 **working for tomorrow’s education**



**West Valley Education Foundation**

**Grants-to-Teachers Program**

The West Valley Education Foundation was created to enrich and help maximize the quality of education in the schools of the district by providing financial support for programs that assist in achieving academic excellence. The Foundation believes, as do the businesses and individuals who support it, that students can benefit academically from participation in enrichment programs/activities offered in addition to those supported by district funds. To this end, the Foundation developed the **Grants-to-Teachers Program.**

The **Grants-to-Teachers Program** encourages teachers to submit grant requests that will fund projects to improve student achievement. The proposals can be innovative or needs-based. **There will be a total fund of $7,500 available for the 2025-2026 school year (with a $750 per grant maximum)** unless available funding changes significantly. Team grant applicants; please add a brief (50 words or less) explanation of each person’s role in the grant execution. Grant activities in no way supersede the school district’s curriculum. **Please note the West Valley Education Foundation will not fund field trips, meals, or salaries.**

To submit your application, or if you have any questions regarding the attached application form, please contact the West Valley Education Foundation at wvf@wvsd.org.

**West Valley Education Foundation Goals**

* To encourage academic excellence in the West Valley School District schools by providing funding not available through traditional local, state, or federal sources;
* To provide a perpetual source of funds through donations received from individuals, corporations, foundations, fund-raising projects, and interest earned on endowment funds.
* To serve as a catalyst and conduit for involving the community in the West Valley School District.

**Grant Guidelines/Requirements**

* Applications are evaluated on a first-come first-served basis and should be submitted no later than 30 days before the program start date.
* The Foundation reserves the right to limit the dollar amount to any one program, depending on its annual budget.
* The proposal must be signed by the building/program administrator.
* A Grant Evaluation form will be sent to the teachers that are awarded grants. Evaluations should be completed by the applicant after completion of the funded program/event/activity. The due date for evaluations will be printed on the evaluation form.

**Notification of Recipients:** Recipients will be notified 4-8 weeks from submission of the proposal.

**Eligible Projects:** All projects must offer an innovative or needs-based approach. Compatibility of the projects with the goals and objectives of the West Valley School District will be considered. The West Valley Education Foundation will not fund field trips, meals, or salaries.

Any material purchased with grant funds becomes the property of the West Valley Education Foundation. The recipient of a grant accepts responsibility for submitting an evaluation of the project to the West Valley Education Board of Directors. (Form and deadline provided.)

**2025-2026 School Year**

**Grants-to-Teachers Application**

**Application Requirements**

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5. The West Valley Education Foundation will not fund field trips, meals, or salaries.



**Date of Application Submittal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fund Amount being requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School(s) where project will be implemented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of students participating in proposed project: \_\_\_\_\_\_\_\_\_\_\_\_ Grade level(s): \_\_\_\_\_\_\_**

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Day Phone:\_\_\_\_\_\_\_\_\_\_ Ext.\_\_\_\_\_\_\_**

**Principal’s Support:**

I have read this proposal and will support implementation. This proposal is compatible with the West Valley School District student learning objectives/priorities and/or our school’s learning improvement goals.

 **Principal/Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Abstract:**

**Please describe your project, its purpose, and its benefit to students.**

**How does the project impact learning? How does it align with state EALRs and your school’s improvement plan?**

**The use of technology, although not required, is a priority in this grant selection process. If technology is integrated in support of your project, please describe***. (Note: All equipment purchases must be pre-approved by Director of Technology.)*

**Does your proposal include text, classroom sets or curriculum materials?**

**\_\_\_\_Yes \_\_\_\_No**

**I*f yes****, the materials must be reviewed and approved by Assistant Superintendent of Instruction. In addition, list all titles, authors and/or publishers below:*

| **Title(s) and/or Curriculum Materials** | **Author and/or Publisher** |
| --- | --- |
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**Where and when will the project take place? Please be specific. (**During or after school hours, on-site or off campus, etc.) Include time and length of project, when and where, how transportation will be provided, and who will pay for transportation if needed.

**Evaluation Procedures**

**How will you know what students have learned from participating in the project? How will you measure it?** *(Note: A brief summary report to the Foundation is required within 60 days of project completion.)*

**Would you be willing to seek additional funds from another source for this project or scale back the project if the Foundation can fund only a portion of your request?**

\_\_\_\_\_ Yes, I will seek additional funds to complete the project as outlined in this request.

\_\_\_\_\_ No, I will not seek additional funding, but am willing to scale back the project in a way that would not jeopardize project goals and integrity if only partial funding is awarded.

\_\_\_\_\_ The project must be fully funded to be viable.

**Project Timeline:** (List details of the project implementation in chronological order.)

| **Start Date** | **Action/Task** | **Completion Date of Project** |
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**Project Budget:**

Please list all anticipated project expenditures including itemized dollar amounts.

| **Item** | **Budgeted Amount** |
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|  **TOTAL** |  |

**Names and signatures of all staff involved in the implementation of this grant.**

| **Print Name** | **Location** | **Work** **Phone** | **Signature** |
| --- | --- | --- | --- |
| LeadContact |  |  |  |
| Others: |  |  |  |
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*Any additional information or attachments (brochures, resume’s, etc.) you feel would be helpful to the reader may be included.*

**Selection Committee Use Only:**

| **Committee Member(s) Name/Signature** | **Date Approved or Declined** | **Comments** |
| --- | --- | --- |
|  |  |  |