



Conestoga Valley Education Foundation Regular Grant Application

All applications should be specific in their descriptions and typewritten.
Handwritten applications will not be accepted.
All grant applications must be on this form. Use additional sheets, if necessary.

OPEN SUBMISSION of APPLICATIONS
CVEF provides semiannual grants in October and April for innovative and creative projects and programs the Board of Trustees believes will have a positive impact on the education of the district's students.

The Conestoga Valley Education Foundation provides funding for a-number of grants.
Please check the category under which you are applying:

Category I: Small Grant - up to \$1,000

Category II: Major Grant - more than \$1,000

Name: _____

Address: _____

_____ Telephone: _____

Conestoga Valley status: Student Teacher Other: _____

1. Project Title: _____

2. Amount Requested: _____

3. Duration of Grant: From _____ To _____

4. Description of the project:

Grade level: Subject(s):

Number of students involved: School:

5. Project Narrative: (general description- add hyperlinks if applicable)

5a. Please add any photos to help the committee understand your project: (optional)

6. List the measurable objectives of the project.

7. Describe how you will measure this project's objectives.

8. Describe the benefits of this project to your students, and (where applicable) the school district as a whole.

9. Set forth an itemized budget for how the grant funds will be spent. This must include shipping (but not tax) and all technology and/or facilities costs necessary for the implementation of this project. Ongoing cost to maintain the project must be funded through Conestoga Valley School District's building or department budget if not covered by the grant funds.

| Quantity | Description | Unit Cost | Total |
|-------------|-------------|-----------|-------|
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| Final Total | | | |

Principal's signature: Date:

Supervisor's Signature Date:
(where applicable)

Director of Operations signature: Date:
(where applicable)

Technology Director's signature: Date:
(where applicable)

Other's signature: Date:
(where applicable)

Applicant's signature: Date:

E-mail applications to: audrey_mcclune@conestogavalley.org

You may mail applications with physical signatures, but please also email a copy without signatures.

Internal mail: Audrey McClune, CVEF, Witmer Annex

External mail: Conestoga Valley Education Foundation
2112 Horseshoe Rd
Lancaster PA 17601

02/23/26