**GAF: Grant Approval Form**

**FOR GRANT APPLICATIONS $2,000 OR MORE**

**Date of Board Meeting:**

- **X** New Grant

**Section 1: General Information:**

- Grant Start/End Dates: Sept. 1, 2008-June 30, 2009
- Application Deadline: June 20, 2008
- Grant Amt: $3,000

**Funder's Grant Title:**

- Sharing the Dream

**Your Grant Title:**

- The Eagle's Nest Volunteer Center

**Grant Writer:**

- Amy Donner

**Grant Contact Person:**

- Dr. Barbara Shirley

**Schools/Programs to be served by this grant**

<table>
<thead>
<tr>
<th>Schools/Programs</th>
<th># of staff impacted</th>
<th># of students impacted</th>
<th># of parents impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alta Vista</td>
<td>4</td>
<td>All Identified At-Risk Students</td>
<td>All</td>
</tr>
</tbody>
</table>

**Does this grant require matching funds?**

- Yes _X_ No

**If yes, what amount?**

**How will these funds be raised?**

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**Grant Description**

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 goals of the new Eagle's Nest Volunteer Center will be threefold in meeting the SIP goals in Reading and Math:

1. Provide individualized intensive instruction in reading and math to at-risk students grades K-5.
2. Develop meaningful opportunities for parents to get involved in their child’s education by providing them with training and curriculum resources in a positive learning environment.
3. Engage community members in a collegial positive environment that promotes student achievement through instruction and mentoring of at-risk students.

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

The Eagle’s Nest Volunteer Center will allow Alta Vista to recruit, train and place parent and community volunteers with at-risk students who require tutoring and mentoring. Volunteers will be provided with curricular materials, lessons, and student materials so that they are able to immediately and effectively work one-on-one with students who need intensive, individualized instruction to improve academic achievement.

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.)*

These funds will allow for the purchase of curricular materials, training materials, food for training meetings, and copies to create student notebooks and lessons.

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

The grant will provide materials that can continue to be used after the conclusion of the grant.

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**Barbara Shirley**

**Signature of Cost Center Head**

**6/18/08**

**Print Name of Cost Center Head**

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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

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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: MetLife Foundation

Name of Primary Fund Source | Funder's Contact Name | Funder's Address | Phone Number | $ Amount
-----------------------------|----------------------|-----------------|--------------|--------
MetLife Foundation           | Margaret Evans       | Not provided    | (703) 518-6281 | $3,000

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

*District Director of Technology Information Services

[Signature]

Research, Assessment & Evaluation (RAE)

[Signature]

*Executive Director of Elementary, Middle, or Secondary

[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

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