RAE# _____

GAF: Grant Approval Form

FOR GRANT APPLICATIONS \$2,000 OR MORE

		Office Use Only	The state of the s						
Date of Board Meeting:			Agenda Item No						
X New Grant		Section 1: General Information:							
Grant Start/End Dates:	10/12/12-5/24/13	Application Deadl	line: 9/7/2012	Grant Amt: <u>\$2772</u>					
Funder's Grant Title:	SPLASH! grant	Your Grant	Title: Ken Thompson I	agoon Study					
e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etc									
Grant Writer: Brenda Barnes School/Dept. Fruitville School Phone 361-6200 Ext 50658									
Grant Contact Person* *This is the school/district-based	Ann Gillies person who is in charge of the	School/Dept <u>Fru</u> grant.	itville School Phone	361-6200 Ext 50727					
Schools/Programs to be	e served by this grant	# of staff impacted	# of students impacted	# of parents impacted					
Fruitville grades 4 & 5			175	175					
Dose this arent requir	e matching funds?	Ves v No Ifve	s, what amount?	How will					
Does this grant require matching funds?Yesx_No If yes, what amount? How will these funds be raised?									
		Grant Description	<u>l</u>						
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)									
				as well as experiences to					
draw from to improve v		. mas waa provide amer	TOWER TANKSTER OF MAINTEN						
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Briefly list grant progra	m activities (what is go	ing to be done with the	grant funds):						
Funds will provide for	4 th & 5 th grade students	to go on trips to Ken	Thompson lagoon. 4 th g	raders will study estuaries,					
identify plants and anim	nals and study how hu	mans affect the water	shed and environment. 5 staff members doing the o	th graders will also study					
investigating plants and	ue pay inrough a dip-no Lanimals that are foun	d. No students will be	e in the water.	np-neung and students					
miconfamile himnes and	THE THE PERSON NAMED OF THE PARTY OF THE PAR	and the residence and the state of the state	••••						
Please provide a brief av	nlanation of pertinent h	udget items that will h	e funded through this gran	t. (Please indicate if funds will be					
used for new/old staff position	. contracted services, travel, r	naterials/supplies, equipme)	nt/furniture, facilities, and other	applicable items.)					
Funds will be used to provide 4 field trips (2 for 4th grade and 2 for 5th grade) to Ken Thompson lagoon area with 3									
guides provided for each trip.									
How will grant activities be continued after the end of grant period?									
Students will continue with conservation, efficient water use and protecting our watershed.									
		of							
Loura Vingglass	>	111)		8/20/12					
Laura Kingsley Print Name of Cost Center	· Head	Signature of Cost Cente	r Head	Date					
Send this completed form and I copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings									

Please Type or Print in In	k	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): 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	
Southwest Florida Water Management District	Melissa Gulvin		2379 Broad St. Brooksville, FL 34604		352-796-7211	\$2,772			
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									
. (Grants Office per		on Three: Signatures I obtain applicable signa	atures	in this section,				
$\sqrt{\circ}$									
*DISTRICT DIRECTOR OF TECHNOLOGY *ERVICES		INFORMA'	that the same of t	*DIRECTOR OF FACILITIES SERVICES					
RESEARCH, ASSESSM	TION (RAI	E)	DIRECTOR OF BUDGET						
Vont		Ne	Modelè Roca 8/30/12						
*EXECUTIVE DIRECTOR OF ELEMENTARY, N SECONDARY			e, or A E,	ASSOCIATE SUPERINTENTENT. Exec. Div. Integrated Instr. Sucs.					
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									