## LOS ANGELES UNIFIED SCHOOL DISTRICT

## Office of Development & Civic Engagement



## PARTNERS FOR STUDENT SUCCESS PARTNER MATCHING FUND

## SY 2024-2025 APPLICATION

Partner Matching Fund resources are intended to expand partnerships with community organizations that provide direct services to students and families. Targeted Student Population (TSP) resources are specifically set aside to provide services that support academic and social emotional needs for English Learners, Reclassified English Learners, Foster Youth, and/or Low-Income students.

TK-12 schools with ranking on the School Equity Needs Index 2.0 as High and Highest Need, including continuation schools interested in receiving Partner Matching Funds (PMF) are required to submit this application to their Region Designee for review and approval.

Only vendors and services approved by the Board of Education qualify for the PMF. To view the approved list of vendors, please visit https://achieve.lausd.net/Page/16480 . Applications due by March 22, 2024

- Schools with 500 or fewer students qualify for a 2:1 matching fund ratio based on 2024-25 E-Cast Projections; **PMF contribution cap = \$62,500**
- Schools with 501 or more students qualify for a 1:1 matching fund ratio based on 2024-25 E-Cast Projections; PMF contribution cap = \$45,000

| Submitter's Name:   |                             |                            | Sub                          | mittal Date            | :                              |  |  |
|---|-----------------------------|----------------------------|------------------------------|------------------------|--------------------------------|--|--|
| School Name: Co   |                             |                            |                              |                        |                                |  |  |
| Name of Vendor you  | I'd like to partner with:   |                            |                              |                        |                                |  |  |
| School's 2024-25 E-Cast:  |                             | Check your S               | Check your SENI 2.0 Ranking: |                        | igh Highest                    |  |  |
| School's Contribution (required): \$ Partner Matching Funds Requested: \$                                     |                             |                            |                              |                        |                                |  |  |
| Provide a description of the services the vendor will provide and how they will support your LCAP plan goals: |                             |                            |                              |                        |                                |  |  |
|   |                             |                            |                              |                        |                                |  |  |
|   |                             |                            |                              |                        |                                |  |  |
|   |                             |                            |                              |                        |                                |  |  |
| What is the Targeted Student Population you will be serving through this partnership?                         |                             |                            |                              |                        |                                |  |  |
| Check all that apply: Eng. Learners   |                             | Reclassified EL            | Foster Youth                 |                        | Low Income                     |  |  |
| Check the Strategic Pillar these services support?  |                             |                            |                              |                        |                                |  |  |
| Check all that apply:   | Pillar 1<br>Academic Excell | Pillar 2<br>Joy & Wellness | Pillar 3<br>Eng & Collab     | Pillar 4<br>Oper. Eff. | Pillar 5<br>Investing in Staff |  |  |

For Region Use Only: (Region Superintendent to retain a copy for recording keeping purposes)

| J J  | Approve |
|--|---------|
| Region Superintendent Decision Approve Not App | roved   |

02/2024