Please Type or Print in Ink		GAF: Grant Approval Form				
(These grants re			mmary for grants ov must be placed on the School			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 Addres	s Phone Number \$ Amount		\$ Amount
Weller Arts Grants – Community Foundation	Community Foundation of Sarasota		P.O. Box 49587 Sarasota, FL 34230			\$4893.91
that no additiona complete the pro	nology support poly wiring or electric ject. Please have	ersonnel m cal work, t your techr	de cameras, DVD player nust review the physical beyond what is provided nology support staff men rechnology Support Star STRUCTION or requ	capab I throunder s	oilities of the area involugh the grant, will be sign off on your projection.	needed to ct here.
Please call Jody He can be reache	Dumas to discust d at 361-6311 extended with your	s your pro 68824. I GAF.	oject and receive appr If approved, you will ne call ext 927-9000 ext. 32	oval t ed to o	o go forward with yeareate a memo for his	our proposal.
			S OFFICE USE ONI		with quotions.	
*DISTRICT PIRECTOR O	Grants Office pers	Section Sectio	on Three: Signatures I obtain applicable signa  OV  TION  *DIR	atures  f/ ECTO	e VON ROF FACILITIES SEF	
RESEARCH, ASSESSM	ENT & EVALUAT	TION (RAI	E)	Dir	RECTOR OF BUDGET	
*EXECUTIVE DIRECTOR SE	E, OR A	ASSOCIATE SUPERINTENDENT				
			Ward- UPERINTENDENT			
			needed only if applica	122 ) 2		
Send this completed for	n and 1 copy of yo	ur grant to	the Grants Office, Rese	arch,	Assessment, and Evalu	ation-Landings

PAGE 2 of 2