



eKadence Grant Initiative Application

Application for Five-Year Free Software License and Technical Support for the eKadence Learning Management System

Contact Information

Name(s) of School District(s) applying: _____

Name of Superintendent or equivalent: _____

Name of lead person on this application: _____

Title of lead person: _____

Phone #: _____ Email: _____

Address: _____

Please provide demographic details about your school district.

District Student Information

- Percentage of **Caucasian** students: _____
- Percentage of **African-American** students: _____
- Percentage of **Hispanic** students: _____
- Percentage of **Asian/Pacific Islander** students: _____
- Percentage of **Other Ethnicity** students: _____
- Percentage of **students eligible for free and reduced-priced** meals: _____
- Percentage of **English Language Learners**: _____

**Ethnicity Data based on Federal Reporting guidelines*

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1) Is your district **rural / suburban / urban**? *[Check all that apply]*

- Rural
- Suburban
- Urban

2) What percentage of students have **access to a school-provided device (1:1)** across the district? _____

NOTE: Please provide ONE numerical value without the percentage sign.

3) What percentage of your students have **access to high-speed broadband in their classrooms** every day? _____

NOTE: Please provide ONE numerical value without the percentage sign.

4) What percentage of your students have **access to high-speed broadband during distance learning**? _____

NOTE: Please provide ONE numerical value without the percentage sign.

5) Please select any of the following areas that **accurately describe work taking place** in your district: *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Competency-based Education | <input type="checkbox"/> Computer Science and/or Computational Thinking |
| <input type="checkbox"/> Community Engagement/Partnerships | <input type="checkbox"/> Real World/Project-based Learning |
| <input type="checkbox"/> Alternative Assessments | <input type="checkbox"/> Social Emotional Learning |
| <input type="checkbox"/> One-to-one | <input type="checkbox"/> Culturally Relevant Pedagogy |
| <input type="checkbox"/> Maker Learning | <input type="checkbox"/> Accessibility |
| <input type="checkbox"/> Portrait of a Graduate | <input type="checkbox"/> Virtual Learning |
| <input type="checkbox"/> Flexible Learning Spaces | <input type="checkbox"/> Equity & Anti-Racism |
| | <input type="checkbox"/> Other |



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Please answer the following questions to help us understand your school district's goals.

1) Please share your district's **Graduate Profile** (if you have one) and its **mission statement**.

2) Describe existing **strengths and challenges** of your school district in terms of its technology and its Learning Management System.

3) How would you like your school district to **improve** in meeting its whole child goals? And what are the **technological barriers** to this improvement?



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4) What **community partners** does your school district work with to achieve whole child learning and development outcomes? Are they integrated into your Learning Management System?

5) What other **core information** about your school district's vision, goals, and strategy should we know more about? Strategic Plan? Equity goals?

6) Please **submit the resume** of the point person leading the initiative to **grants@ekadence.org**. This person should be in a position to organize educators and administrators around this grant and help support training and coaching on the eKadence Learning Management system.