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| Note: After completing the application, save the file and add the applicant name to the end of the file name. |
| 1. Name of Region & Region Number: | **Grant Funding Cycle:** |
|       | [ ] Jan-Mar [ ]  Apr-June [ ] July-Sept [ ]  Oct-Dec  |
| 2. Name of Applicant (if other than the Region): | **# of Members in Region:** |
|       |       |
| 3. Applicant Contact Person #1: | **Email Address:** | **Phone Number:** |
|       |       |       |
|  Applicant Contact Person #2: | **Email Address:** | **Phone Number:** |
|       |       |       |
| 4. Name & Address where award check should be mailed: |
|       |
| 5. Grant Description: |
|  |
| A. Purpose and goals of event. |
|       |
| B. Intended audience. |
|       |
| C. Outline of Program, presentation and/or event. |
|       |
| D. Relevant information on presenters. |
|       |
| E. What are the anticipated results or benefits of the event? |
|       |
| 6. Detailed estimate of the cost of this event. Round amounts to the nearest dollar. |

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| A. Costs related to the team and presenters (See Notes below): |
| If Applicable | # Team Members | Cost Per | Amount | Notes |
| Travel |       |       | $ |       |       |
| Lodging |       |       | $ |       |       |
| Meals |       |       | $ |       |       |
| Supplies |       |       | $ |       |       |
| Stipends |       |       | $ |       |       |
| Speaker(s) fee(s) |       |       | $ |       |       |
| Other (list detail) |       |       | $ |       |       |
|       |       |       | $ |       |       |
| TOTAL COST FOR PRESENTERS | $ |       |  |
|  |
| B. Costs related to attendees: (See Notes below): |
| If Applicable | # Attendees | Cost Per | Amount | Notes |
| Travel |       |       | $ |       |       |
| Lodging |       |       | $ |       |       |
| Meals |       |       | $ |       |       |
| Supplies |       |       | $ |       |       |
| Stipends |       |       | $ |       |       |
| Other (list detail) |       |       | $ |       |       |
|  |       |       | $ |       |       |
|       |       |       | $ |       |       |
| TOTAL COSTS FOR ATTENDEES | $ |       |  |
|  |
| A + B = TOTAL COST OF EVENT | $ |       |  |
|  |
| Notes: 1. Reasonable costs for travel, lodging, and meals for OFS members, Spiritual Assistants and others, who fulfill a particular function at an event, should always be covered and are eligible expenses for a DSFF grant.
2. Stipends are monetary gifts *over and above* the amount given to cover a person’s expenses and should always be given to a Spiritual Assistant and other persons who provide services at an event. However, stipends are not covered expenses for DSFF grants.
3. A speaker’s fee, distinguished from a stipend is an expense eligible for a DSFF grant.
4. Expenses for supplies are not eligible for DSFF grant funding.
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| 7. Has this project received funding from any other source? [ ] YES [ ]  NOIf YES, please indicate the source and amount of funding received, below.  |
| Source | Amount |
|       | $      |
|       | $      |

 |
| 8. Financial Information Summary |   |
|  Amount to be contributed by Attendees | $ |       |       |
|  Amount to be contributed by Region | $ |       | Note: The region’s usual contribution is fifty percent of the total expenses. |
|  Amount to be contributed by Local Fraternities | $ |       |       |
|  Amount to be contributed by Other Sources | $ |       |  |
|  Amount requested from DSFF | $ |       |       |
|  TOTAL COST OF EVENT (must be same as TOTAL in #6 above) | **$** |       |  |

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| 9. ACKNOWLEDGMENT |
|  I acknowledge that within 60 days after the completion of the event, DSFF requires a written report of the outcomes, including a detailed financial report.By checking this box, I agree to comply [ ]  |
| 10. SIGNATURES |
| X      |      **X** |
|  Regional Minister Signature | **Date** |  **Formation Director Signature** | **Date** |
|      X |      **X** |
| Applicant Signature (if applicable) | **Date** |  | **Date** |