

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only

Date of Board Meeting:

Agenda Item No. _____

 New Grant

Section 1: General Information:

 ContinuationGrant Start/End Dates: Awarded Fall 2008 Application Deadline: May 15, 2008 Grant Amt: \$5,000Funder's Grant Title: MetLife Foundation-NASSP Breakthrough Schools Project Your Grant Title: BREAKTHROUGH SCHOOLS PROJECT
e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etcGrant Writer: Rob Manoogian School/Dept. Heron Creek MS Phone 480-3371 Ext 62716Grant Contact Person* Rob Manoogian School/Dept Heron Creek MS Phone _____ 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
Heron Creek MS	N/A	N/A	N/A

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)

This award is for high achieving middle and high schools whose best practices and outstanding results can inform other schools in their school improvement efforts.

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

Award will recognize Heron Creek Middle Schools efforts to provide collaborative leadership, personalization and high quality curriculum, instruction and assessment in order to close the achievement gap, help all students achieve and provide leadership opportunities for staff and students.

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 \$5,000 award money will be used by the school to further its success, but no specifications are made by the grantor as to how funds must be spent.

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

With operating funds, as in the past.

Michael Desjardins
Print Name of Cost Center HeadM. L. Desjardins
Signature of Cost Center Head4/15/08
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:

- District Finance Office
- School Internal Account
- Other (name): _____

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

Fund Source:

- Federal (indirect cost \$) _____
- State
- Local Foundation
- Other: Natl Assn. of Secondary Sch. Principals

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
National Assn. of Secondary School Principals	Josephine Franklin	1904 Association Drive Reston, VA 20191	703-860-7281	\$5,000



**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

Natalie Beca 4-18/08
RESEARCH, ASSESSMENT & EVALUATION (RAE)

*DIRECTOR OF FACILITIES SERVICES

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