



Great Valley School District  
Education Foundation

You **MUST** save a copy of this file on your computer to fill out in Adobe.  
The form will not work if you try to fill it out in a web browser.

# VENTURE GRANT LETTER OF INTENT

Before completing this form, please refer to the Venture Grant Guidelines which includes directions and specifics on the Evaluation and Selection Criteria. The guidelines can be found at <https://gvsdef.org/venture-grants/>

## Submission Cycles

Cycle 1 deadline: Nov. 11

Cycle 2 deadline: February 3

## APPLICANT INFORMATION

Name	
Email	
School/Building	
Project Title	
School Year	

## PROJECT SUMMARY

Please indicate at least **ONE** of the following Comprehensive Plan focus area your project addresses.

Select at least one	Focus Area	Description
	Instructional Technology	Ensure students have the skills and competencies needed to access, process, communicate, and create using a wide range of resources and technologies to succeed and lead in our local and global society.
	Teaching and Learning	Ensure consistent implementation of high quality standards-aligned curricula and effective instructional practices across all schools and all classrooms for all students.
	Safe and Inclusive Space	Meet the academic, social, and emotional needs of diverse learners in a way that ensures equitable opportunities for all students.
	College and Career Readiness	Ensure that systems are in place that engage families, business partners, and community members in the student learning process.

Please provide a brief summary of the project and how it addresses the focus area you selected.

Project Summary:

Foundation Funding Priorities

Please select and briefly describe how your project would address at least **ONE** of the Foundation's Funding priorities.

Provides innovation in teaching and learning and technology

Keeps important enrichment programs in our schools

Broadens the extra-curricular activities that keep our children engaged and inspired

Promotes the innovative ideas of our Great Valley professional staff

Provides additional assistance for at-risk students

Describe the purpose or need that this project will address.

Number of students impacted:

Include the long-term impact of the project and all students that will benefit from projects that could be in effect for multiple year. Ex: 120 students/yr x 3 yrs = 360 students.

If this project is able to be replicated, please explain how you envision expanding the project:

Approximate Cost:

Principal/Supervisor's Signature and Comments/Recommendation

Principal/Supervisor's Comments/Recommendation:

Principal/Supervisor

\_\_\_\_\_

Enter Name

\_\_\_\_\_

Date

Principal/Supervisor: After reviewing and adding comments, please email to Stephen O'Toole.

District Representative

\_\_\_\_\_

Enter Name

\_\_\_\_\_

Date



## VENTURE GRANT APPLICATION

Once you've received notification from GVSD & GVSDEF that your Letter of Intent is approved, please complete the additional information below for consideration of funding your project.

### Support Required

Please include other participants or support you will need for this project. If none is needed, please type N/A.

### Timetable

Start Date:

End Date:

### Cost

Please include itemized cost estimates for any materials or equipment.

<u>Item</u>	<u>Quantity</u>	<u>Sum cost</u>

Project sum total:

Shipping costs: \_\_\_\_\_

**Total Cost of the project:**

**Continuing Costs**

Please list any annual or continuing costs (i.e. subscriptions, software, upgrades, etc.). If none is needed, please type N/A.

**Other Funding**

List other possible full or partial funding options available for this project. If none is needed, please type N/A.

**EVALUATION**

How will you know your project is successful?

Explain the long term impact of the project.

## COMMUNICATION & REPORTING REQUIREMENTS

### Communication

The Foundation asks grant recipients to help "spread the word" about the grant programs supported with donor funds. This helps to promote continued community support of the Foundation.

Please list the ways that you would communicate with students, families, and the community about this grant. (i.e. a note in a newsletter, a mention at an event, a mention at a faculty meeting, through social media).

### Reporting

Grant recipients are required to submit an end of the year/end of project report by the first Friday in June.

Recipients are also asked to support the Foundation's efforts to publicize the grant by providing the following: promotional information such as, but not limited to photos, videos, or testimonials.

By entering your name below and accepting the grant, you agree to the reporting requirements listed above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



Once you complete up to this point, email the pdf document as an attachment to [venturegrant@gvsdef.org](mailto:venturegrant@gvsdef.org)

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For GVSDEF Use ONLY

\_\_\_\_\_  
GVSDEF Representative - Enter Name

\_\_\_\_\_  
Date

## Final Report

Describe the value of this project.

Describe how the project objectives were met.

Describe any barriers that prevented the expectations or hindered the implementation.

What would you do differently?

From what you know now, how might this project be replicated or extended?

Please email photos, videos and/or other materials that demonstrate the students' experience with this project to the GVSDEF.

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Name

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Date