

**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 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. 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 has not been 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.

2. Clearly describe the activity for which funding assistance is sought.

3. Explain which of the criteria the project meets and how it does so. Write NA if not applicable.
 - a) Provides essential supplies for which the district does not supply funding. Please explain the need for these supplies.

 - b) Unique experience not provided in the regular school curriculum.

 - c) Develops leadership, personal confidence and interpersonal skills

 - d) Builds school and community pride

 - e) Develops and maintains physical, mental and emotional fitness.

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 or other adults, please explain how.
6. If this is anticipated to be a recurring activity/expense, describe plans for ensuring continued funding.
7. If you consider this project to be creative and innovative, please describe how.
8. If you consider this request to meet a special need for your activity, please describe.
9. If you receive partial funding, describe the impact on the project. Indicate your plans for balancing your budget.
10. If the funds will not be expended within one year, please explain why.
11. 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.

Column A	Column B
Proposed Budget Summary	
Note: Double click on a cell in Column B to enter data. Type in your expenses and revenue information. The spreadsheet will automatically calculate the totals in cells 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