



Valley Central Education Foundation Grant Application

The Valley Central Education Foundation Grant Selection Committee’s goal is to select projects for funding that identify and address needs, challenges, and interests unique to the students in the Valley Central School District. When describing a project/program/event, please keep in mind that it should reflect both the school’s mission statement and the mission statement of VCEF as well as coordinate with existing curricula. Grant requests should address above and beyond what might be normally funded through the School District.

Title of Grant: _____ **School:** _____

Grade Level(s): _____ **Signature of Building Principal/Supervisor:** _____

<u>Names of Applicants</u>	<u>Signatures of Applicants</u>	<u>Email Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please adhere to the following:

1. Type or print neatly (single-sided; do not write on back)
2. Refrain from writing your name or team members’ names within the body of the grant. (This includes supporting sheets printed from your home/school internet account.) **Grants with teachers’ names and/or school names will receive a point deduction during the scoring process.** Complete application in its entirety. Only completed applications will be reviewed.
3. Grant application requests should not exceed \$500.
4. **The grant is due to Central Office or to our mailbox by June 16, 2023.**

Application Checklist:

- Applicant/School names appear on the cover page only.
- Application and additional pages are single-sided.
- Application is not stapled.
- Submit four (4) copies by _____

Mail completed application to:

Valley Central Education Foundation
PO Box 656
Montgomery, NY 12549

Questions Contact:

Sheila Lease Murphy-leasemurphy@aol.com

I understand and agree to the following:

- This project does not displace, replace, or supplant programs funded by Valley Central School District.
- Grant funds awarded must be used within the school year of the award date. Any funding not used during that time will be returned to VCEF.
- The VCEF will not reimburse any costs of the project above the grant award or pay for those costs or items not included in the proposed budget.
- A written evaluation, project findings, and budget summary will be submitted within one month of completion of the project and will present findings to the Board if requested. Completed evaluations are required for eligibility for future VCEF grants.
- The VCEF is given permission to publish the names of winners and program design.

- The VCEF has the right to use this project, if funded, for public information purposes or to help other educators.
- The VCEF does not discriminate based on age, gender, race, national origin, religious beliefs, disabilities, sexual orientation, economic circumstances or lifestyle.

Rationale and Objectives:

Please state two or more instructional objectives that correlate between your curriculum and your proposed project/need. Give the purpose of the project/need, describe what you hope to accomplish, and how the project/need will enrich students' experiences. (Another sheet may be attached, if necessary.)

Procedure:

List instructional activities that will be implemented to meet the objectives stated.

Number of Students Affected:

Please explain how many students will be directly impacted by the grant.

Assessment:

How will you use student achievement data to evaluate the impact of the grant?

Implementation:

What is the time schedule of implementation?

Budget and Materials:

Please fill out completely and specifically in order for your grant to be reviewed by the Committee.
Please include tax if applicable, shipping fees, and school discounts.

Please understand that any items purchased with VCEF funds must be considered property of
Valley Central School District and not personal or class property.

Item Description	Vendor	Unit Price	Amount

Total Amount of Grant Requested: \$ _____

Date Needed: _____

Can this request be granted in part and still meet the objective? _____

Could this request be covered by the school budget or another resource? _____

____ Payment with order sent directly to vendor.

____ Payment of invoice sent directly to vendor.

____ Reimbursement of receipt to teacher.



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“Sowing the Seed, Reaping the Dream”

This evaluation form has been implemented to ensure that funding continues to enhance, promote, and augment classroom instruction as well as address the unique needs of our schools.

Within one month of completion of the project/program, this evaluation form must be completed and submitted through mail to:

Valley Central Education Foundation
PO Box 656
Montgomery, NY 12549

A presentation of findings will be made to the Board upon request.

Completed evaluations are required for eligibility for future VCEF grants.

Title of Grant: _____ **School:** _____

Grade Level(s): _____ **Signature of Building Principal/Supervisor:** _____

Names of Applicants

Signatures of Applicants

Please answer the following questions and be specific:

1. How did your grant impact the students it served?
2. What do you perceive are the results of your grant project/program?
3. What outcome measurement was applied to determine the assessment of the effectiveness of your program?
4. Were all funds provided in the grant used for the sole purpose stated in the grant application? Please provide an accounting of how funds were used.

Thank you very much for your interest and effort in applying for a grant through the Valley Central Education Foundation.

We look forward to reading your submission!

Please consider spreading the word and supporting VCEF by donating to this worthy cause!

