

927-4021

Please Type or Print in Ink

GAF: Grant Approval Form

RAE# \_\_\_\_\_

**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: nov. 09 – may 10

Application Deadline: 2-6-09

Grant Amt: 5,000.00

Funder's Grant Title: WELLER 11

Your Grant Title: FINDING FCAT IN AMAZON ART

e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc.

e.g. *Up and Away, Exploring Our Heritage, Young Galileos, etc*

Grant Writer: MONICA BROWN

School/Dept. ART

Phone

323-9773

Ext \_\_\_\_\_

Grant Contact Person\* MONICA BROWN

School/Dept LNS

Phone

486-2171

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
ART	45	300	49

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)*

**STUDENTS TO COMBINE FCAT SKILLS WITH ART THIS MAKING FCAT SKILLS FUN AND MEMORABLE**

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

**SCIENCE: STUDING PLANTS AND ANIMALS AND APPLYING INFORMATION ON CANVAS**

**MATH: USING MATH SKILLS TO CREATE CANVAS**

**READING: READING BOOKS ABOUT THE TROPICS**

**WRITING SKILLS: WILL WRITE ABOUT THE TROPICS**

**ART: MUSIC, FINE ARTS, ART CAREERS. AND PHOTOGRAPHY WILL BE INTEGRATED**

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.)*

**PRINTERS, INK, CANVAS, PAINTS, RESOURCES ABOUT AMAZON ART/TROPICS**

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

**EQUIPMENT WILL BE USED YEAR AFTER YEAR**

Nancy Dubin  
Print Name of Cost Center Head

Nancy Dubin  
Signature of Cost Center Head

5/5/09  
Date

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

<b>Please Type or Print in Ink</b>				
<b>GAF: Grant Approval Form</b>				
<b>Section Two: Summary for grants over \$2,000.</b>				
(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: _____
<b>Name of Primary Fund Source</b>	<b>Funder's Contact Name</b>	<b>Funder's Address</b>	<b>Phone Number</b>	<b>\$ Amount</b>
Weller 11	Community Foundation	2635 Fruitville Rd. Sarasota, Fl. 34230	955-3000	\$ 4583.21
<p> <b>NOTE: If MAJOR TECHNOLOGY is part of this grant:</b>                      (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.                 </p> <p style="text-align: center;">                      _____                      Technology Support Staff                 </p> <p> <b>NOTE: If your project involves CONSTRUCTION or requires RETROFITTING space:</b>                      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.                 </p>				
<b>GRANTS OFFICE USE ONLY</b>				
Section Three: Signatures Grants Office personnel will obtain applicable signatures in this section				
_____ *DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES		_____ *DIRECTOR OF FACILITIES SERVICES <i>Construction</i>		
_____ RESEARCH, ASSESSMENT & EVALUATION (RAE)		_____ DIRECTOR OF BUDGET		
_____ *EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY		_____ ASSOCIATE SUPERINTENDENT		
_____ 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				