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RAE#		

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

		Office Use Only		
Date of Board Meeting:				Agenda Item No.
X New Grant	:	Section 1: General In	formation:	☐ Continuation
Grant Start/End Dates:	Spring 2009-Sprint 2010	Application Dead	line: 2/1/09	Grant Amt: \$9,960
Funder's Grant Title:	Toshiba America Foundation	Your Grant	Title: Green Roof Proj	ect
e.g. Weller Teacher Mini-Grant	-	- 2 2 1	l Away, Exploring Our Heritag	
Grant Writer: Beverly	Templeton School	ol/Dept. Pine View Se	chool Phone	486-2001 Ext
Grant Contact Person*	Janet Overstreet	School/Dept Pine	e View School Phone	486-2001 Ext
*This is the school/district-based p	person who is in charge of the			
Schools/Programs to be	served by this grant	# of staff impacted	# of students impacted	# of parents impacted
Middle and High School Bi Sciences and Economic class		14	1000	25
Does this grant require	matching funds?	Yes x No If ye	s, what amount?	How will
these funds be raised?				·····-
		Grant Description		
Please fill in all blanks.		fer to attachments in yo		o not attach separate sheets.
Briefly summarize the over goals of your School Impre				tribute to the needs and
· · · · · · · · · · · · · · · · · · ·		. 0	,	
Pine View School will de	velop a green roofing o	evaluation project. Th	e year long project will i	involve Science students
across several grades in a Sarasota County Schools	iddition to collaboration	on with the Ringling (College of Art and Design	n, facilities staff of
barasota County Schools	and local rooming com	u actors.		
Briefly list grant program	ı activities (what is goi	ng to be done with the	grant funds):	
The project is to create 3	20 sa ft of areen roof	tables each four foot	causes that will allow at	udants to design and
implement experiments t	o monitor and measur	e qualities and quant	ities of storm water run	off, selection of optimal
plants for the area, effect	s of different roofing 1	materials in anticipati	on of the new DEP(Depa	artment of Environmental
Protection) regulations g	overning storm water	management.		
Please provide a brief exp	lanation of pertinent bu	dget items that will be	funded through this grant	. (Please indicate if funds will be
used for new/old staff position, c				applicable items.)
Green Roof Modules (inc Equipment-Materials for			i x 320 il \$8900	
Total= \$9960.00				
How will grant activities b	e continued after the en	d of grant period?		VIII.
Tion will grant activities b	o continuou anoi are cir	d of grant period:		
This project can be continu				pportunities for many
students over many years a	s new materials and pla	ant combinations emerg	ge.	
Steven Largo		oum Jan	0	1/23/09
Print Name of Cost Center H	-	Signature of Cost Center		Date
Send this completed form	a and 1 copy of your gr	ant to the Grants Offic	e, Research, Assessment,	and Evaluation-Landings

Please Type or Print in In	k G	AF: G	rant Approval Form		V	
(These grants re			mmary for grants over 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: Ioshuba Amurica Fan.		
Name of Primary Fund Source	Funder's Cont Name	tact	Funder's Address		Phone Number	\$ Amount
Toshiba American Foundation	Toshiba American Foundation		1251 Avenue of the Americas, a floor New York, NY 10020	41 st	NA	\$9960
that no additional	nology support person wiring or electrical	onnel m work, l	le cameras, DVD player oust review the physical of beyond what is provided nology support staff mem	capabili through	ties of the area involution the grant, will be t	needed to
Please call Jody He can be reached	Dumas to discuss y d at 361-6311 ext. 6 acluded with your G	es CON our pro 8824. I AF.	Technology Support Staff ISTRUCTION or requi- oject and receive appro- if approved, you will nee call ext 927-9000 ext. 32	res RE val to g d to cre	go forward with you ate a memo for his	our proposal.
	GF		OFFICE USE ONL	Y		
Section Three: Signatures Grants Office personnel will obtain applicable signatures in this section On file / On file / On file - Constructive *DISTRICT PIRECTOR OF PECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES SV 5.						
RESEARCH, ASSESSMENT & EVALUATION (RAE) DIRECTOR OF BUDGET						
\sqrt{on}	file					
*EXECUTIVE DIRECTOR (SEC	of Elementary, P Condary	MIDDLE	E, OR AS	SOCIAT	TE SUPERINTENDE	NT
	*c:		M. Whole UPERINTENDENT	hi o	-	No. of the second secon
	*Sign	iatures	needed only if applical	oie.		

Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings