

# Victor Valley College District Foundation

## CAMPUS GRANT PROGRAM - GUIDELINES

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### General Purpose:

The Victor Valley College District Foundation Campus Grant Program provides financial assistance to help Victor Valley College faculty and staff enhance the educational experience of students at Victor Valley College.

### Qualifications:

All Victor Valley College employees are eligible to apply.

### How Awards are Chosen:

The Victor Valley College District Foundation Campus Grant Sub-Committee evaluates and scores applications according to responses provided on the grant application. Grants to be funded are subject to approval by the Victor Valley College District Foundation Board of Directors.

### Amount and Terms of Award:

Campus Grants will be awarded in amounts up to \$2,500 based on available funding. All grant funds awarded must be used within 12 months.

### Criteria for Selection:

- Preference will be given to applications that clearly demonstrate how the grant will directly enhance the educational experience of students at Victor Valley College and to proposals that clearly demonstrate the solution to a problem that impacts the educational experience.
- Grants will be provided to support Equipment Purchases; Program Enhancement; and Student Experiences.
- Incomplete applications may not be considered.
- Applications must be signed by the applicant and the appropriate Dean or V.P.
- Late applications will not be considered, but may be held for the next grant cycle.

### Application Procedures:

Grants will be awarded twice per year.

Term	Application Open	Application Deadline	Award Announcement
Summer	June 15	July 15	August 15
Fall	October 15	November 15	December 15
Spring	February 15	March 15	April 15

Applications must be received by the Foundation office by 5 pm on or by the Application Deadline to be considered for the subsequent award announcement period.

### Funding Procedure:

The Victor Valley College District Foundation will create an account for each grantee. All expenditures must be made in accordance with Victor Valley College District Foundation guidelines and must be made in support of the original approved project.

### Reports:

Each grantee is required to provide a summary report to the Victor Valley College District Foundation Campus Grant Committee upon completion of the grant funded project. Reports should include a description of how the grant enhanced the students' educational experience. A Foundation representative may be assigned to conduct a follow up visit grantee and grantees may be asked to present their work to a Foundation audience.

### Questions / Contact:

For additional information contact the Victor Valley College District Foundation by phone: 760-245-4271 ext. 2251 or email: [glennis.duncan@vvc.edu](mailto:glennis.duncan@vvc.edu)

Victor Valley College District Foundation  
**CAMPUS GRANT PROGRAM – APPLICATION FORM (2017-2018)**

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APPLICANT'S NAME: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_ COLLEGE EXT. \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

VVC POSITION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

TERM OF REQUEST     SUMMER 17         FALL 17         SPRING 18

AMOUNT REQUESTED \$ \_\_\_\_\_ SECURED MATCHING FUNDS (IF ANY) \$ \_\_\_\_\_

TYPE OF REQUEST     Equipment     Program Enhancement     Student Experience

ADDRESS EACH OF THE FOLLOWING QUESTIONS IN YOUR PROPOSAL (2 Page Maximum).

1. WHAT DOES YOUR PROGRAM TEACH OR DO TO SERVE STUDENTS?
2. DESCRIBE WHAT YOU WILL DO WITH THE FUNDS YOU HAVE REQUESTED.
3. WHY SHOULD YOUR PROPOSAL BE SELECTED FOR FUNDING? (I.E. WHAT PROBLEM THIS WILL SOLVE? HOW STUDENTS WILL BENEFIT? WHAT MAKES IT INNOVATIVE?)
4. WHAT OTHER SUPPORT (FINANCIAL OR OTHER) WILL BE NEEDED TO MAKE USE OF THIS GRANT AWARD AND HOW WILL YOU SECURE THIS SUPPORT?
5. LIST SPECIFIC EXPENDITURES PLANNED FOR YOUR PROJECT (INCLUDE BACKUP DOCUMENTS AND BUDGET SHEETS) AND IDENTIFY WHICH WILL BE FUNDED BY THIS GRANT REQUEST AND WHICH BY OTHER SOURCES (SECURED MATCHING FUNDS).
6. HAS THIS PROPOSED EXPENDITURE BEEN REQUESTED THROUGH A PRAISE REPORT? IF YES, PLEASE ATTACH. ADD ANY COMMENTS ABOUT YOUR EXPECTATIONS FOR FUNDING THROUGH THIS PROCESS. IF NOT INCLUDED IN PRAISE, WHY NOT?

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**ACCEPTANCE & SIGNATURES:**

*I have read and understand the guidelines established for the Victor Valley College District Foundation Campus Grant Program. I will abide by Victor Valley College policies in implementing this project and agree to follow Victor Valley College District Foundation policies and procedures to access funds. I understand that funding will be restricted to those items specifically noted in the approved Grant budget. I further understand that following the completion of this project all supplies purchased through this award will become the property of the Victor Valley College District Foundation.*

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEAN OR VP SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Foundation Use Only

RECD TIME: \_\_\_\_\_ REC'D DATE: \_\_\_\_\_ BY: \_\_\_\_\_