FOR GRANT APPLICATIONS $2,000 OR MORE

Office Use Only	
Date of Board Meeting:	*Agenda Item No.*

☐ New Grant   **Section 1: General Information:**   ☒ Continuation

Grant Start/End Dates: **August 2011 – May 2012**   Application Deadline: **N/A**   Grant Amt: **$20,527**

Funder's Grant Title: **Science Showcase**   Your Grant Title: **Science Showcase**

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: **Sue Puchalla** School/Dept. _____ Phone _____ Ext _____

Grant Contact Person* **Brad Porinchak** School/Dept **Curriculum** Phone **927-9000** 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
All	All science teachers	All	N/A

Does this grant require matching funds? ___Yes _X_ No If yes, what amount? _____ How will these funds be raised?

Grant Description

<u>Please fill in all blanks.</u>   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)*

For science education and equipment for science programs.

Briefly list **grant program activities** *(what is going to be done with the grant funds):*
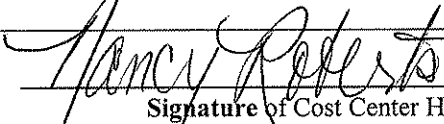
To bring in specialist to train science teachers in inquiry-based science and to create a science fair database.

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.)*

Contracted services.

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

Project activities will be complete by the end of the grant period.

Nancy Roberts	*(signature)*	9-20-11
Print Name of Cost Center Head	Signature of Cost Center Head	Date

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

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:	Entitlement/Flowthrough (☒)	Fund Source:
☒ District Finance Office	☐ Competitive/Discretionary	☐ Federal: Indirect cost $ _____
☐ School Internal Account	☐ Continuation	CFDA # _____
☐ Other (name):	☐ Other: _____	☐ State
Project number, if known: _____		☒ Local Foundation
		☐ Other:

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	$ Amount
Community Foundation Bob and Mary King Fund	Wendy Hopkins	2635 Fruitville Rd, Sarasota, FL 34237	941.955.3000	$20,527

➤ **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

Dania Collesano   ✓ on file   ✓ on file – construction
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES   *DIRECTOR OF FACILITIES SERVICES

[signature]   ✓ on file
RESEARCH, ASSESSMENT & EVALUATION (RAE)   DIRECTOR OF BUDGET

_____   _____
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR   ASSOCIATE SUPERINTENDENT
SECONDARY

Lori 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