Please Type or Print in Ink

RAE#	

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

		Office Use Only						
Date of Board Meeting:				lgenda Item No				
X New Grant	5	Section 1: General Inf	formation:	☐ Continuation				
Grant Start/End Dates:	11-1-2010/04-30-2011	Application Deadl	ine: <b>09-10-2010</b>	Grant Amt: 4,264.50				
Funder's Grant Title:	Splash! School Grants	Your Grant	Title: Parknership: Tea	ming Up to Protect				
e.g. Weller Teacher Mini-Gra			Away, Exploring Our Heritage					
Grant Writer: Barbar	ra Stella Schoo	ol/Dept. Laurel Noko	mis Phone	486-2171 Ext				
Grant Contact Person*	Barbara Stella	School/Dept <u>Lau</u>	rel Nokomis Phone	Ext				
Schools/Programs to b		# of staff impacted	# of students impacted	# of parents impacted				
Laurel Nokomis School	e served by this grant	6	110	200				
Laurei Nokomis School		0	110	200				
Does this grant require matching funds?Yes XX No If yes, what amount? How will these funds be raised?								
		Grant Description	<u> </u>					
To 2"21 1 1 1 1								
Please fill in all blanks.		fer to attachments in yo		o not attach separate sheets.				
-	verall <b>purpose/objective</b> provement Plan and/or D	_	ate how this grant will con activities)	tribute to the needs and				
Students will create a "parknership" with Oscar Scherer State Park to monitor South Creek and other water sources on park grounds. South Creek runs through the park and is adjacent to two different residential developments. Students will perform water quality testing and monitor water condition throughout the school year. Students will conduct longitudinal studies to draw conclusions about the park's water quality and possible factors for poor quality. Students will also create educational literature to share with park rangers and park guests.								
Briefly list grant program activities (what is going to be done with the grant funds):  1. Students will measure dissolved oxygen, salinity, pH, temperature, nitrate, phosphate, depth, flow and turbidity of identified water sources within the park.								
2. Students will use their data to educate the community through the creation of educational literature for the park to distribute to guests.								
Please provide a <b>brief</b> explanation of pertinent <b>budget items</b> 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.)  Bus 1,734.50  Water Quality Sensors 1,558.00  Water Quality Meters 676.00  Sensor Refill 296.00								
How will grant activities be continued after the end of grant period?								
Water Quality Test Supplies can be used in subsequent years.								
Nancy Dubin		m) / je		_10-04-2010				
Print Name of Cost Center			r Head	Date				
Send this completed for	orm and 1 copy of your g	rant to the Grants Off	ice, Research, Assessment	, and Evaluation-Landings				

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_			mmary for grants ov					
(These grants require School Board approval and must be placed on the School Board Agenda by Grants Office staff.)								
Fiscal Management will b			lement/Flowthrough	State Statement	Fund Source:			
District Finance Office School Internal Acco	ce		petitive/Discretionary inuation	Federal: Indirect cost \$ CFDA #				
Other (name):	ant		r:	State				
Project number, if known:		5 5.1017		Local Foundation  Nother: management Oistrict  Phone Number  Samuel Samuel				
Name of Primary	Funder's Co	ntaat	Fundan's Address	r O	Phone Number	- Oistrict		
Fund Source	Name	тасі	Funder's Address		Phone Number	\$ Amount		
Southwest Florida Water Management District	SWFWMD		6750 Fruitville Rd Sarasota, FL 34240-9711		(941)377-3722	4,264.50		
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.								
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 in	ncluded with your	r GAF.				approvar and		
			call ext 927-9000 ext. 32		vith questions.			
			S OFFICE USE ONL on Three: Signatures	<u>. Y</u>				
	Grants Office per			atures	in this section	•		
Grants Office personnel will obtain applicable signatures in this section  Output  Folia Male								
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION *DIRECTOR OF FACILITIES SERVICES								
RESEARCH, ASSESSMENT & EVALUATION (RAE)  DIRECTOR OF BUDGET								
Dettma	nn-on	fele						
*EXECUTIVE DIRECTOR SE	OF ELEMENTAR CONDARY	Y, MIDDL	E, OR A	SSOCI	(ATE SUPERINTENDE	ENT		
SUPERINTENDENT								
*Signatures needed only if applicable.								
Send this completed for	m and 1 copy of ye	our grant t	o the Grants Office, Rese	earch,	Assessment, and Eval	uation-Landings		