

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: 2/1/11 – 5/15/11 Application Deadline: 11/1/10 Grant Amt: 2000.00

Funder's Grant Title: Project Ignition Your Grant Title: The Last Text

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: James Minor School/Dept. Riverview High School Phone 923-1484 Ext 64135

Grant Contact Person* James Minor School/Dept Riverview High 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
RHS IB Film	1	90	?

Does this grant require matching funds? ___Yes ___x___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)

The purpose of this grant is to create a PSA that will inform students about the dangers of texting and driving while serving as an IB appropriate assessment that is part of the curriculum scaffolding needed to achieve IB objectives.

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

The funds will be used to purchase additional audio and editing hardware that will be helpful in completing this project.

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 funds are covering an additional laptop and shotgun mics to complete this project.

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

PSAs are a part of the curriculum in the 11th grade year, and they will continue to be so as the program garners additional support from grant monies.

Linda Nook		<u>2/15/11</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): _____

Project number, if known: _____

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

Fund Source:

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

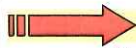
Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
State Farm	Jose Soto	8200 NW 41st Street, Suite 100, Miami, Fl. 33166		2000.00



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

Collegino - Orfelle

*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Foley/Dumas - Orfelle

*DIRECTOR OF FACILITIES SERVICES

[Signature]

RESEARCH, ASSESSMENT & EVALUATION (RAE)

Gannon - Orfelle

DIRECTOR OF BUDGET

[Signature]

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

[Signature]

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