

## TIMELINE



Call for  
Grants



**GRANT  
DEADLINE**



Review by  
LVISD  
Leadership  
Team



Review by  
Grant  
Selection  
Committee



Approval by  
LVEF Board  
of Directors



**PRIZE  
PATROL**

## PURPOSE

The Grant process is designed to encourage, facilitate, recognize and reward innovative and creative instructional approaches to support higher levels of student learning. The La Vernia Education Foundation (LVEF) is offering funding for selected grants that enhance academic performance while supporting the objectives, goals, and initiatives of the Campus Action Plan.

## WHO CAN APPLY?

Any individual, group/team or Department of La Vernia ISD involved in the instruction of students or related support services benefiting students academically.

## WHAT CAN I ASK FOR?

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Instructional and classroom materials</li> <li>• Any activity/material that supports high levels of student academic achievement</li> <li>• Items available from District resources</li> </ul> | <ul style="list-style-type: none"> <li>• Recurring programs/projects (i.e. annual dues/fees)</li> <li>• Travel expenses</li> <li>• Taxes</li> </ul> |
|---|---|

Grants should address a new project as opposed to one accomplished or under way. Grants may fund a new program or revamp an existing one to enhance its success.

## HOW MUCH CAN I ASK FOR?



Individuals  
Up to \$2,000

Group/Department  
No restrictions

There is no guarantee of funding. Funding may vary based upon funds availability. Small grants are just as likely to be awarded as large grants. Partial funding may be considered.

## HOW TO APPLY

- 1) Verify with Campus Administration that funding is NOT available through the District OR that resources have not been previously ordered or funds are already allocated.
- 2) Download the Grant Application online at [www.laverniaeducationfoundation.org](http://www.laverniaeducationfoundation.org) and complete it **electronically** (as a fillable Word doc)

- 3) Print the completed application, attach all supporting documentation and obtain all required, original signatures:
  - Supporting documentation shall not exceed 5 pages
    - Include photos/illustrations, quote, specs, etc.
    - No identifying information shall be included, except on the cover page. This includes, but is not limited to names, titles, email, Amazon carts, vendor proposals, etc. Failure to remove this information may disqualify your submission.
- 4) Submit the completed application in a sealed envelope no later than **September 12, 2024** to the LVISD Central Office (a drop box is available after hours). LVEF is not responsible for lost or late applications. Applications received after the due date will not be considered.

### HOW ARE GRANTS REVIEWED?



As a District of Innovation, applicants are expected to reflect on ways to help students become great students and ultimately strong members of society. Applications will be reviewed by a committee comprised of 7 to 11 individuals, consisting of (but not limited to):

- LVEF Board Members appointed by the LVEF President
- Curriculum and Instruction Administration
- Parent representative(s) appointed by the LVEF Vice President of Programs

The degree to which the following criteria is met is used by the Review Committee when evaluating grants for funding:

- ⇒ Supports Campus Action Plan/District goals and is specifically designed to address an area of need that is substantiated by data.
- ⇒ Emphasis on student academic performance.
- ⇒ Creative/innovative approach with sound evaluation procedures designed to meet stated objectives.
- ⇒ Clear and logical, including (a) specificity of objectives; (b) clarity of description of instruction procedures, methods or treatments; and (c) correspondence among evaluative procedures, objectives and treatments.

### RESPONSIBILITIES OF GRANT RECIPIENTS

- 1) Use the awards for the purposes intended & complete implementation by the end of the Academic Year.
- 2) Upon implementation, submit an update to [lveducationfoundation@gmail.com](mailto:lveducationfoundation@gmail.com) that includes videos, photos and/or final report. This information will be shared with donors on social media, in print, etc.
  - All images of students must be approved for release



## PRE-SUBMISSION CHECKLIST

✓ Research carefully

✓ Be realistic

✓ Be specific

### COVER PAGE:

- The **only** place where identifying information (i.e. Name, email, etc. may be found)
- Funding is not provided or allocated by LVISD
- Consistent with LVISD goals
- Includes ALL required signatures

### STATEMENT OF NEED:

- Simple and straight forward.
- Grants are to be used to fund projects that cannot be provided for in the school and district budgets.

### OBJECTIVES

- Clearly stated
- Imply or state evaluation in the statement of objectives.
- Must be consistent with LVISD goals.

### DESCRIPTION OF PROPOSED PROJECT/ACTIVITY:

- Related Statement of Need and Objectives.
- Describes how funding will support the purpose while addressing the problem/issue.
- Lists implementation steps.
- Should photos

### EVALUATION:

- Relate to stated objectives.
- Documents measurable indicators of success.

### SUSTAINABILITY:

- Detailed recurring costs

### BUDGET:

- Detailed costs, including grand TOTAL
- Funding is not provided or allocated by LVISD
- Does not include annual dues/fees/travel expenses or taxes





(LVEF USE ONLY: APPLICATION # )

APPLICATION

PROJECT TITLE

IMPACT

Grade(s) (list each grade level) Subject(s) # of Students

BACKGROUND

This project is: New to the District New to my Campus New to me
Individual submission Group/Department submission
Do you have previous experience or history with the requested project? Yes No
If yes, please explain:

STATEMENT OF NEED Describe the area of student academic achievement you wish to address and provide supporting data. Please include how this grant addresses district/campus goals.

OBJECTIVES State measurable objectives in terms of student behavior or performance.

DESCRIPTION OF PROPOSED PROJECT/ACTIVITY Describe what you want to do with the grant funds. List activities and timeline. How is it innovative?

EVALUATION STRATEGY Describe how you will know if your objectives are met. What is the long-term, educational impact? How will you share your program's successes with your peers?

SUSTAINABILITY If funded, how will you continue the program/project in the future? What will be the recurring costs? How will this program/project be funded in the future?

ADDITIONAL INFORMATION

Briefly explain any additional information you wish the review committee to know about the requested project.



**BUDGET**

How will these items meet the NEED previously described?

Budget Items <i>(please list)</i>		VENDOR	AMOUNT
SUPPLIES			\$
			\$
			\$
			\$
			\$
EQUIPMENT			\$
			\$
			\$
			\$
			\$
CONTRACT SERVICES <i>(list consultants)</i>			\$
			\$
			\$
			\$
OTHER			\$
			\$
		<b>SUSTAINABILITY</b> Annual/recurring cost <i>(if applicable)</i>	\$
		TOTAL	\$

**REVIEW BY LVISD ADMINISTRATION**



*FOR INTERNAL USE, ONLY*

LVISD LEADERSHIP TEAM WILL REVIEW ALL GRANTS FOR CONSISTENCY WITH DISTRICT GOALS, ALTERNATIVE FUNDING SOURCES, ETC.

THE SIGNATURE ON THIS PAGE WILL BE PROVIDED AT THAT REVIEW AND ARE NOT REQUIRED TO BE OBTAINED BY THE GRANT WRITER(S) PRIOR.

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**Superintendent**

Dr. Hensley Cone

Reviewed & approved for submission on September       , 2024.