Please Type	or	<b>Print</b>	in	Ink
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## k GAF: Grant Approval Form I FOR GRANT APPLICATIONS \$2,000 OR MORE

	Office Use O	nly				
Date of Board Meeting:						
☐ New Grant	Section 1: General	Section 1: General Information:				
Grant Start/End Dates: Sept. 09- May 10	Application De	eadline: Jan.	Grant Amt: \$4500.00			
Funder's Grant Title:  Leslie and Margar	et Weller Fund Your Gr	ant Title: "Seeing Selby: A	s an Artist and a Scientist!"			
e.g. Weller Teacher Mini-Grant, Building Blocks	for Success, etc.	and Away, Exploring Our Heritag	e, Young Galileos, etc			
Grant Writer: Deborah Herbert	– School/Dept. <i>DHY</i>	Phone	Ext			
Grant Contact Person* Deborah Herbe *This is the school/district-based person who is in cha	benoon bept	Art Phone	359-5800 Ext			
Schools/Programs to be served by this		d # of students impacted	# of parents impacted			
ART	10	196	Fourth and Fifth grade			
			parents			
Does this grant require matching fu these funds be raised?	nds?Yes _X_No If	yes, what amount?	How will			
		-	·			
	Grant Descript	<u>ion</u>				
Please fill in all blanks.	Oo not refer to attachments in	your summaries. D	o not attach separate sheets.			
Briefly summarize the overall purpose/o goals of your School Improvement Plan a	<b>bjective</b> of the grant and ind	licate how this grant will con	tribute to the needs and			
This grant is meant to integrate high le			through a field twin			
experience at Selby Gardens. The gran	t includes all fourth and fit	th graders	through a new trip			
ouperiones as sensy outdons, the gran	includes all fourth and in	en graucis.				
Briefly list grant program activities (wh	at is going to be done with t	he grant funds):				
Frank and Figh Co. A. de J. de 20						
Fourth and Fifth Grade students will vidrawing class examining flowers and pl	sit Selby Gardens and par	ticipate in a flower dissection	ng class and a field			
drawing class examining flowers and pl Impressionists and also works by Photo	ants ciosely. Students will ore	study works of art by Geor	gia O'Keete, the			
details seen and studied at Selby Garde	ns. Students will have an a	ate works of art using on p rt show of their florals	asters incorporating			
Please provide a <b>brief</b> explanation of pertinged for provided staff position	ment 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 funds cover bussing and admission to Selby Gardens, substitute pay for the art teacher, art supplies for the						
students and shipping costs.						
How will grant activities be continued after the end of grant period?						
The grant activities will continue with ongoing use of the high level science vocabulary words in art classes, through art displays and use of images and references to the Selby experience.						
displays and use of images and references to the semy experience.						
Betsy Ashiem-Dean	ME		-//-			
Bets y As wein - Jean Print Name of Cost Center Head	Signature of Cost Cen	w Wlles ter Head	3/5/89 Date			
Send this completed form and I copy of	//		and Evaluation-Landings			

Please Type or Print in In	k	GAF: G	rant Approval Form				
(These grants re	Section 7. equire School Board ap	Two: Supproval and	mmary for grants ov I must be placed on the Schoo	<b>er \$2</b> l Board	,000. Agenda by Grants Office :	staff.)	
Fiscal Management will be done by:  District Finance Office  School Internal Account		Com	Entitlement/Flowthrough Competitive/Discretionary Continuation Other:		Fund Source:  ☐ Federal (indirect cost \$) ——— ☐ State  ☐X Local Foundation ☐ Other:		
Name of Primary Fund Source	Funder's Co Name	ntact	Funder's Address		Phone Number	\$ Amount	
Leslie and Margaret Weller Fund of the Community Foundation of Sarasota	Patricia Martin		2635 Fruitville Road, Sarasota 34237		955-3000		
that no additional complete the proj	wiring or electric ect. Please have y	al work, I your techt  T  ves CON	nust review the physical beyond what is provided nology support staff men rechnology Support Staff STRUCTION or requioject and receive appro	throunber s	gh the grant, will be n ign off on your project  ETROFITTING space	eeded to t here.	
He can be reached	d at 361-6311 ext. icluded with your	68824. I GAF.	If approved, you will nee call ext 927-9000 ext. 32	d to c	reate a memo for his a	pproval and	
	<u>G</u>		OFFICE USE ONL	Y			
*DISTRICT DIRECTOR OF	on file ftechnology in ervices	onnel wil	\	file coron	n this section  OF FACILITIES SERV  CONTROL  CON	The Construction	
*EXECUTIVE DIRECTOR OF SEC	CONDARY	, MIDDLE	E, OR AS	ASSOCIATE SUPERINTENDENT			
		St	Derintendent needed only if applicate	ble.			
Send this completed form	and 1 copy of you	ır grant to	the Grants Office, Resea	rch, A	ssessment, and Evalua	tion-Landings	