

**ACTIVITIES  
GRANT APPLICATION FORM  
CYCLE I DUE OCTOBER 1; CYCLE II DUE February 15**

**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. 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 Staff Contact Person/Project Director:

**Staff Member Position:**

**Staff Member 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.~~ (Drop)

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 **may** 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.

1. **Clearly describe the activity for which funding assistance is sought.**
2. **Explain the essential or unusual supplies needed for this extracurricular activity**
3. **Explain how this activity develops skills, talent or interests through unique experiences not provided in the regular curriculum.**
4. **Explain how this activity develops leadership, personal confidence and interpersonal skills.**
5. **Explain how this activity builds school and community pride.**
6. **Explain how this activity develops and maintains physical, mental and emotional fitness.**
7. **Estimate the number of students (during the coming school year):**
  - D. To be directly involved \_\_\_\_\_
  - E. Indirectly impacted \_\_\_\_\_
  - F. How many of these students are non-district 742? \_\_\_\_\_

- 8. How does the project involve parents or other adults?
- 9. How 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 securing continued funding, both from LEAF and elsewhere.
- 10. Budget: Provide a specific, itemized budget below and answer the following question: Describe how you will move forward with the project if you receive partial funding:

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

# 11. 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 \_\_\_\_\_

Print Name \_\_\_\_\_

School \_\_\_\_\_ Date: \_\_\_\_\_

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

**NOTE: MUST BE RECEIVED IN THE LEAF OFFICE BY DUE DATE.**