

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: Sept. 1, 2008- July 31, 2009 Application Deadline: May 16, 2008 Grant Amt: \$6,800

Funder's Grant Title: Florida Learn & Serve, 1-Yr Pilot Projects Your Grant Title: Learn & Serve Pioneer Local Oral History Project

e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc

Grant Writer: Barbara Woody School/Dept. Venice Middle School Phone 486-2100 Ext _____

Grant Contact Person* Barbara Woody School/Dept VMS Phone 486-2100 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
Venice Middle School	1	20	0

Does this grant require matching funds? Yes No If yes, what amount? 33% of requested funds How will these funds be raised?

Match can be either cash or in-kind donations and have been outlined in the proposal. No fundraising or additional district funds required.

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 will allow VMS students to research Venice area pioneer families and to create, edit and publish oral history interviews with volunteers from the Venice Area Historical Society. This will support the *NeXt Generation Learning* objectives to improve Quality and Resources.

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

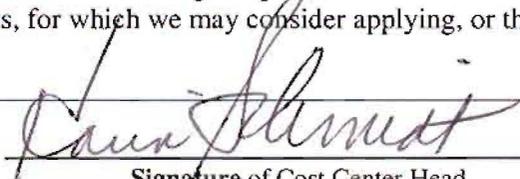
Students will read articles and books about early Florida pioneers and then choose eight families that settled in Venice in its early days. They will then do more research on these families using the Archives of the Venice Area Historical Society and will visit several area historical places. Students will then conduct oral interviews with pioneer family descendents, edit the films and prepare them for public viewing and distribution.

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.*)

Budget will provide for out of county travel to attend the grantee meeting, substitute teachers, transportation costs for field trips, supplies, digital cameras, video editing software and a consulting fee for a visit from the Director of Oral History Program at USF.

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

The program offers continuation grants, for which we may consider applying, or the program will end.

<u>Karin Schmidt</u>		<u>5/30/08</u>
Print Name of Cost Center Head	Signature of Cost Center Head	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: _____

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Florida Learn & Serve, 1-Year Pilot Projects	Joe Follman	Office of Grants Management Florida Department of Education 325 W. Gaines Street, Room 325 Tallahassee, FL 32399-0400	850-488-9661	\$6,800



**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 Boca 5-20-08
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