

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 change as you enter information. Don't feel you need to limit your comments to the space shown. 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.

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.

3. List the anticipated academic benefits and describe how your project will achieve those results.

4. Estimate the number of students (during the coming school year):
 - A. To be directly involved _____
 - B. Indirectly impacted _____
 - C. How many of these students are non-district 742 _____

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. What other sources of funding have you attempted to secure? Also, is this project sustainable over time?

8. How is this project innovative or unique?

9. If you receive partial funding, describe the impact on the project. Indicate your plans for balancing your budget.

10. Budget: **Note:** Double click on a cell in column B to enter data. Type in your expenses and revenue information. Then click on the next cell to input your data into that area. The spreadsheet will automatically calculate the totals in A, B, C and D.

Expenses		
Supplies/materials		
Fees (not provided by District 742)		
Mileage (per District rate)		
Meals		
Accommodations		
Printing		
Other (specify)		
Other (specify)		
Total Expenses/Project Cost	A	
Non-LEAF Revenue Sources		
District 742 Support		
Other income/grants (specify)		
Other "		
Other "		
Total Non-LEAF Revenue	B	\$ -
Amount Requested from LEAF	C	\$ -
Total Revenue (must equal Total Expenses, Item A, as well as the sum of B + C)	D	\$ -

~ 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

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