

ACADEMIC

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 # ____". ~~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:

(Note: It is recommended that grant requests not exceed \$3,000 at this time. Exceptions should be approved in advance by the LEAF executive director.)

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)~~

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. How many of these students are non-district 742 _____
5. ~~If the~~ **How does** the project involve parents and the community?

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?~~

~~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 **how** is it linked to student achievement?

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

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. **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
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 the sum of B + C)	D	\$ -

**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 FEB 15.