

GRANT APPLICATION FORM (GAF)

School District of Manatee County...Inspiring Our Students to Learn, Dream and Achieve!

Office Use Only: Date of Board Meeting: _____ Agenda Item No. _____ Control # _____

New Grant
 Continuation Grant

SECTION 1: GENERAL INFORMATION

Complete this side for ALL grants, including mini-grants

Grant Start/End Dates: _____ Application Deadline: _____ Grant Amt: _____

Funder's Grant Title: _____ Your Grant Title: _____
i.e. Weller Teacher Mini-Grant, Lowe's Toolbox for Education, etc. i.e. Up, Up and Away, Exploring Our Heritage, etc.

Grant Writer: _____ School/Dept. _____ Phone _____ Ext. _____

Grant Contact Person:* _____ School/Dept _____ Phone _____ Ext. _____

*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

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

Grant Description

Do not refer to attachments in your summaries.

Do not attach separate sheets.

Purpose/Objective: What is the benefit of this program? How will it meet the needs and goals of your School Improvement Plan and/or District Plan? Which of the (4) EdVantage strategic objectives does the project fulfill? (*Not grant activities*)

Program Activities: Through this grant, the following will be done:

Budget: Items funded through this grant: new/existing staff position, contracted services, travel, materials/supplies, equipment/furniture, facilities, etc.

How will activities be continued once the grant funds are expended?

Is there a final report due to funder? Yes No

_____ Print Name of Principal	_____ Principal Signature	_____ Date
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Send this completed form and 1 copy of your grant to: School Support Center/ATTN: Grant Resource Specialist

SECTION 2: SUMMARY FOR GRANTS OVER \$5,000

These grants require School Board approval. GAF must be submitted 3 weeks in advance of grant deadline.

Fiscal Management will be done by: <input type="checkbox"/> District Finance Office <input type="checkbox"/> School Internal Account <input type="checkbox"/> Other: _____	Fund Type: <input type="checkbox"/> Entitlement/Flowthrough <input type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Continuation <input type="checkbox"/> Other: _____	Fund Source: <input type="checkbox"/> Federal: Indirect Cost \$_____ CFDA#_____ <input type="checkbox"/> State <input type="checkbox"/> Local Foundation <input type="checkbox"/> Other
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Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount

IF TECHNOLOGY IS PART OF THIS GRANT

A memo, signed by the Cost Center Principal must accompany this form.

The memo must state:

- a) The school technology personnel has reviewed the physical capabilities of the area involved and that no additional wiring or electrical will be need to implement the grant beyond what is provided through grant funds.
- b) The memo must be **co-signed by George Vensel**.

IF FACILITY CONSTRUCTION or RETROFIT IS PART OF THIS GRANT

- c) The memo must be **co-signed by Sheridan Dowling**.

**Send this completed form and 1 copy of grant to:
School Support Center/Attn: Melissa Schwab, Grant Resource Specialist**

OFFICE USE ONLY

(Grants Office personnel will obtain applicable signatures in this section)

**Doug Wagner, Director
 Adult, Career, and Technical Education**

**Robert C. Gause, Chair
 School Board of Manatee County**

**Lynette Edwards, Assistant Superintendent
 Curriculum and Instruction**

**Tina Barrios, Director
 Technology Information Services**

Jim Drake, Executive Director of Finance

**Sheridan Dowling, Director
 Construction Services**

Tim McGonegal, Superintendent

**Joseph Stokes and/or Angela Essig
 Directors of Schools**

**Signatures needed only if applicable.*

Grant Resource Specialist Initials _____ **Grant sent to organization?** Y N **By:** School District Grant Office

Date of Submission: _____

Amount Requested:\$ _____ **Amount Awarded:**\$ _____ **Award Date:** _____

Follow-up Actions: _____