Picase Type or Print in Ink		GAF: Grant Approv		RAE#	
FOR	GRANT A		\$2,000 OR MORE	_	÷
Date of Board Meeting;		Office Use Only		Agenda i	tan Na
X New Grant		Section i: General Ini			Continuation
_				_	
Grant Start/End Dates: Summer 2	2008 - 2012	Application Dead	line: 1/17/08	Grant A	nit: <u>\$119,000</u>
Funder's Grant Title: Because it	Matters	Your Graat	Title: Community of Ca	ring	
e.g. Weller Teacher Mini-Grant, Building			Away. Exploring Our Heritage	Young G	alifeus, etc
Grant Writer: Jennifer Maincy	Scho	ol/Dept. Pupil Suppo	rt Services Phone	927-9	000 Ext34
Grant Contact Person* Jennifer	Mainey	School/Dept	Phone		Ext
*This is the school/district-based person who	is in charge of the				
Schools/Programs to be served I	by this grant	# of staff impacted	# of students impacted	# of ;	parents impact
Arbton EL, BMS, Brookside MS, En		All	All	NA	
Herow Creek MS, McIntosh MS, La School, RHS, SMS, Toledo Blade, V		1			
VMS, VHS	CRAC Ling	1			l La
Does this grant require match	ing funds?	_Yes_X_No If y	es, what amount?		How w
these funds be raised?					
		Graat Description	<u> </u>		
Please fill in oli blanks-	Do not r	efer to attachments in ye	our summaries. D	o a <mark>ot a</mark> tta	wh separate she
Briefly summarize the overall pur goals of your School Improvement These funds will be used to addr	rpose/objective t Plan and/or D ress the NeXt (e of the grant and indic District Plan. (Not grant Generation Learning g	ate how this grant will conv a ctivities) oals of Quality, People an	tribute to	the needs and
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M R-03-2008 17:01 From:

To:9419274021 P.2/3

FROM :Research,Assessment,& Eval FAX ND. :9419274021

Mar. 03 2008 02:56PM P 3

ease Type or Print in Ink			rant Approval Form			1
(These grants re-	Section nirc School Board	Two: Su approval and	mmary for grants ov must be placed on the Schor	er S2, I Board	000. Agenda by Grants Office	staff.)
(These grants equals solution based) Fiscal Management will be done by: District Finance Office School Internal Account Other (name):		Eatitlement/Flowthrough Competitive/Discretionary Continuation Other:		Fund Source: Federal (indirect cost \$)		
				Other:		
Name of Primary	Funder's C	Contact	Funder's Addre	\$9	Phone Number	\$ Amount
Fund Source	Name	e				
ulf Coast Community oundation of Venice			601 Tamiani Trail South Venice, FL 34285		486-4600	\$119,000
			hnology support staff m			:
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