🔀 New Grant	Concerned Youf comments		
	General Informatio	n	Continuation
Grant Start/End Dates: 10-10 to 5-10	Application Deadline:	rant Amt: \$12,967.25	
Funder's Grant Title: Catlin Grant	Your Grant	Fitle: Growing Toward Glo	balization
.g. Weller Teacher Mini-Grant, Building Blocks for Succ	ess, etc. e.g. Up, Up and A	way, Exploring Our Heritage, }	oung Galileos, etc
Brant Writer: Karen Johns, Music Specialist	School/Dept Lakevie	w / Music Phone 361-6	571 Ext 51259
Grant Contact Person* Joan Bower, Principal	School/Dept Lakevie	w Phone 361-6	571 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 impacte
akeview K-5	93	697	1400+
Does this grant require matching funds?	Yes or No	I	
f yes, what amount?			
	Grant Description	<u></u>	
<u>Please fill in all blanks</u> . Do not re			
	efer to attachments in your		
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Please Type or Print in In	k	GAF: G	rant Approval Form			
(These grants re			mmary for grants ov must be placed on the Schoo			e staff.)
Fiscal Management will be done by: □ District Finance Office X School Internal Account □ Other (name): Project number, if known:		 Entitlement/Flowthrough Competitive/Discretionary Continuation Other: 		Fund Source:		
Name of Primary Fund Source	Funder's Co		Funder's Addres		Phone Number	\$ Amount
Catlin Grant	Name		2625 Familtarille D.J.	(25 E		012.0(7.27
Catim Grant	Community Foundation of Sarasota Cou	· · · · · · · · · · · · · · · · · · ·			(941) 955-3000	\$12,967.25
complete the proj	ect. Please have	your techn	beyond what is provided lology support staff men cechnology Support Staf	nber si	gn off on your proje	ct here.
Please call Jody	Dumas to discus d at 361-6311 ext neluded with your	s your pro . 68824. I GAF.	STRUCTION or requi- oject and receive appro f approved, you will nee all ext 927-9000 ext. 32	oval to ed to c	go forward with yo reate a memo for his	our proposal.
·			OFFICE USE ONL			
(Grants Office ners		n Three: Signatures obtain applicable signa	turas i	n this section	
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*DISTRICT DIRECTOR O	F TECHNOLOGY I	NFORMAT	'ION *DIRI	ector / On	of Facilities Ser	IVICES Construct
RESEARCH, ASSESSMENT & EVALUATION (RA		ION (RAE		DIRECTOR OF BUDGET		
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Send this completed forn	1 and 1 copy of yo	ur grant to	the Grants Office; Resea	irch, A	ssessment, and Evalu	ation-Landings
PAGE 2 of 2					2010 10 10 10 10 10 10 10 10 10 10 10 10	Rev 09/09/09