37479 Avenue 12
Madera, CA 93636

(559) 645-7500
(559) 645-7144 FAX

# Foundation For Golden Valley Schools

## Grant Application

**The Foundation for Golden Valley Schools exists to enhance and encourage the star potential and full experiences of all students in their educational environment within Golden Valley Unified School District. If you have any questions or need assistance with this form, please contact Aimee Beintker at the Golden Valley District Office c/o the Foundation at #645-7500.**

**Due date for Application: February 4, 2011 at 4:30 p.m. (No Exceptions)**

**Funding for** (please check box that applies)

| | | | |
|---|---|---|---|
| ☐ Academics | ☐ Arts | ☐ Athletics | ☐ Agriculture |
| ☐ Differentiated Instruction | ☐ Reading/Vocabulary | ☐ PE/Health & Wellness | ☐ Technology |
| ☐ Classroom Management | | | |

**Name:** _____ **Site/Dept** (if applicable) _____

☐ Check if you have previously received a grant. _____ Year(s).

**Contact Phone:** _____ **Number of Students Served by This Project:** _____

**Project Title:** _____ **Total Funding Requested:** $_____

**Brief Description of Project:** _____

Eligibility and Guidelines:

*All grant applications will be considered for amounts subject to the discretion of the committee.
*All staff members of the district are eligible to apply.
*A request for funding must be submitted on the official application.
*A requisition(s) or invoice for materials/equipment, etc. must be completed and submitted with the application if appropriate.
*All applications may be subject to interview for clarification purposes.
*Materials and equipment purchased with Foundation funding will become the property of the Golden Valley Unified School District.
*Funding for personnel salaries will not be considered.
*Approval of applications and the level of funding are solely at the discretion of the Foundation for Golden Valley Schools.
*If there is a change to the educational make up of a classroom in which a grant was funded, it will be up to the discretion of the Foundation whether or not to fund the grant.

**The Vision of the Foundation for Golden Valley Schools is to be recognized as a viable entity that provides ongoing resources for the students of Golden Valley Unified School District.**

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# FOUNDATION FOR GOLDEN VALLEY SCHOOLS

PLEASE COMPLETE WITH BRIEF SENTENCES.

1. **Project Goal**

2. **Project Activities**

3. **What methods of evaluation will you use to measure the effect of this project on student development?**

4. **How will this project's influence continue beyond funding?**

5. **If the Foundation cannot fully fund a Grant for the requested amount, what options are available to assist with the funding?**

6. **Budget**

| Detailed Description of Items/Services | Quantity | Unit | Total Cost |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

**Total Amount Requested**: $_____

**Signature of support from Site Administrator** _____

PLEASE COMPLETE THE APPLICATION AND RETURN IT IN A SEALED ENVELOPE TO:
Doug Reitz, Chairman, Foundation for Golden Valley Schools
c/o Golden Valley Unified School District, 37479 Avenue 12, Madera, California 93636
DUE DATE FOR APPLICATION: FEBRUARY 4, 2011 AT 4:30 P.M. (NO EXCEPTIONS)

**FOR FOUNDATION BOARD USE ONLY**

**GRANT APPROVED**
**by the Foundation for Golden Valley School**
**this_____day of _____, 2010.**

_____
**Signature of the Chairman**

**GRANT REJECTED**
**by the Foundation for Golden Valley Schools**
**this_____day of _____, 2010.**

_____
**Signature of the Chairman**

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**to be recognized as a viable entity that provides ongoing resources for the students of Golden Valley Unified School District.**