**Grant Application Guidelines**

***Please read carefully to fully understand guidelines and expectations. Only grant requests for instructional projects that supplement and align with the District’s Strategic Plan will be considered. The number of grants and grant amount awarded will depend upon available funds. Two* (2) *types of annual grants are available as follows:***

**K-2 Initiatives (maximum award $80,000/District; $20,000/Building)** provide funds to support the District’s curriculum to ensure students being successful by the end of Grade 2. Grant requests may include, but shall not be limited to, the following:

* Literacy
* Tutoring
* Guided Reading Libraries
* Materials for Media Centers

**Instructional Initiatives (maximum award $1,500/Teacher)** provide funds for instructional projects that supplement and align with the District’s Comprehensive School Improvement Plan. Initiatives may include, but are not limited to, the following:

* Classroom Supplies/Equipment
* Professional Development
* Student Enrichment Activities

**Application Deadline:**

* Annual grant applications will be due the first Friday in February by 5:00 p.m.
* Instructional Initiatives applications will be due the first Friday in September and first Friday in February by 5:00 p.m.

**Notification of Recipients**:

* Annual recipients will be notified in April of each school year.
* Biannual recipients will be notified within thirty (30) days from the deadline.

**Date for Awarding Funds**:

* Funds for approved annual applications are deposited no later than July 15 each year.
* Funds for biannual applications are deposited no later than ten (10) days after approval.
* Funds will be deposited in the District Account for each recipient.
* ***Any unexpended funds will revert to the Foundation after the conclusion of the***

***grant project.***

**Applicant Eligibility:**

* Grant funds are limited to Kansas City Public Schools certificated employees.
* In the case of a Building/District proposal, a Project Director **must** be designated to assume overall administrative responsibility for the grant project, and all related correspondence will be so directed.
* All applications must include a SIGNED letter of support from the building principal(s) or designated administrator for whom this program will deliver the greatest direct value to foundation@kcpublicschools.org.
* ***Grant funds will only be awarded to grant projects that directly benefit academic achievement and align with the District’s instructional priorities.***

**Recipient Requirements:**

* ***Recipients must adhere to all District financial guidelines and policies.***
* **Recipients are required to provide a final evaluation summary report and a financial report at the conclusion of the grant project**.
* ***If a recipient does not complete a Grant Summary for a previous year grant, the current grant request will not be considered for funding.***
* Recipients may be asked to attend a Foundation Board/KCPS Board of Directors meeting to discuss their grant projects.
* If the grant application is approved, any change to the budget amount approved or expenditure for items other than those requested must be submitted to the Foundation Board for approval.
* Products/equipment purchased with grant funds become the property of the District.

**Project Eligibility:**

* The identified need must complement the District mission, Strategic Plan and/or be aligned with the District’s curriculum goals.
* The grant project must have a designated time frame for completion.
* The grant project must have SMART *Objectives* – the SPECIFIC and MEASUREABLE outcomes to be achieved, why it is believed these outcomes are ATTAINABLE and REALISTIC, and in what TIMEFRAME completion is anticipated.
* Funds may not replace normal funding from tax-based sources.
* The proposal must describe how the success of the project will be evaluated.

**Application Review Process:**

* Proposals shall be competitively reviewed by a designated Foundation Committee.
* Projects will be judged based on their potential to positively impact instruction and academic achievement.
* All proposals will be subject to a blind review relative to the applicant(s).
* Before review by the Foundation, the Internal KCPS Grants Committee will review projects for compliance with the District’s Strategic Plan. The review is for informational purposes, ***NOT*** for selection of recipients.
* Grants awarded will be based on available funds.

**Grant Summary**:

* ***An evaluation summary (on the forms provided) plus a financial report are due to the Foundation Office by the first Monday in June.***
* ***Annual grant recipients must submit a mid-year evaluation summary by second Friday in January.***

**Application Requirements:**

To be considered for funding, the application must:

* Be grammatically correct and free of spelling errors.
* Be complete (all sections).
* Be free of any identifying information (i.e., applicant or school names) other than on the cover page.
* Describe a method to evaluate the success of the project.
* Be in compliance and approved (submitted by the foundation director) by the Internal KCPS Grants Committee.
* All applications must be submitted electronically through the KCPSEF portal.

**APPLICATION FOR FOUNDATION GRANT**



**NOTE: Review of grant proposals is anonymous. This cover sheet will not be included as a part of the actual selection process by the Programs & Allocations Committee. Consideration will be based entirely on the following proposal.**

Name of Applicant or Project Coordinator: (limit to one name only):

E-mail Address (required):

Telephone (required): W:       H/C:

Name of School Site/Building:

District  Building  Teacher

Grade Level(s):       Area of Instruction:

Project Title:

Anticipated Project Starting Date:       Completion Date:

Total Dollar Amount Requested:

Applicant/Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Immediate Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

District Technology Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

*(Required only if grant includes a technology component)*

**Kansas City Public School District Education Foundation**

**2901 Troost Avenue**

**Kansas City, MO 64109**

Date Received\_\_\_\_\_\_\_\_\_\_\_\_

Code\_\_\_\_\_\_\_\_\_\_\_\_

Code\_\_\_\_\_\_\_\_\_\_\_\_

***Do NOT include any names in this application.***



**APPLICATION FOR GRANT**

***K-2 Initiatives***

***Instructional Initiatives***

Project Title:

Implementation Date:       Completion Date:

Number of Students Impacted:

Total Amount of Request:       Date of Proposal:

Application is from:  District  Building/Principal  Teacher/Therapist/Counselor

1. Describe in 200 words or less this project and the need for it. **(10 pts.)**

1. Explain in 200 words or less how this project meets the instructional goals of the District’s Strategic Plan. List the District Strategic Plan’s goals and objectives. **(15 pts.)**

**Code\_\_\_\_\_\_\_\_\_\_\_\_**

1. List the significant SMART *Objectives* – the SPECIFIC and MEASUREABLE outcomes you wish to achieve, why you believe these outcomes are ATTAINABLE and REALISTIC and in what TIMEFRAME you anticipate completion for this project. **(15 pts.) Example: *By May 2019, 75% of students will increase reading comprehension as measured by Student Reading Inventory (SRI) at the beginning and end of the school year, raising their Lexile level an average 5% increase vs. past-five-year trends.***

1. Describe the methods that will be used to evaluate the objective(s) of the project. **(15 pts.)**
2. What, if any additional resources will be required from the District to implement this project? *Documentation of approval must be attached, if available.* No penalty if response is None or N/A. **(5 pts.)**

Code\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide a one-year timeline for the project. **(5 pts.) Example on first line**

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| --- | --- | --- | --- |
| **Date** | **Activity** | **Resources Needed** | **Target Date for Completion** |
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1. Explain in 500 words or less why you believe the proposed project/activity will succeed. Include past experience and/or research that apply. **(10 pts.)**

Code\_\_\_\_\_\_\_\_\_\_\_\_

1. In one paragraph of 200 words or less describe how the activity or program has the potential to impact the students, i.e., by project-end what will students be able to DO differently? Link to objectives above. (This may include any information about the scope and meaning of your project not already covered in the application.) **(15 pts.)**

Code\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list your budget *details* **in order of priority**. Include specific information on materials and equipment needed and their sources, duplicating costs, and any other fees, charges, and payments, including shipping fees. ***NOTE: If this project is funded, copies of all invoices and receipts will need to be attached to a written financial report and returned to the Kansas City Public School District Education Foundation by the first Monday in June.*** Any change to the budget amount approved or expenditure for items other than those requested must be submitted to the Foundation Board for approval. **(10 pts.)**

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| --- | --- | --- | --- | --- |
| **ITEM** | **VENDOR** | **ITEM COST** | **QTY** | **TOTAL** |
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**TOTAL REQUESTED**

**If this request represents less than 100% of the funding needed for your project, what**

**percentage is covered by this request?** **%**

**Has the remaining funding been secured?**  **Yes** **No**

**If no, why not?**

**Describe any budgetary impact beyond the initial grant period, e.g., maintenance contract**.

*Provide documentation of District approval for these costs, if available.*

**GRANT RUBRIC**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **4** | **3** | **2** | **1** | **Score** |
| **Project Description**  **10 pts.** | **7-10 pts.**  A clear, concise and detailed description | **3-6 pts.**  Somewhat detailed | **1-2 pts.**  Minimal description | **0 pts.**  Not addressed |  |
| **District Improvement Plan Congruence**  **15 pts.** | **11-15 pts.**  Consistent with District Strategic Plan goals | **5-10pts.**  Somewhat consistent with District Strategic Plan goals | **1-4 pts.**  Not consistent with District Strategic Plan goals | **0 pts.**  Not addressed |  |
| **Measuring Objectives**  **15 pts.** | **11-15 pts.**  Objectives defined, measurable, obtainable, and address the stated need | **5-10 pts.**  Outcomes defined and address a need | **1-4 pts.**  Not clearly stated and unable to be measured effectively | **0 pts.**  Not addressed |  |
| **Evaluation**  **15 pts.** | **11-15 pts.**  Identifies specific evaluation activities to determine the effectiveness of the project | **5-10 pts.**  Identifies specific evaluation activities which may or may not determine the effectiveness of the project | **1-4 pts.**  Evaluation component does not identify specific evaluation activities. | **0 pts.**  Not addressed |  |
| **Additional Resources**  **5 pts.** | **4-5 pts.**  Listed and documentation of approval provided or no resources needed | **2-3 pts.**  Listed and approval included but resources not reasonable | **1 pt.**  Listed but documentation of approval not included | **0 pts.**  Resources not addressed |  |
| **Timeline**  **5 pts.** | **4-5 pts.**  Clear, defined and realistic dates of timeline provided | **2-3 pts.**  Clear timeline and unrealistic dates that may not be attainable | **1 pt.**  Time line not clear or is not realistic | **0 pts.**  No timeline included |  |
| **Research information to support project**  **10 pts.** | **7-10 pts.**  Comprehensive Information and/or research included | **3-6 pts.**  Some additional information and or research included | **1-2 pts.**  Minimal or limited information included | **0 pts.**  None provided |  |
| **Potential impact on students**  **15 pts.** | **11-15 pts.**  Clear and concise link to the objectives to state how the project has the potential to impact students | **5-10 pts.**  Some established link to objectives regarding how project has minimal impact on students | **1-4 pts.**  Limited explanation of link to objectives regarding impact on students | **0 pts.**  Not addressed |  |
| **Budget**  **10 pts.** | **7-10 pts.**  Detailed items and confirmed costs on all requested items | **3-6 pts.**  Most items listed with estimated cost | **1-2 pts.**  Some items missing or left blank | **0 pts.**  No Budget |  |
|  |  |  |  | **TOTAL** |  |

Code\_\_\_\_\_\_\_\_\_



**Grant Summary Evaluation *(District/Building/Department/Teacher)***

\_\_K-2 Initiatives

\_\_Instructional Initiatives

**Directions:** Please submit the grant summary evaluation and all receipts to the *Kansas City Public School District Education Foundation* at the Administration Building on or before the **1st Monday in June**. *Please type.* Documents are available online at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.org. *If you have video or photo materials you would like share, please submit them for Foundation use.*

**Grant Recipient (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Building:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Implemented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Give a brief description of the grant. Please attach a copy of receipts of money spent.
2. Indicate the number of students who benefited from the grant and the anticipated future impact on student learning.
3. Explain how the SMART Objectives of the grant met the instructional goals of the District’s Strategic Plan.
4. Explain the evaluation method used to measure the effectiveness of the grant. Attach the results/supporting data.
5. Explain any challenges you encountered implementing the grant and what you would change?
6. What would you change about the evaluation of the grant?



**Mid-Year Grant Summary Evaluation *(District/Building/Department/Teacher)***

\_\_K-2 Initiatives

**Directions:** Please submit the mid-year grant summary evaluation and receipts to the *Kansas City Public School District Education Foundation* at the Administration Building on or before the **2nd** **Friday in January**. *Please type.* Documents are available online at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.org. *If you have video or photo materials you would like share, please submit them for Foundation use.*

Grant Recipient (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Implemented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. Give a brief description of the grant. Please list current expenditures or include a copy of receipts of money spent.

II. Indicate the number of students who are benefitting from the grant and the impact on student learning.

III. Explain any challenges you have encountered implementing the grant.



**\*FINAL EXPENDITURE ACCOUNTING SHEET**

**FOR STUDENT ENRICHMENT OPPORTUNITY GRANT**

***FOR DISTRICT/BUILDING/DEPARTMENT/TEACHER***

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| --- | --- | --- |
| **SOURCE** | **ITEM** | **AMOUNT** |
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\*Attach photocopies of receipts and/or requisitions.

Campus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Grant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Implemented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Recipient

Signature of Recipient Date

Send to:

Kansas City Public School District Education Foundation ~ 2901 Troost Avenue ~ Kansas City, MO 64109