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GAF: Grant Approval Form

FOR GRANT APPLICATIONS \$2.000 OR MORE

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Date of Board Meeting:				Agenda Item No	
X New Grant		Section 1: General In	formation:	Continuation	
Grant Start/End Dates:	09/21/2009 - 04/20/2009	Application Dead	line: 09/11/2009	Grant Amt: \$4950.42	
Funder's Grant Title:	Splash! Mini-Grants (SWF)		Title: Water: What Would	l We Do Without It?	
e.g. Weller Teacher Mini-Gra	ant, Building Blocks for Succe	ss, etc. e.g. Up. Up and	l Away, Exploring Our Heritage	e, Young Galileos, etc	
Grant Writer: Miriam Karen W	Showalter School Vest	ol/Dept. Fruitville Elen	Phone Phone	361.6200 Ext 50688	
Grant Contact Person*	Karen West	School/Dept Fruit	tville Elementary Phone	361.6200 Ext 50726	
*This is the school/district-based					
Schools/Programs to b	e served by this grant	# of staff impacted	# of students impacted	# of parents impacted	
Fruitville Elementary – Advar school	nced Work + Autism / whole	6	<i>88</i>	88+	
Does this grant requi				5.00 How will these	
funds be raised? Scho	ool will provided transportat	tion for one of the field tr	ips: part of budget.		
		Grant Description			
Please fill in all blanks.	Do not re	fer to attachments in yo	ur summaries. D	o 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) Our grant seeks to develop in students a keen understanding of their local watershed – its vitality, importance, and vulnerability – as well as a lifelong commitment to water conservation and community collaboration. Because the grant directly involves students from "advanced work" and "autism cluster" classrooms, we also expect an increase in respect for individuals with disabilities. While the activities integrate goals from across our SIP, from writing to behavior and family involvement, its most direct purpose is to increase FCAT Science scores.					
 Homemade rain Collaborative stu Participation in s Completion of w 	ote Marine Laboratories gauges dent books about what the chool carnival (hands-on ater conservation curricus	(includes observation a ney have learned educational booth – w lum (also free from SW	and sampling of local wate ill not require funds) /FWMD)		
used for new/old staff position,	contracted services, travel, m	aterials/supplies, equipment	/furniture, facilities, and other a		
materials and supplies for			fees for 3 field trips to M	ote Marine), as well as	
How will grant activities We intend to apply for an Laboratories. We have al educational projects.	other Splash! Mini-Gran	nt next school year, and	we hope to become partn vest Florida Water Manage	ers with Mote Marine ement District for continued	
Print Name of Cost Center		ignature of Cost Center	/ 1	Date	
Sena this completed for	m and 1 copy of your gr	ant to the/Grapts Offic	e, Research, Assessment,	and Evaluation-Landings	

PAGE 1 of 2

Rev. 09/09/09

Please Type or Print in In	k (GAF: G	rant Approval Form	······································	····	
	Section 7	ľwo: Su	mmary for grants ov	er \$2	,000.	
(These grants re	equire School Board ap	proval and	must be placed on the Schoo	l Board	Agenda by Grants Office	staff.)
Fiscal Management will l			lement/Flowthrough		d Source:	
☐ District Finance Offi			petitive/Discretionary	☐ Federal: Indirect cost \$		
☐ School Internal Acco	44224		inuation	CFDA #		
outer (Humie).		□ Othe	r:	State		
Project number, if known:				☐ Local Foundation☐ Other:		
Name of Primary	Funder's Co	ntact	Funder's Addres	S	Phone Number	\$ Amount
Fund Source	Name]	
Southwest Florida	Mary Torrusio		6750 Fruitville Road		(941) 377-3722	\$4950.42
Water Management	Terri Behling		Sarasota, FL 34240-97	11	1-800-320-3503	
District					Fax: (941) 373-7660	
complete the proj NOTE: If y Please call Jody	ect. Please have y our project involv Dumas to discuss	our techr T ves CON your pro	beyond what is provided nology support staff men became a support staff men became a support Staff struction of approved, you will need to be supported by the support of approved, you will need to be supported by the support of approved.	f ires R	ign off on your project ETROFITTING spa o go forward with yo	t here. ce: ur proposal.
	cluded with your	GAF.				ippioval and
	····		call ext 927-9000 ext. 32		ith questions.	
	9		OFFICE USE ONL on Three: Signatures	<u>Y</u>		Ì
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*DISTRICT DIRECTOR OF	F TECHNOLOGY IN	VFORMA1	TION *DIRE	ECTOR	R OF FACILITIES SER	vices Constille
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Von	file					
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		SL	PERINTENDENT		_	
	*Sig		needed only if applica	hle		
Send this completed form			exacts and the same of the sam			