grant Writer: Mary Lisa Millbourn School/Dept Oak Park School Phone 361-6428 Ext 56065  This is the school/derict-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 Oak Park School  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)  This grant is an award for previously completed work on Sammy's Run. Sammy's Run was a race which increased disability awareness and raised funds for our school. We have submitted Sammy's Run in the "Outstanding Job on a Completed Project" category. The objective of applying for this award was to continue increasing disability awareness and to get additional funds for our school to supply needed therapy and education supplies  Briefly list grant program activities (what is going to be done with the grant funds):  Our students require specialized equipment that can be costly. Grant funds will be used to purchases switches and adaptive equipment needed to work with students with disabilities. It will fund conference registration for several teacher to attend an assistive technology conference to learn about advances in this area and share that information with school personnel. One item in the award is a Direct TV system to be used as a donation that can be used to gathe additional funds for the next school year.  1. Switches  2. adaptive equipment (walkers, standers, etc)  3. conference registration  4. picture support supplies (pictures, lamination supplies, equipment/furniture, focilities, and other applicable terms.)  1. Switches  2. Signature of Colo Center Head  Signature of Colo Center Head  Signatur	e.e. Weller Teacher Mini-Gra	ant, Building Blocks for Succes	ess, etc. e.g. $Up_{i}Up$ and	Away. Exploring Our He			
Grant Contact Person* Mary Lisa vinhous. School/Dept This is the seleowidistrick-based person who is in charge of the grant. Schools/R*rograms to be served by this grant   # of staff impacted   # of students impacted   # of parents impacted   Oak Park School   150   385   200   Does this grant require matching funds? Yes x No If yes, what amount? How will these funds be raised?    Grant Description	Grant Writer: Mary I	Lisa Millbourn School	ol/Dept. Tak Park S		The Late State		
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Danie Parvett Signature of Cost Center Head  Date  Date	Materials, equipment a	nd information gained wi	Il be available at the sc	hool long after the gra	ant year has ended and will		
Print Name of Cost Center Head  Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings	support our students.	1			: 1201-1		
Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings	Daniel Fark	ett dead	Signature of Cost Center	er Head	$-\frac{6/30/0}{\text{Date}}$		
	Send this completed	form and 1 copy of your	grant to the Grants Of	fice, Research, Assess	ment, 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	l approval ai	nd must be placed on the Scho	ool Boa	rd Agenda by Grants Office st	aff.)		
Fiscal Management will			lement/Flowthrough		d Source:			
☐ District Finance Offi☐ School Internal Acco			petitive/Discretionary		ederal (indirect cost \$) –			
Other (name): Oak			·····		State Local Foundation			
().		o tine		ı <u> </u>	Other:			
Name of Primary	Funder's Co	ntact	Funder's Address		Phone Number \$ Am			
Fund Source	Name							
PTO Today	Patty Catalano		Parent Group of the Year Search PTO Today 100 Stonewall Blvd, Suite 3 Wrentham, MA 02093		No phone available.	\$5000 + Direct		
					Contact info:	TV system to		
					pattyc@ptotoday.com	be used as raffle		
	L		1			ıame		
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 Sta	ıff	·····			
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.								
			S OFFICE USE ONI ion Three: Signatures	<u>√ X</u>				
	Grants Office per		Il obtain applicable sign	atures	in this section			
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*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES  SERVICES								
1/1/2011								
RESEARCH, ASSESSMENT & EVALUATION (RAE)  DIRECTOR OF BUDGET								
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Sle	('a							
EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR ASSOCIATE SUPERINTENDENT SECONDARY								
Low m Wast								
SUPERINTENDENT								
*Signatures needed only if applicable.								
Send this completed for	m and 1 copy of yo	our grant f	o the Grants Office, Rese	arch,	Assessment, and Evaluati	on-Landings		