RNE# 11-023

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

Office Use Only								
Date of Board Meeting:	<u> </u>	Ag gnd	a Item No.					
New Grant	Section 1: General Information:				Continuation			
Grant Start/End Dates:	June, 2011/August, 2013	Application Deadl	line: 1/31/11	C rant	t Amt: \$70,538			
Funder's Grant Title:	Lowes Charitable & Education Foundation (LCEF)	nal Your Grant	Title: Move to	Imrove	AMAPAN .			
e.g. Weller Teacher Mini-Gran	t, Building Blocks for Succes	r Heritage, Toung 42 6						
Grant Writer: Dorie C	leere, Bkpr. School	Phone - 421	6-9517 Ext 52325					
Grant Contact Person* *This is the school/district-based	Phone 426	6-9517 Ext 52310						
	A CONTRACTOR OF THE PARTY OF TH		# of students in	nostad #	of parents impacted			
Schools/Programs to be		# of staff impacted			*			
Glenallen Elementary and	North Port community	118	697	1394	4			
Does this grant require matching funds?Yes _x_No If yes, what amount? Ho w will these funds be raised? Please note that pursuant to the terms of the grant, no more than 10% of the grant award can be used to support installation or labor charges. Therefore, use of school/district funds will be necessary to cover these costs in excess of the 10%.								
LHC IV/0+	. Les (-1) - (1) - (1)	Grant Description	1		10.11 1.00 0.00 0.00 0.00 0.00 0.00 0.0			
			<u>.</u>					
Please fill in all blanks.	Do not re	fer to attachments in yo	our summaries.	Do tot:	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) Kids who are physically active are likely to have stronger academic performance. To that end the Move to Improve project will support the school's ongoing effort to provide ample physical movement areas for students to engage in physical activity, as well as opportunities for physical activity for the community.								
Briefly list grant progra	m activities (what is go	ing to be done with the	e grant funds):					
Briefly list grant program activities (what is going to be done with the grant funds): The grant will enable Glenallen to: enhance our existing physical therapy and occupational therapy (OT/PT) room; refurbish the physical education (PE) room; and expand the outdoor playground area used by our students and the community at large								
Please provide a brief ex used for new/old staff position,	planation of pertinent b contracted services, travel, r	udget items that will b naterials/supplies, equipme	e funded through nt/furniture, facilities,	this grant. (Plea and other applica	ase indicate if funds will he able items.)			
The budget items that will be funded through this grant are materials/supplies and equipment, furniture for the occupational/physical therapy room, PE room and the expansion of the playground.								
How will grant activities be continued after the end of grant period?								
The use and availability will continue to benefit the school and community for many years to follow.								
Amy Archer, Proud Princ	ipal De	lue			4/6/11			
Print Name of Cost Center	Head	Signature of Cost Cente			Date			
Send this completed fo	rm and 1 copy of your g	rant to the Grants Of	fice, Research, As	sessment, a id	Evaluation-Landings			

Please Type or Print in Inl	Please Type or Print in Ink GAF: Grant Approval Form							
	Section Two: Sur	mmary for grants ove	r \$2,000.	8				
(These grants require School Board approval and must be placed on the School Board Agenda by Grant Office staff.)								
Fiscal Management will b		lement/Flowthrough	ment/Flowthrough Fund Source:					
District Finance Office		petitive/Discretionary Federal: Indirect cost \$						
School Internal Acco		nuation CFDA #						
Other (name):	☐ Other	: State						
Project number, if know	n:	Local Foundation						
			Other:					
Name of Primary	Funder's Contact	Funder's Address	Phone Nun	ber \$ Amount				
Fund Source	Name							
Lowes Charitable & Educational Foundation	Kelley Persons	1000 Lowe's Boulevard Mooresville, NC 28117	(704) 758-353	\$70,528				
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 are a involved and agree that no additional wiring or electrical work, beyond what is provided through the grant, w ll 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								
		n Three: Signatures						
, (Grants Office personnel will		ures in this section					
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RESEARCH, ASSESSM	ENT & EVALUATION (RAE	E)	DIRECTOR OF BUE GET					
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	CONDARY	Н		HI 182 SALI A				
Joe M. White								
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								