

**LEAF STUDENT ACTIVITIES
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 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.

LEAF provides funding assistance within three Activity categories. Check the category into which your proposal falls:

- A. An existing activity within the currently sanctioned District 742 Activities Program, which has or may incur an expense which is not fully funded;
- B. A new or proposed activity which man not be included or addressed within the existing District 742 Activities Program;
- C. A unique activity which has a singular, unanticipated cost associated with it.

Clearly describe the activity for which funding assistant is sought.

1. Explain the essential supplies needed for this extracurricular activity:

5. Explain how this activity develops and maintains physical, mental and emotional fitness.

6. Estimate the number of students (during the coming school year):	<u>Total Number</u>	<u># District 742 Students</u>
To be directly involved	_____	_____
Indirectly impacted	_____	_____

7. If the project involves parents or other adults, please explain how.

8. Is the project sustainable in the future without LEAF funds? If this is anticipated to be a recurring activity/expense which will require funding, describe plans for raising continued funding, both from LEAF and elsewhere.

9. If you consider this project to be creative and innovative, please describe how.

10. If you consider this request to meet a special need for your activity, please describe.

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

12. Budget/Financial Summary (Fill in below use tab or mouse to advance to next field)

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 Other Revenue

B

Amount Requested/Received from LEAF	C
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[Click here to calculate above table.](#)

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.

Example o how to complete 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