

Office Use Only

Date of Board Meeting:

Agency Item No.

New Grant

Section 1: General Information:

Continuation

Grant Start/End Dates: 4.09-4.10 Application Deadline: 2.6.9 Grant Amt: 3000.00

Funder's Grant Title: Weller Your Grant Title: Garden of Art
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: Jim Reardon School/Dept. 0293 Phone 3616428 Ext 56060

Grant Contact Person* _____ School/Dept Vocational 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
<u>School wide, all Teams</u>	<u>125</u>	<u>400</u>	<u>100+</u>

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)
The purpose of This grant is to continue the therapeutic benefits of art and horticulture with out handicapped children

Briefly list grant program activities (what is going to be done with the grant funds):
We will continue the beautification of our central courtyard and fabricate and install a memorial pyramid with the names of students and staff who have passed away

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.)
We will be purchasing steel and metal working tools as well as material to continue mosaic work.

How will grant activities be continued after the end of grant period?
this is an ongoing project

Daniel Perrett
Print Name of Cost Center Head

[Signature]
Signature of Cost Center Head

2/4/09
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
Wellek foundation	Director, comm foundation of Satasota	PO Box 49587 Sarasota FL 34230	955-3000	\$5000.00



**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

Jon file
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Jon file Jon file construction Sves.
*DIRECTOR OF FACILITIES SERVICES

[Signature]
RESEARCH, ASSESSMENT & EVALUATION (RAE)

Jon file
DIRECTOR OF BUDGET

Jon file
*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