RAE# \_\_\_\_\_

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

Date of Board Meeting:		1. Consul Inf		genda Item No.				
New Grant	Section 1: General Information:							
Grant Start/End Dates:	October 2012-April 2013	Application Deadl		Grant Amt: \$5000.00				
Funder's Grant Title:	Weller Arts Education Grant	Your Grant						
e.g. Weller Teacher Mini-Gra	Y7 1 1	Cranberry F	Away. Exploring Our Heritage	490-3400 53929				
Grant Writer: Laura	Kemble School	ol/Dept.	Phone	EXT				
Grant Contact Person* *This is the school/district-base	Laura Kemble d person who is in charge of the s	School/Dept <u>Cra</u>	nberry Elem. Phone	480-3400 Ext 53828				
Schools/Programs to b	e served by this grant	# of staff impacted	# of students impacted	# of parents impacted				
Cranberry Elementary	ñ.	24	391	391+				
Does this grant require matching funds?Yes _X No If yes, what amount? How will these funds be raised?								
Grant Description								
Diagram Cillin all blanks	Do not re	efer to attachments in ye	our summaries. D	o not attach separate sheets.				
Please fill in all blanks.		5						
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 program objectives are to enhance the artistic, educational, creative, and social development of students in K-2nd								
grades. The StorytellingU: Institute for Narrative Expression workshops' focus is to introduce the art of Storytelling as performance as well as to teach "transferable educational and life skills." The skills include the basic elements of what makes a good story								
beginning, middle, and end. The students will learn how to develop the characters through voice, dialogue, gestures and								
movement. The students will also create a story journal of writings and pictures. This program will be geared for grades K-2 and								
will aim to prepare the s	tudents for the fourth aras cam activities (what is go	de Florida Writes testino ging to be done with the	e grant funds):					
Stony Dramatization: Usi	na stories (folktales, fairyta	ales etc.), dialogue, ge:	stures, movement, writing c	and/or drawing to explore the				
world of storytelling. The	students will hear, read, o	and create stories and	engage in a creative activ	ity: drama (role play/replay),				
nantomime improvisati	on, art, etc.							
Enchanted Story Theatre: Engaging voice, body, and imagination in creating stories from objects found in a trunk.  The students will hear, read, and create stories and engage in a creative activity which can be performed for the group.								
				* A-WA				
Please provide a brief of used for new/old staff position	explanation of pertinent bon, contracted services, travel,	oudget items that will l materials/supplies, equipme	oe funded through this grain ent/furniture, facilities, and other	nt. (Please indicate if funds will be r applicable items.)				
Artist Compensation \$70 Expenses (student journ	0 x 50 sessions 23 classes x als 381 students x \$2.50, tr	2 visits, performance o ansportation mileage—	nd coordinator/artist planr -84.6 miles round trip x .55 x	ning visits\$3500.00 (18)\$1500.00				
	1	and of grant period?						
What is learned from ou	ents. The teachers will wo	e transferred into our la rk with students to trans	nguage arts curriculum to e sfer this strong sense of story	enhance the storytelling vinto narrative writing in				
Mrs. Linda McCloud	writing in the intermediate	rda MC	aoud	2/9/12				
Print Name of Cost Cent	ter Head	Signature of Cost Cen		/ Date				
Sand this completed	form and 1 copy of your	grant to the Grants O	ffice, Research, Assessmer	it, and Evaluation-Landing				

Please Type or Print in Ink	L <sub>3</sub>	GAF: Gr	ant Approval Form					
(These grants rec	Section 'quire School Board a	Two: Sur	mmary for grants over must be placed on the School	er <b>\$2,000.</b> 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 Contact Name		Funder's Addres	s Phone Num	ber \$ Amount			
Weller Arts Education Program Grant	The Community Foundation of Sarasota County		2635 Fruitville Road Sarasota, FL 34237	ACCOMPCC 1000 ACCOMPCCC				
(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.								
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								
*DISTRICT DIRECTOR OF TECHNOLOGY IN SERVICES  RESEARCH, ASSESSMENT & EVALUATION				*DIRECTOR OF FACILITIES SERVICES SVCS  ON FILE  DIRECTOR OF BUDGET				
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDI SECONDARY			LE, OR	ASSOCIATE SUPERINTENDENT				
	*	Signature	SUPERINTENDENT es needed only if appli	cable.				
Send this completed fo	rm and 1 copy of	your grant	to the Grants Office, Re	search, Assessment, an	d Evaluation-Landings			