

LEAF GRANT APPLICATION FORM

CYCLE I DUE OCTOBER 15; CYCLE II DUE MARCH 15

Name of Contact Person/Project Director _____ School _____
Signature _____ Telephone _____ e-mail _____
Amount Requested _____ Project Starting Date _____ Ending Date _____

1. LEAF provides funding assistance within three 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.

In answering the following questions, please use only the space provided. Insert "NA" where not applicable.

2. Describe the activity for which funding assistance is being sought

3. List the anticipated educational benefits / results.

4. estimate the number of students to be directly involved _____ and indirectly impacted _____ within the school year.

5. How does this activity / project address the District 742 Student Activities Philosophy and the LEAF Funding Criteria?

6. If this is anticipated to be a recurring activity / expense, describe plans for ensuring continued funding.

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

8. Budget Summary	Proposed	Actual (to be completed for final report)
Expenses		
Supplies / materials	\$ _____	_____
Fees (not provided by Distr. 742)	_____	_____
Mileage (as per District rate)	_____	_____
Meals / Accommodations (specify)	_____	_____
	_____	_____
Printing	_____	_____
Other (identify)	_____	_____
	_____	_____
Total Expenses / Project Cost	_____	_____
Revenue		
District 742 Support	_____	_____
Other income / grants (specify)	_____	_____
	_____	_____
	_____	_____
Total Revenue	_____	_____
Amount Requested from LEAF	_____	_____
Total Revenue + LEAF Request	_____	_____
(Total Revenue + Amount Requested from LEAF must equal total Expenses/Project Cost)		

~ Review and comment by the Building Administrator 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.

Signature _____ School _____ Date _____

Mail to: LEAF, P.O. Box 1132, Saint Cloud, MN 56302