

Please Type or Print in Ink

GAF: Grant Approval Form

RAE# _____

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: October 2012 Application Deadline: May 2013 Grant Amt: \$5000.00

Funder's Grant Title: Expanded Exploration Grant Your Grant Title: Exploring Science Throughout Sarasota

Grant Writer: Rachel Ellis School/Dept. Emma E. Booker/ 0501 Phone 361-6480 Ext 50314

Grant Contact Person* Rachel Ellis School/Dept. Emma E. Booker Phone 361-6480 Ext 50314

*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
Emma E. Booker Elementary	6	90	90

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

Grant Description

Please fill in all blanks.

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)

This grant will allow the entire 2nd grade to have access to learning experiences and activities not normally available to them. Real experience will be provided as they expand their knowledge base in Science. This should help these students increase their understanding and scores in the new Science Fusion curriculum.

Briefly list grant program activities (what is going to be done with the grant funds):

This will provide students a chance to explore Scientific experience through; Super Scientific Circus (Van Wezel performance), Selby Botanical Garden, Soil Searching (GWIZ), Becoming a Scientist (Mote Marine, problem solving), SkippyjonJones (Van Wezel, performance), and Crowsley Museum and Nature Walk.

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.)

The funds will be used for travel and admission fees for the entire 2nd grade.

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

Students will have real-life experiences that they are not typically exposed to.

Dawn Clayton _____ 9/4/12
 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.

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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:

- District Finance Office
- School Internal Account
- Other (name): _____

Project number, if known: _____

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: _____

Fund Source:

- Federal: Indirect cost \$ _____
CFDA # _____
- State
- Local Foundation
- Other: _____

Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Education Foundation				\$5,000

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

Non file
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Non file *Nonfile - Constr. Svcs.*
*DIRECTOR OF FACILITIES SERVICES

Non file
RESEARCH, ASSESSMENT & EVALUATION (RAE)

Non file
DIRECTOR OF BUDGET

[Signature]
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE OR SECONDARY

[Signature]
ASSOCIATE DIRECTOR
Executive Director, IFS.

[Signature]
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