RAE# 10-0

GAF: Grant Approval Form
FOR GRANT APPLICATIONS \$2,000 OR MORE

Data of Rossel Mariana	Office Use Only	Carrella Control Contr	Igenda Item No.					
Date of Board Meeting:  X New Grant	Section 1: General Information:							
Es 11011 Glant	Section 1. General Information:							
Grant Start/End Dates: August 2010-March 201	1 Application Dead	line: Feb. 5, 2010	Grant Amt: \$4,931					
Funder's Grant Title: Weller 2	Title: We Are Family Re	eaching Out						
e.g. Weller Teacher Mini-Grant, Building Blocks for Succ Grant Writer: Karen Johns Sch	Laboration	Away, Exploring Our Heritage Phone	, Young Galileos, etc  361-6571 Ext 51259					
Grant Contact Person* Karen Johns *This is the school/district-based person who is in charge of the	School/Dept Lake	Review Phone	361-6571 Ext 51259					
Schools/Programs to be served by this grant		# of students impacted	# of parents impacted					
Lakeview and Oak Park	@ 150 1,070		@ 2,000					
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.								
The objective of the grant is to expand our W Chorus students will interview, rehearse and experiences, and duplicate the CDs so each particles (what is go	perform with the Oak articipant can take one	Park Pro students, make home to their families.	n the block. Lakeview CDs to commemorate the					
Briefly list grant program activities (what is going to be done with the grant funds):  The Lakeview Chorus students will meet, interview, and take pictures of rehearsals and performances with the Oak Park students. Pictures will also be taken of the We Are Family Project artwork created at Lakeview. Portable art screens and a presentation cabinet will be used to display the art pieces at performances at both schools and around the county. Portable sounds equipment will be used to produce the concerts.								
Please provide a brief explanation of pertinent b used for new/old staff position, contracted services, travel, Portable Music Equipment \$1,704 Portable Art Equipment 2,036 Blank CDs & Duplicator 1,191	udget items that will be materials/supplies, equipment	funded through this grant. //furniture, facilities, and other a	(Please indicate if funds will be pplicable items.)					
Joan M. Bower Print Name of Cost Center Head	Signature of Cost Center	Louies Head	2-2-10 Data					
Send this completed form and I copy of your			Date					

Please Type or Print in In	k (	GAF: G	rant Approval Form	<del></del>				
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 Cor Name	ntact	Funder's Address	S	Phone Number	\$ Amount		
Leslie and Margaret Weller Fund	The Community Fnd Sarasota County, Inc.			P.O. Box 49587 Sarasota, FL 34230-6587		\$4,931		
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								
RESEARCH, ASSESSM	ERVICES  W ENT & EVALUATION		- V	ÓN	VON R OF FACILITIES SER L L ECTOR OF BUDGET	tik-Construc VICES		
*EXECUTIVE DIRECTOR OF SECOND	······································	MIDDLE	, OR AS	SOCI	ATE SUPERINTENDE	NT		
Nel Chine and much a participant plans and selection of the control of the cont		Su	M. White    PERINTENDENT   needed only if applicate	ble.				
Send this completed form	and 1 copy of your	r grant to	the Grants Office, Resea	rch, A	ssessment, and Evalu	ation-Landings		