Please Type or Print in Ink GAF: Grant Approval Form FOR GRANT APPLICATIONS \$2,000 OR MORE

| Date of Board Meeting: | Office Use Only Agenda Item No. | | | | | | | |
|---|---|----------------------------------|------------------------|---------------------------------------|-----------------------------------|---|--|--|
| X New Grant | | Section 1: General l | nformatio | | ☐ Continuation | | | |
| | August 24 th , 2009-August 24 th , 2010 Sharing the Dream NAESP | Application Dea | • | 7/8/09 Emma E. Booker | Grant Amt: | 3000.00 ———————————————————————————————— | | |
| Funder's Grant Title: e.g. Weller Teacher Mini-Gran Marya | t, Building Blocks for Success | Emma E. | nd Away, E | Cantar xploring Our Heritage)1 | , Young Galile 941-361- | os, etc 50305 | | |
| Grant Writer: Fairchil Clayton | d/Dawn Schoo | ol/Dept. | | Phone | 6480 | Ext | | |
| Grant Contact Person* *This is the school/district-based | Marya Fairchild | Sourcer Debt | nma E. Bo | ooker Phone | 941-361- | Ext | | |
| Schools/Programs to be | | # of staff impacted | # of str | udents impacted | # of par | ents impacted | | |
| Emma E. Booker | berven by mis grane | 80 | 100 | | 100 | | | |
| Doog this great requir | o matching funds? | V Vos. No If | voe whot | t amount? | 3000 0 | How will these | | |
| Does this grant require matching funds?X_YesNo If yes, what amount?3000.0_ How will these funds be raised? PTO/Operating funds from within school | | | | | | | | |
| | | Grant Descripti | <u>on</u> | | | | | |
| <u>Please fill in all blanks.</u> 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) | | | | | | | | |
| The purpose of this grant is to increase parental involvement at Emma E. Booker. In addition it is to create a systematic method in which our volunteers instructionally work with students. It is to create a space that is welcoming and inviting to all volunteers on campus and centralizes all of the resources needed to work with their student. | | | | | | | | |
| Briefly list grant program | n activities (what is goi | ing to be done with th | e grant fu | nds): | | | | |
| -Curriculum materials -Creation of a volunteer space -Training and resources for all volunteers | | | | | | | | |
| 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.) -Curriculum and resources -Office dividers -Notebooks -Food -Additional materials | | | | | | | | |
| How will grant activities b | be continued after the en | nd of grant period? | | | | | | |
| Once the notebooks, curriculum, and other materials atre bought and the room created, on goping expenses would be minimal. We would need to train any new volunteers and purchase new notebooks every yearthese could be bought through our PTO dollars. | | | | | | | | |
| Dawn Clayton | Total A | WM ClW Signature of Cost Cery | the Hand | | <u>7-6-(</u> |)9 Date | | |
| Print Name of Cost Center I Send this completed for | | ~ | <u> </u> | arch, Assessment. | | | | |
| | | | zamentelokiki Nijoloji | | | | | |

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|---|--|---|--|--|--|-------------------|--|--|--|
| (These grants re | | | mmary for grants ov must be placed on the Schoo | | | staff.) | | | |
| Fiscal Management will be done by: District Finance Office School Internal Account Other (name): | | ☐ Entitlement/Flowthrough ☐ Competitive/Discretionary ☐ Continuation ☐ Other: The I brest Involvement # | | Fund Source: ☐ Federal (indirect cost \$) ——————————————————————————————————— | | | | | |
| Name of Primary Fund Source | Funder's Co Name | | Funder's Addres | S | Phone Number | \$ Amount | | | |
| NAESP | students @ naesp. org | | | | 800-386- 2377 | \$3,000 | | | |
| that no additional | (does nology support pe I wiring or electric | not includersonnel m cal work, l | ECHNOLOGY is part le cameras, DVD player the physical beyond what is provided nology support staff mer | ers, etc capabi throu | a) lities of the area invo gh the grant, will be i | needed to | | | |
| Technology Support Staff | | | | | | | | | |
| Please call Jody | Dumas to discust d at 361-6311 extended with your | s your pro :. 68824. I : GAF. | STRUCTION or requiped and receive approach approved, you will need all ext 927-9000 ext. 32 | oval to | go forward with your reate a memo for his | our proposal. | | | |
| | | | SOFFICE USE ONL | | in questions. | | | | |
| Vont | 1 | | on Three: Signatures I obtain applicable signa | $\mathcal{L}_{\mathcal{L}}$ |) | rfile- | | | |
| *DISTRICT DIRECTOR O | F TECHNOLOGY ERVICES | INFORMAT | rion *Diri | ECTOR | of Facilities Ser | IVICES CONSTRUCTI | | | |
| RESEARCH, ASSESSMENT & EVALUATION (RAE) DIRECTOR OF BUDGET | | | | | | | | | |
| Von fil | e | | | | | | | | |
| *EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY ASS | | | | | SSOCIATE SUPERINTENDENT | | | | |
| Loui White | | | | | | | | | |
| SUPERINTENDENT | | | | | | | | | |
| | *S: | ignatures | needed only if applica | ible. | | | | | |
| Send this completed form | n and 1 copy of yo | ur grant to | the Grants Office, Rese | arch, A | ssessment, and Evalu | nation-Landings | | | |