

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: 9/11 - 4/12 Application Deadline: 2/11/11 Grant Amt: \$3993.88

Funder's Grant Title: Weller Arts Grant Your Grant Title: Celebrating Diversity with Fine Arts & Language Skills
 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: Yuliya Smilowitz School/Dept. Glenallen, ESOL Phone 426-9517 Ext 52266

Grant Contact Person* Dorie Cleere School/Dept Finances Phone 426-9517 Ext 52325

*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
Glenallen ESOL, Music, Art	4	80, then all	100

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)

ESOL Standard 11, English Proficiency

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

Authors' Tea, Creative Writing with books, Reading aloud, creating music, immigrant music, folksongs, Celebrating diversity Field Trip

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.)

Art supplies for book creation, 10 MP3s for a Lab, Cds, Opera singer visit

How will grant activities be continued after the end of grant period? The MP3 lab can be used for music and for reading fluency purposes, the student books and songs can be used in demonstration, the families of the pupils will be invited to two events

Amy Archer

[Signature]

2/9/11

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): _____

Project number, if known: _____

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

Fund Source:

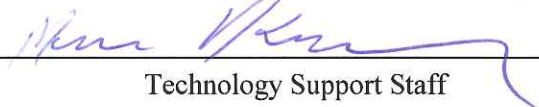
- Federal: Indirect cost \$ _____
CFDA # _____
- State
- Local Foundation
- Other:

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount



**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.

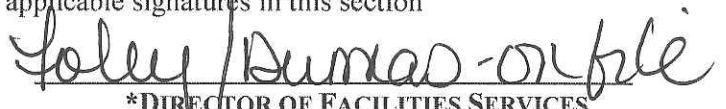
GRANTS OFFICE USE ONLY

Section Three: Signatures

Grants Office personnel will obtain applicable signatures in this section



 *DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES



 *DIRECTOR OF FACILITIES SERVICES



 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