

VIPER NATION

EDUCATION FOUNDATION

Your Academic Booster

Impact Grant Application for 2018 (For grants to be applied in the 2018-2019 school year)

The Viper Nation Education Foundation created the *Impact Grant* program to help provide teachers and campuses with the resources and tools needed to significantly enhance student educational experiences. Grants of up to \$2,500 will be awarded to individual teachers. A team-based application may request up to \$5000.

Project Title: _____

Participating School(s): _____

Total Dollar Amount Requested: \$ _____

Grant Manager/Primary Contact's Name: _____

Position and Campus/Dept: _____

Day Phone: _____ Night Phone: _____

Email Address: _____

I certify that this would be a good use of funds and supports the district goals and/or the campus improvement plan. I will ensure that the goals and requirements for this project are met.

Grant Manager Signature: _____

Team Lead/Department Head Signature: _____

Lead Principal Signature: _____

If additional team members, principals and LISD staff involved in grant, please list their names and obtain their signatures of commitment.

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Please follow these procedures for submission:

- Applicant, please email the completed application to your school principal by Monday, January 29, 2018.***
- Principal, please evaluate for your approval and sign where indicated.***
- Principal, please submit via email, signed application directly to LISD's Chief Financial Officer by Friday, February 2, 2018 for district approval.***
- Principal, please copy VNEF (GrantRequest@ViperNationEF.org) on ALL emailed submissions to LISD CFO.***
- LISD CFO, please return via email, the signed application to school principal and VNEF Grant Manager (GrantRequest@ViperNationEF.org).***
- Applicant, if requests for modifications to the application are made, please do so upon receipt and resubmit to both LISD CFO and VNEF Grant Manager.***
- The completed application with all LISD approvals must be submitted by LISD CFO to VNEF by March 02, 2018, to: GrantRequest@ViperNationEF.org***

I certify that Leander ISD approves of this purchase and will provide the necessary supports to maintain sustainability of the program.

Chief Financial Officer: _____

Date: _____

Impact Grant Application

COMMITMENT LETTER

Project Title: _____

As the party(ies) responsible for the execution and administration of the proposed project, the undersigned pledge to:

- Submit a detailed accounting of all Viper Nation Education Foundation funds expended as part of this grant to the VNEF Treasurer.
- Submit a final project Evaluation Form within thirty (30) days of completing this project and within 12 months from receiving the grant award.
- Obtain parental permission to photograph or videotape participating students.**
- Inform VNEF of program events and other opportunities within participating campuses to use for publicity purposes.
- Gather work samples, and/or other visuals to be submitted with the final project report.
- Agree that information from my formal evaluation report may be used to inform the public of the application of this grant.

I/We recognize that providing the accounting, reporting and publicity items listed above are a condition of funding and therefore are my/our obligation as a grant recipient and manager.

I/We recognize that the funding of these grants is completely dependent upon the **generous donations from the VNEF community.**

Applicant(s) signatures(s):

Date: _____

Please clearly print the names and Email Addresses of additional people involved with application who should be notified of application results:

Name:

Email:

VIPER NATION

EDUCATION FOUNDATION

Your Academic Booster

Impact Grant Application for 2018-19

NOTE: Please adhere to the number of pages provided. The application should be **no more than 8 pages long**, including the cover sheet, this page, project details, and the budget request form.

Your proposed evaluation form must be attached to the back of the packet and does not count toward these 7 pages.

To ensure anonymity during the selection process, **please do not include your name, the name of your school, or the name of your school's mascot in the title or body of your application.** To denote different locations, use Campus A, Campus B, Campus C or Site A, Site B, Site C.

OVERVIEW OF PROJECT:

Project title: _____

Grades of students served: Elementary (PreK-5) Middle School (6-8) High School (9-12)

Specific group of students served by course/club name: _____

Proposed project term: One year Two years Three+ years

Start date: _____ End date: _____

NOTE: Funds will be granted for one year only. The project must be implemented in the 2018-2019 school year, Implementation must be completed by June 7, 2019. Self-evaluation as outlined in application must be emailed to VNEF by June 28, 2019. Please email to GrantRequest@ViperNationEF.org.

Key personnel conducting project: _____

NOTE: Use descriptive terms, not specific names. (for example: 3 middle school campuses, five 1st grade teachers, etc.)

Category (Circle): Leadership Science, Technology, Engineering & Math (STEM)

Entrepreneurship

College and Career Readiness

Useful links to your program information:

Summary of project (100 words or less):

PROJECT DETAIL:

Please answer questions #1 through #5 using no more than 3 pages total while adhering to the format guidelines.

1. Details of Proposed Project

Outline the procedures, methods, or activities for the project. Please *include the timeline and resources* to achieve each step.

2. Benefit and Adherence to VNEF Mission

Please describe how this project will benefit students in Leander ISD. Describe how your project enhances the educational experience in one of these categories: Leadership; Entrepreneurship; Science, Technology, Engineering & Math (STEM); and College and Career Readiness. Be specific about the advantages your project offers. Give reasons why this proposal should be funded.

3. Rationale for Initiative

Why do you need to do this project? Please list the educational goals and objectives of this project. Indicate how the project is related to a specific school district goal(s), curriculum area and the TEKS.

4. Specific Method of Evaluation (Due to GrantRequest@ViperNationEF.org, by June 28, 2019)

How will you measure the success of this project? Describe the methodology you plan to employ. You must be able to statistically demonstrate the impact of this grant. Relate the methodology to the stated objectives and make the evaluation **is measurable**. In your final report you will need to include hard data from tests, surveys, participation rates, etc. **Please submit a copy of the evaluation instrument that you will use in your classroom to measure the success of your project along with this grant application.**

5. Sustainability

Explain any plans to continue this project on a short-term or a long-term basis. Describe *how* your project will be sustained in the future. Include any reasons why this project would *not* be continued.

BUDGET REQUEST FORM:

Be as specific as possible with your budget information. Include materials, supplies, equipment and fees. Itemize direct costs, specify prices of, and include make and model of any equipment and materials to be purchased.

Budget Item	Is this item reusable? (yes/no)	Number of Budget Item(s) Needed	Vendor	Total Cost, Including Shipping
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL AMOUNT NEEDED FOR PROJECT=				\$
AMOUNT REQUESTED= (MUST NOT EXCEED \$2,500)				\$

1. Total number of students **directly** impacted by HCEF Impact Grant: _____

2. Budgeted Cost per Student Participating in Project (total amount requested/# of students impacted): \$ _____

3. Without funding from the Viper Nation Education Foundation, will this project still be implemented?
 Yes No

4. Does the amount requested cover all expenses?

Yes

No; How much remains to be funded by other sources? _____

5. Is the success of this project contingent upon other funding?

Yes

No

6. If you have applied for funding elsewhere, please list the names of the organization and the amount requested. Please indicate whether or not that funding has been approved and if not, the expected date of approval.

Name of organization(s) providing additional funding:

Date Funding Expected: _____

Don't forget to attach a copy of your proposed evaluation tool to this application.

You must submit your entire application to your principal by **Monday, January 29, 2018.**

Once approved, your principal will

1. Submit your entire application packet to LISD's Chief Financial Officer lucas.janda@leanderisd.org by **Friday, February 2, 2018** to receive district approval.

2. Principals, please **copy** all emailed applications to GrantRequest@ViperNationEF.org

LISD's CFO will submit approved applications to your principal and VNEF by **March 02, 2018.**

VNEF looks forward to reviewing your application.

Award notifications will occur in late April.