DATH	
KAL#	

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

Date of Board Meeting	Office Use Only		Court Man
New Grant	Section 1: General Inf	ormation:	☐ Continuation
Grant Start/End Dates: Jan. 1, 2012- Dec.		mo.	Grant Amt: \$100,000
Funder's Grant Title: Target/Ellen DeGer e.g. Weller Teacher Mini-Grant, Building Blocks i	·····	Away, Exploring Our Heritage,	Young Galileos, etc
Grant Writer: Yuliya Smilowitz  Grant Contact Person* Yuliya Smilowi		Phone Phone	426-9517 Ext
*This is the school/district-based person who is in cha	rge of the grant.	# of students impacted	# of parents impacted
Schools/Programs to be served by this Glenallen	grant # of staff impacted All school staff	All Glenallen students	All Glenallen parents
Does this grant require matching futhese funds be raised?	inds? Yes X No If yo	es, what amount?	How will
The state of the s	Grant Description		
Please <u>fill in all blanks</u> .	Do not refer to attachments in yo	our summaries. De	o not attach separate sheets.
The overall objective of the grant is to be abl have bare essentials to take care of their fami	lly. When our chudren are ted, pro	perry clothed and happy, they	can learn and blossom.
Briefly list grant program activities (w  With the grant from Ellen DeGeneres and Ta help recreate our children's childhood by pro	arget we can do three things: prov	ide our children with life esse	ntials (food, clothes and shoes); les, games and toys); provide
our children with learning aides (electronic, Also, we would like to take our students Please provide a brief explanation of pe used for new/old staff position, contracted service Clothes, shoes, hygiene items, electronic	on fieldtrips and offer mentor rtinent budget items that will	ent/furniture, facilities, and other	nt. (Please indicate if funds will be - applicuble items.)
How will grant activities be continued a	after the end of grant period?		
Amy Archer	Inches		12/13/11
Print Glenallen Elementary	Signature of Cost Cer	nter Head	Date

Send this completed formand I copy of your grant to the Grants Office Research, Assessment, and Evaluation, Landings

Send this completed form and copy of your grant to the strains value, assessed as seemed to the second seco	
PAGE 1 of 2	Rev. 9/9/09
PAGE I 01 2	

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Please Type or Print in Ink			ant Approval Form			
(These grants req	Section ' uire School Board a	Two: Sur	nmary for grants ove must be placed on the School	er \$2,000.  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  ☐X Competitive/Discretionary  ☐ Continuation  ☐ Other:		Fund Source:  Federal: Indirect cost \$  CFDA #  State  Local Foundation  Other:		
Name of Primary Fund Source			Funder's Addres	s Phone Number	\$ Amount	
Target in collaboration with the Ellen DeGeneres Show	Additional or v	Mrse 1			\$100,000	
that no additional complete the proj	wiring or electrect. Please have	olves COl	nology support staff me Technology Support Sta	uires RETROFITTING s	ect here.  pace; your proposal.	
He can be reache signature, to be in	soluded with you	ir GAE.	call ext 927-9000 ext.	eed to create a memo for his 2172 with questions.	at Production	
Market 1		GRANT	S OFFICE USE ON	LY		
		ersonnel w	ill obtain applicable sigr	natures in this section		
Vonfile Vontile						
*DISTRICT BIRECTOR OF TECHNOLOGY AND STRICT BIRECTOR BIRECTOR BIRECTOR BIRECTOR BIRECTOR BIRECTOR BIRECTOR B						
RESEARCH, ASSESS	MENT & EVALU.	ATION (RA	AE)	DIRECTOR OF BUDGE	T	
*EXECUTIVE DIRECTOR	R OF ELEMENTA ECONDARY	RY, MIDD	DLE, OR	ASSOCIATE SUPERINTEN	DENT	
	ă	B.	SUPERINTENDENT	2		
		*Signatur	es needed only if appl	icable.		