

**ACADEMIC
GRANT APPLICATION FORM
CYCLE I DUE OCTOBER 1; CYCLE II DUE March 1**

Note to applicant: the spacing and length of this application will not change as you enter information. Do not feel you need to limit your comments to the space shown, if you need more space, type "See Attachment # _____" in the box and include your attachment at the end of the packet. Also, in order for it to read better, try to arrange it so the questions and the answers to their respective questions are on the same page.

PLEASE NOTE – THIS DOCUMENT WILL NOT SAVE – AFTER COMPLETING THE FORM, YOU MUST PRINT THE DOCUMENT PRIOR TO GETTING YOUR ADMINISTRATORS SIGNATURE

Name of Contact Person/Project Director:	
School:	
Signature:	
Telephone:	
Email Address:	
Amount Requested:	
Project Start Date:	
Ending Date:	

In answering questions on this form, please type your response, be articulate and be brief. Insert "NA" where not applicable.

1. Clearly describe the activity for which funding assistance is sought and the District and school goal(s) to which it is aligned.

2. Describe the compelling student academic need which the project addresses and the path to fulfill.

3. Describe how this will likely result in a gain in student achievement and the anticipated academic benefits:

4. Estimate the number of students (during the coming school year):

Total Estimated Students

How Many are District
742 Students?

A. Directly involved _____

B. Indirectly impacted _____

5. If the project involves parents and the community, please explain how.

6. Describe how this project could be replicated elsewhere in the District.

7. Describe plans for raising funds, both from LEAF and elsewhere (Also provide numerical detail in the Budget, below):

8. How is this project innovative or unique, and is it linked to student achievement?

9. Is the project sustainable in the future without LEAF funds? If this is anticipated to be a recurring activity/expense which will require funding, please elaborate.

10. If you receive partial funding, describe the impact on the project.

11. Budget/Financial Summary (Fill in below)

Expenses

- Supplies/materials _____
- Fees (not provided by District 742) _____
- Mileage (per District rate) _____
- Meals _____
- Accommodations _____
- Printing _____
- Other (specify) _____

- Other (specify) _____

Total Expenses/Project Costs

A

Non-LEAF Revenue Sources

- District 742 Support _____
- Other income/grants (specify) _____
- Other income/grants (specify) _____
- Other income/grants (specify) _____

Total Non-LEAF Revenue

B

Amount Requested from LEAF	C
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Example of how to complete the budget form:

Expenses:	Example	Proposed
Supplies/materials	\$ 250.00	
Fees (not provided by Dist 742)	\$ 750.00	
Mileage (per District rate)	\$ 135.00	
Meals	\$ 200.00	
Accommodations	\$ 25.00	
Printing	\$ 76.00	
Other (describe)	\$ 12.00	
Other (describe)	\$ 36.00	
Total Expenses/Project Cost	\$ 1,484.00	\$ -
Other Revenue (funds not being provided by LEAF):		
District 742 Support	\$ 500.00	
Other income/grants (specify)	\$ 250.00	
Other income/grants (specify)	\$ 125.00	
Other income/grants (specify)	\$ 125.00	
Total Other Revenue	\$ 1,000.00	\$ -
Amount Requested/Received from LEAF	\$ 484.00	\$ -
(The Total Other Revenue plus the LEAF Request must equal the Total Expenses/Project Cost)		
You are requested to furnish Actual Expenses and Other Revenue detail upon completion of the Activity		

Review and comment by the Building Administrator, Activities Director or District Superintendent

Administrator: Please provide your written response to this proposed activity. Indicate your support of or any concerns or reservations you may have about this project. YOUR RESPONSE IS VERY IMPORTANT TO THE SUCCESS OF THE REQUEST.

Signature

Position/Title

School

Date

Mail ten (10) copies of this application to: LEAF, P.O. Box 1132, Saint Cloud, MN 56302