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

Section 1: General Information:   Continuation	Date of Board Meeting:	Office Use Only : Agenda Item No.								
Grant Start/End Dates:    Jan. 1, 2009 - July 1, 2010   Application Deadline:   Seeds of Engineering Success										
e.g. Weller Teacher Mini-Grant. Building Blocks for Success, etc. Grant Writer:    Grant Writer:   Jim Mathews   School/Dept.   Sarasota HS   Phone   975-0181   Ext.   64618	Grant Start/End Dates.	Application Deadlin	ic:	Grant Amt: \$9,976						
*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 impact	e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc.  Grant Writer:  School/Dept.  Four Grant Title:  Four Grant Title:  Section Dignited ing Success  e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc.  Sarasota HS  Phone  955-0181  Ext  64618									
Does this grant require matching funds? X_Yes_No If yes, what amount? S6,900 How will these funds be raised? Teachers have been awarded Department of Education mini-grants and CTE funds will be used.    Grant Description	School/Dept Thone Ext 2220.									
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How will grant activities be continued after the end of grant period?  Teachers will be Certified Instructors and textbooks will remain with the schools. State mini-grants and CTE funds will be used for other expenses.	Teachers will be Certified Instructors and textbook		hools. State mini-grants	s and CTE funds will be						
Mellissa Morrow Mellissa Monon 8/29/08	Mellissa Massas) Mall	2 in Maria								
Print Name of Cost Center Head / Signature of Cost Center Head / Date  Send this completed form and I copy of your grant to the Grants Office Research Assessment and Evaluation Londings		Mallenois)		8/29/08						

Please Type or Print in Ink 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:  District Finance Office  School Internal Account Other (name):		☐ Competitive/Discretionary ☐ Continuation ☐ Other:		☐ Feder☐ State☐ Local	Fund Source:  ☐ Federal (indirect cost \$) ———————————————————————————————————				
Name of Primary Fund Source	Funder's Co Name	ntact	Funder's Address	s P	hone Number	\$ Amount			
Executive Director			Teleflex Foundation 155 S. Limerick Road Limerick, PA 19468	61	0-948-2859	\$9,976			
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.									
Please call Jody	<b>Dumas to discus</b> l at 361-6311 ext. cluded with your	lves CON s your pro . 68824. I GAF.	STRUCTION or requi oject and receive approf f approved, you will nee	ires RETI oval to go	forward with your a memo for his	our proposal.			
Thank you. Please call ext 927-9000 ext. 32172 with questions.  GRANTS OFFICE USE ONLY									
Section Three: Signatures									
1 Von	Grants Office pers	onnel will	obtain applicable signal	tures in th	is section	Vonfile			
	TECHNOLOGY I	NFORMAT			FACILITIES SER				
RESEARCH, ASSESSMENT & EVALUATION (RAE)  DIRECTOR OF BUDGET									
Vonfile									
*EXECUTIVE DIRECTOR O	OF ELEMENTARY CONDARY	, Middle	c, or As	SSOCIATE	SUPERINTENDE	NT			
Low 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									