



# Lewiston Independent Foundation for Education, Inc.

3317 12<sup>th</sup> Street  
Lewiston ID 83501

Phone: (208) 748-3050  
Fax: (208) 748-3059

*"Encouraging Excellence"*

[www.life-inc.org](http://www.life-inc.org)

## IMPACT GRANT PARTNERS:

JOE HALL FORD

W. J. PEREZ, DMD

SYRINGA BANK

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## ANNOUNCEMENT IMPACT GRANT PROGRAM

Each year, the Lewiston Independent Foundation for Education, Inc. (**LIFE**) sponsors an educational grant award program to benefit the students and staff of the Lewiston School District. Entitled "Impact Grants," the program is designed to provide awards of **up to \$1,000** to teachers and other interested citizens and groups to fund innovative educational projects.

**ELIGIBILITY:** Any person or group is welcome to submit an application for a project which benefits the Lewiston public schools.

**OBJECTIVES:** All proposed projects should support one or more of the following **LIFE** Board objectives: enhance student achievement and talents; motivate students; expand educational opportunities; promote innovative, interdisciplinary or team-teaching projects; encourage the support of parents and the community in the educational process.

**RESTRICTIONS:** **Funding for new projects will be given priority over funding for continuing or previously-funded projects.** Capital improvements and playground equipment are not eligible for Impact Grants. Applications for out-of-town travel expenses are discouraged unless a plan to share the acquired information with other staff members is presented.

**APPLICATIONS:** Applications forms may be obtained from the office of any Lewiston public school, the school district Central Office, and the Lewiston City Library. Submit applications (**plus 9 photocopies**) to the **LIFE** office at 3317 12th Street, Lewiston, Idaho 83501.

**APPLICATION DEADLINE:** Applications (**plus 9 photocopies**) must be received in the **LIFE** Office no later than **5:00 P.M. on FEBRUARY 28**, in order to be eligible.

**AWARDS:** Award announcements will take place in April or May. Grant recipients may access their award funds **only between July 1 - May 30** following award notification.

**QUESTIONS:** Carla Gomez, **LIFE** Office Secretary  
3317 12th Street, Lewiston, Idaho, 83501

(208) 748-3050

[cgomez@lewiston.k12.id.us](mailto:cgomez@lewiston.k12.id.us) .

### LIFE Board Members

#### Officers:

Carol Wallace, President  
Art McIntosh, Vice President  
Kelly Hall, Secretary  
Doug Baune, Treasurer  
Staff Support:  
Carla Gomez and Pauline Bjorklund

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Rona Meske  
Christina Metcalf  
Bill Perez

Susan Peterson  
Joy C. Rapp  
John Tait  
Fred A. Willett

# IMPACT GRANT PROGRAM

APPLICATION DEADLINE: **5:00 p.m., February 28**  
(one original plus 9 photocopies – duplexing encouraged)

GRANT AWARDS ANNOUNCEMENT: Spring

TERM OF GRANT AWARDS: July 1 - May 30 (following award notifications)

## RESPONSIBILITIES OF GRANT RECIPIENTS

1. Grant recipients may access their grant funds any time **AFTER JULY 1**. **Under no circumstances will grant funds be available before this date.** Reimbursements for funds spent prior to this date must be discussed and approved in advance by the **LIFE** Board of Directors.
2. Grant funds must be **fully spent by May 31st**. Remaining funds are returned to **LIFE**.
3. Grant funds must be spent for the purposes and acquisitions listed in the application form. Any changes in use of the grant funds must be approved in advance by the **LIFE** Board.
4. Grant funds must not be overspent. Recipients are responsible to make arrangements to pay any bills or invoice amounts in excess of their grant award.
5. A successful grant award does not guarantee recipient additional funding in future years beyond the term of the initial grant. Funding for new projects will be given priority over funding for continuing or previously-funded projects.
6. Impact Grants are discrete awards and are not dependent on any other matching funds the recipient may or may not receive. If necessary matching funds from other sources are not received, recipients may use Impact Grants to fund activities as closely related to the initial project as possible with the approval of the **LIFE** Board.
7. **Grant recipients are requested to submit a project report to the LIFE Board.** The report should contain an evaluation of project results and photographs, slides, or other tangible products of the recipient's efforts.
8. **Give Credit:** Tangible items purchased or created as part of the project should be **clearly labeled** as being made possible, in whole or in part, with a grant from "The Lewiston Independent Foundation for Education, Inc." **Live performances need to give LIFE credit as a sponsor in their programs.** Contact the **LIFE** office to borrow the **LIFE** logo and/or banner.

**Office Use Only**

Received: \_\_\_\_\_

Code #: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Points: \_\_\_\_\_

Grant/No Grant: \_\_\_\_\_

**Lewiston Independent Foundation for Education, Inc.**

**IMPACT GRANT APPLICATION FORM**

PROJECT TITLE: \_\_\_\_\_

PROJECT COORDINATOR (one name only, please): \_\_\_\_\_

Your School/Organization & Position: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

Work/Day Telephone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Other Participants (if any): \_\_\_\_\_

**PLEASE GIVE A ONE OR TWO SENTENCE DESCRIPTION OF YOUR PROJECT.** (This will be used for publicity purposes. Describe what the money will be used for, not what need your project addresses.):

**Estimated number of students served by your project:** \_\_\_\_\_

Have you ever applied for a **LIFE** Impact Grant to fund this project: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, which year(s)? \_\_\_\_\_ Granted? \_\_\_\_\_ Yes \_\_\_\_\_ No

**BUDGET**

Impact grant requested (\$1000 max) \$ \_\_\_\_\_

Other funding acquired/seeking: \$ \_\_\_\_\_

Explain: \_\_\_\_\_

**TOTAL PROJECT BUDGET:** \$ \_\_\_\_\_

**SCHEDULE**

Approximate Starting Date: \_\_\_\_\_

Approximate Completion Date: \_\_\_\_\_

**SIGNATURES**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Signature of Principal/Supervisor

\_\_\_\_\_  
Date

THIS IS THE COVER SHEET. CONTINUE TO APPLICATION QUESTIONNAIRE. **SUBMIT ORIGINAL AND NINE (9) COPIES. Please duplex where possible.**

# IMPACT GRANT APPLICATION QUESTIONNAIRE

## INSTRUCTIONS:

- A. Please type or print your answers to the questions below on additional pages, indicating each question being answered.
  - B. EACH PAGE YOU SUBMIT SHOULD BE HEADED WITH YOUR NAME AND THE NAME OF YOUR PROJECT.
  - C. Submit one original and NINE (9) copies of your application to the LIFE Office by 5:00 p.m., on FEBRUARY 28. (The use of duplexed photocopies is encouraged.) Keep a copy of your application for yourself for reference.
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1. What **need** is your project addressing?
2. **Describe your project** in detail, including other participants and any efforts which have already taken place. Include a tentative **timetable** of the steps you will take for implementation. Explain the potential benefits of your project and how it will enhance the existing school program.
3. **Who will benefit** from your project? How many and in what way?
4. Please describe how your project supports one or more of the **LIFE** Board objectives: enhance student achievement and talents; motivate students; expand educational opportunities; promote innovative, interdisciplinary or team-teaching projects; encourage the support of parents and the community in the educational process.
5. Explain your **budget needs**. If grant request is for partial funding only, indicate which items will be paid for with **LIFE** grant money, and what the source(s) of other funding might be (other grants, fundraising, district funds, other designated funds in **LIFE**, etc.)
6. Explain how you will **evaluate your project** at its conclusion, determine its success, and disseminate the results to interested others. A written evaluation and photos, etc., are requested to be provided to the **LIFE** Board.
7. Describe how you will **give credit to LIFE** for helping to fund your project, if you are awarded an Impact Grant. (Examples: book plate, plaque, announcement, etc.)
8. Optional: Please include any other information you believe should be known about your project.

Send your original application and 9 copies to: **Lewiston Independent Foundation for Education**  
**3317 12th Street**

Lewiston, Idaho 83501

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**UPON RECEIPT OF YOUR APPLICATION, WE WILL SEND A CONFIRMATION NOTICE TO YOU.  
PLEASE CONTACT OUR OFFICE IF YOU DO NOT RECEIVE THIS NOTICE.**