

LUVERNE EDUCATION LEGACY FUND GRANT APPLICATION

ORGANIZATION INFORMATION

LUVERNE PUBLIC SCHOOLS
709 NORTH KNISS AVENUE
LUVERNE MN 56156
507-283-8088 – PHONE
507-283-9681 – FAX
WWW.ISD2184.NET

CONTACT PERSON: CRAIG OFTEDAHL, SUPERINTENDENT 507-283-8088 c.oftedahl@isd2184.net

LUVERNE EDUCATION LEGACY FUND ADVISORY COMMITTEE:

Cory Bloemendaal
Lisa Dinger
Damon Eisma
Molly Golla
Sara Hartquist

Mark Lundgren
Marlene Mann
Craig Oftedahl
Pat VonTersch
Ryan Wynia

PROPOSAL INFORMATION

PROJECT TITLE: _____

PROJECT START DATE: _____ PROJECT END DATE: _____

Please give a 2 – 3 sentence summary of request:

Indicate the projected number to be served by your project: _____

Amount Requested: \$ _____

Total Project Cost: \$ _____

PROPOSAL NARRATIVE

Provide a brief narrative that answers each of the following points. Submit one original and one copy of your proposal. This narrative should be less than two pages and include:

Project/Program History and Goals – What does the project hope to accomplish? What is your focus?

Program Objectives – These are the clear, specific, and measurable outcomes of the project.
State the who, what, where and when.

Methods – How are you going to accomplish the goals and objectives? What combination of activities and strategies have you selected to bring about the desired results? Why did you select this approach, given all of the possible approaches?

Evaluation – How will you measure your results?

Budget – Please fill out the attached budget page. In addition, provide a budget justification, detailing the items listed on the budget page (i.e. consultant hired for 200 hours at \$25/hour).
The more specific you are, the better.

If you have any questions, please contact Marlene Mann, Craig Oftedahl, or another member of the advisory committee.

Please submit the application to:

Luverne Education Legacy Fund
709 North Kniss Avenue
Luverne, MN 56156
Telephone – 507-283-8088
E-mail: m.mann@isd2184.net

AUTHORIZATION

I certify that the information contained in this grant application is true and correct to the best of my knowledge. I have the authority to apply for the funds requested.

Name and Title of Contact Person _____

Signature of Contact Person _____

Date _____

BUDGET

A. How much will your total project cost? _____

B. How much are you requesting from the
Luverne Education Legacy Fund _____

C. How much have you or will you receive from
other contributors? _____

(B + C must equal A)

D. List how this money and other contributions will be spent:

(The total of D must equal A)

E. How many hours do you estimate that people will spend working on this project?

F. List any "in-kind" contributions (In-kind contributions are gifts of goods or services instead of cash):
