



LAKER EDUCATIONAL FOUNDATION

*Creativity, Innovation and Excellence,
for all ages in our Community*

The mission of the Laker Educational Foundation is to encourage creativity, innovation and excellence by raising, managing and allocating financial resources to enhance learning for all who reside in or are served by the ISD 719 Community.

The following **Laker Educational Foundation Project Grant Application** should be submitted for consideration for project proposals that meet the L.E.F. mission as described above.

The grant review committee will evaluate all grant applications after the grant submission deadline and report back to the Laker Educational Foundation Board of Directors at their next board meeting. **Applicants can expect to be notified regarding final approval or denial of their grant requests within six weeks of the grant deadline.**

Please Note: All grant award recipients will be required to submit a progress report on the status of their projects mid-way through the funding cycle. Recipients can use the form provided in their award notification packet.

Thank you!



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PROJECT GRANT APPLICATION SUBMITTAL REQUIREMENTS

ELIGIBILITY

Staff of the Prior Lake-Savage Area School District, students or volunteers working in partnership with staff of the district, and any others offering educational experiences within structured academic settings are eligible to apply for Foundation grants.

CONTACT INFORMATION

Laker Educational Foundation
PO Box 840, Prior Lake, MN 55372-9125
Phone: 952-226-0063

PREREQUISITES

- Proposals must be written following the Proposal Application Format.
- Applicants must discuss the feasibility and implementation of the proposal with the appropriate building administrator. A cover letter from the building administrator must be included in the application.
- Projects which include technology must obtain the approval and signature on the grant application cover sheet from the district technology coordinator.
- No incomplete or late applications will be accepted.
- If awarded grant funds, you must be willing to participate in future foundation fundraising events.

ESSENTIAL FEATURES OF A PROJECT

1. Impacts an optimum number of students.
2. Enriches and enhances the learning experience of basic curriculum.
3. Demonstrates innovative teaching or initiates an educational pilot program.
4. Strengthens the school/home/community partnership.
5. Has clearly defined goals which are obtainable, measurable, and consistent with district learner outcomes.
6. Can continue beyond the granting year without additional foundation support.
7. Will have feedback and an evaluation process.

FUNDING LIMITATIONS

A significant amount of time is involved in completing the grant application form, and we appreciate your commitment to the process. Because so much goes into fulfilling application requirements, we wish to make clear up front what kinds of projects we will most likely **not** be able to support through the Foundation:

- Funds for supplies or equipment which are otherwise available through regular Prior Lake Savage Area School channels
- Projects that would require the Foundation's ongoing funding (year after year) to be successful
- Capital purchases - typically defined as purchases of \$500 or more with a life of more than three years

DOCUMENTATION

Recipients will be required to keep a running account of the project in any form: photos, video, Power Point, journal. This documentation is to be submitted upon request by the Foundation along with a completed L.E.F. Project Grant Evaluation form. For Spring grants, evaluations are due by December 30th. Fall grant evaluations must be received by June 30th.



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LAKER EDUCATIONAL FOUNDATION PROJECT GRANT APPLICATION

Grant Title: _____

Amount Of Funds Requested: _____

Briefly in a sentence or two, summarize the project and desired outcome:

This project fulfills which of the L.E.F. Mission Statement attributes:

- Encourages Creativity
- Encourages Innovation
- Encourages Excellence

How?

How many participants will benefit from this project? (Please estimate)

_____ Early Childhood _____ Pre-K _____ Elementary
_____ Middle School _____ High School _____ Post-Secondary
_____ Adults _____ Senior Citizens

How?

Please list the key contact person for communication regarding this application?

Name: _____

School or Address: _____

Phone: _____

Email Address: _____



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PROPOSAL NARRATIVE

Describe clearly and concisely the intent of the project including the impact or effect on the community it serves.

Describe as specifically and quantitatively as possible, how the objective will be reached. Example: Is there a timeline? Who will implement the project? How will it be implemented?

Describe how you will attempt to collaborate with other programs, community education or related non-profit community organizations in order to maximize the use of resources, including time and program development efforts.

Are there any matching or *in kind* fund sources?

How will this project become self-sustaining in the future?

How will this project be evaluated and how will you assess the achievement of its objectives?

How will you share the project's success with the community it serves and document the project for the Foundation?



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PROPOSAL BUDGET

Monetary support other than Foundation funds

Are there any matching funds that will support the project?

In kind support

This can be any support other than money that is contributed to the project.

Volunteer support

Materials cost

Please include an itemized list and prices of materials.

Large equipment cost

Materials that are not consumable. Example: computers, i-pads, lab equipment.

(If requesting an i-pad, you must add the following to your request: \$99.00 for Apple Care & \$50.00 case per i-pad)

Other costs

PROPOSAL CHECKLIST

- ✓ Administrator's cover letter
- ✓ Cover sheet
- ✓ Technology coordinator signature (if technology is part of the proposal)
- ✓ Proposal narrative
- ✓ Project budget

By signing this Application, I certify to the Foundation that the information contained in this Application is true and correct, and agree to the conditions of the Project Grant Program established from time to time by the Foundation.

Applicant Signature: _____ Date: _____

Technology Coordinator: _____ Date: _____

ACTION BY FOUNDATION

Approved _____ Denied _____ Amount: _____ Date: _____

Applicant Notified: _____ By: _____

Project Grant Paid On: _____ By: _____