Please	Type	or	Print	in	Ink
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GAF: Grant Approval Form FOR GRANT APPLICATIONS \$2,000 OR MORE

	Office Use Only							
Date of Board Meeting:	Section 1: General In	Agenda Item No.						
▼ New Grant	Section 1: General III	☐ Continuation						
Grant Start/End Dates: 809- 510	Application Dead	line: Feb v, 2009	Grant Amt: \$4807.16					
Funder's Grant Title: Weller Teacher Mini-Grant Building Blocks for Success	Your Grant	Title: "DUELING	Dulcimers" Young Galileos, etc					
e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. c.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc. Grant Writer: ROBETIA REQUE School/Dept. VENCE EL MUSIC Phone 486 3111 Ext								
Grant Contact Person* Roberto Recule School/Dept Venico El Musico 486311 Ext *This is the school/district-based person who is in charge of the grant.								
Schools/Programs to be served by this grant	# of staff impacted	# of students impacted	# of parents impacted					
venice Elementary	45	108	900					
Does this grant require matching funds?	Yes 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.								
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 building and playing of dulcimers by the 5th graders will enhance the learning of rhythm, note values, dynamics, ensemble, and solo performances. Students will also learn to work as a team. Students will perform in school takent shows, productions, and in the community. Briefly list grant program activities (what is going to be done with the grant funds): Students will build and decorate their own "custom" dulcimers from kits while learning about the cultural arigins of the dulcimer, and how to play them.								
Please provide a brief explanation of pertinent budget items that will be funded through this grant. (Please indicate if funds will be used for new/old staff position, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items.) Mountain dullimer kits.								
How will grant activities be continued after the end of grant period? FUTURE STUDENTS WILL LOW THE DELLEMENT and THE ORIGINAL STUDENTS WILL CONTINUE TO SHAPE THEW KNOWLEDGE WITH FAMILY and the Community.								
Theresa A. Baus Shere	. ^	la	01/20/09 Date					
Print Name of Cost Center Head Send this completed form and I copy of your g	<u> </u>		and Evaluation-Landings					

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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):		☐ Entitlement/Flowthrough ☐ Competitive/Discretionary ☐ Continuation ☐ Other:		Fund Source: ☐ Federal (indirect cost \$) ☐ State ☐ Local Foundation ☐ Other:					
Name of Primary Fund Source	Funder's Co Name		Funder's Address	Funder's Address		\$ Amount			
Lestie and Margaret Weller Program	Commun Foundat Sarasote	ion of	3635 Fruitvi Road Sarasota, F	1635 Fruitville Road Sarasota FL Sarasota FL		#11805.16			
NOTE: If MAJOR TECHNOLOGY is part of this grant: (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.									
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*DISTRICT DIRECTOR OF	_	Section Sectio	n Three: Signatures obtain applicable signa FION *DIRE	tures i	in this section C Of FACILITIES SER C C ECTOR OF BUDGET				
*EXECUTIVE DIRECTOR OF SECOND	OF ELEMENTARY CONDARY	, MIDDLE	e, or As	SSOCIA	ATE SUPERINTENDE	NT			
	*Si		M White UPERINTENDENT needed only if applica	ble.	_				
Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings									