

FOR GRANT APPLICATIONS \$2,000 OR MORE

Office Use Only

Date of Board Meeting: _____

Agenda Item No. _____

New Grant

Section I: General Information:

Continuation

Grant Start/End Dates: Sept. 08 – May 09 Application Deadline: 2/5/08 Grant Amt: 3216.28

Funder's Grant Title: Weller Arts Education Grant Your Grant Title: Metamorphosis: The Art and Science of Change
 e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. Up, Up and Away, Exploring Our Heritage Young Galileos, etc.

Grant Writer: Deborah Herbert School/Dept. _____ Phone 359-5800 Ext _____

Grant Contact Person* Deborah Herbert School/Dept _____ Phone _____ 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
Ar K-5	1	600	Several volunteers

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 purpose of this grant is to create an opportunity for students to see that the many areas of scientific study require skills that are also used in the visual arts...namely keen observation and the keeping of visual and written records. The grant will allow students of every grade level to be involved with activities dealing with metamorphosis, including a community connection with the State Art Museum.

Briefly list grant program activities (what is going to be done with the grant funds):

1. Kindergarten and first grade students will observe the phases of metamorphosis with butterfly science kits
2. Fourth grade students will attend a field trip to the Ringling Museum to visit their gardens and discover works of art with butterflies
3. All students will create art showing the stages of metamorphosis
4. Two classes will create stepping stones for the school butterfly garden that show the stages of metamorphosis

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/held staff position, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items.)

Canvas Placemats for all students: 809.60	Glue: 33.80
Fluor Canvas: 142.80	Butterfly Garden Kits: 180.00
Prints: 579.96	Field Trip Expenses: 500.00
Mosaic Stepping stone kit: 285.44	Substitute 2 days: 250.00
Mosaic pieces: 359.68	Tile Grout and adhesive: 75.00

How will grant activities be continued after the end of grant period?

The activities will continue through the ongoing use of the student created stepping stones that show the stages of Metamorphosis and by the students themselves who will use their personal placemats showing metamorphosis. The wall canvases will decorate the school.

Ashley Ashiem-Dean

Print Name of Cost Center Head

Signature of Cost Center Head

4/21/08
Date

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

Please Type or Print in Ink

GAF: Grant Approval Form

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 Contact Name	Funder's Address	Phone Number	\$ Amount
Leslie and Margaret Weller Fund	The Community Foundation of Sarasota County	2635 Fruitville Road Sarasota, FL 34237	955-3000	\$3,216.00



**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.

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

*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

[Signature]
RESEARCH, ASSESSMENT & EVALUATION (RAE)

*DIRECTOR OF FACILITIES SERVICES

DIRECTOR OF BUDGET

*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

ASSOCIATE SUPERINTENDENT

SUPERINTENDENT

*Signatures needed only if applicable.

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